

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: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet 5 Parts I-III Date/Time Prepared: 5/29/2018 8:55 am
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**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report  
 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  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
 7. Contractor No.  
 8.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN

10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2018 Time: 8:55 am

**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 ADVENTIST HINSDALE HOSPITAL ( 14-0122 ) 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.

**Encryption Information**

ECR: Date: 5/29/2018 Time: 8:55 am  
 hc1vYip6fmAMP:YYzAjFWpOUTIVGVO  
 kqTPa0TYhSLXn1IQOKTmd112hYuxRT  
 yyBClMSZS0tfWDF  
 PI: Date: 5/29/2018 Time: 8:55 am  
 l0eQVfFZHZaVOHMG6sh..Bs13UFVJ0  
 p5Co80:cvdTIAZ9ROfwQp8Clqg4VYA  
 hb5Z0fch5d0sQppq

(Signed)

*Delecca Mackis*  
 Officer or Administrator of Provider(s)

VP/CFO

Title

5/29/18

Date

	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	-1,377,210	118,972	0	0	1.00
2.00 Subprovider - IPF	0	21,730	-561		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
9.00 HOME HEALTH AGENCY I	0	0	557		0	9.00
200.00 Total	0	-1,355,480	118,968	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: 14-0122

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

		1.00	2.00	3.00	4.00						
<b>Hospital and Hospital Health Care Complex Address:</b>											
1.00	Street: 120 NORTH OAK STREET	PO Box:		Zip Code: 60521-		County: DUPAGE			1.00		
2.00	City: HINSDALE	State: IL							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		
<b>Hospital and Hospital-Based Component Identification:</b>											
3.00	Hospital	ADVENTIST HINSDALE HOSPITAL		140122	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	HINSDALE HOSPITAL PSYCH SUB		145122	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA	HEALTH CARE AT HOME		147207	16974		01/01/1994	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice	ST THOMAS HOSPICE		141507	16974		01/01/2004				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
<b>Inpatient PPS Information</b>											
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.						N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	851	1,624	0	14	3,592	115		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.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	worksheet S-2 Part I Date/Time Prepared: 5/29/2018 8:47 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	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<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
61.01	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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Part I  
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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.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	<b>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.</b>			0.00	0.00	0.000000	64.00
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)							
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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From 01/01/2017  
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Worksheet S-2  
Part I  
Date/Time Prepared:  
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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)	FAMILY PRACTICE	1350	1.33	27.27	0.046503	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>							
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)	FAMILY PRACTICE	1350	1.14	26.27	0.041591	67.00
				1.00	2.00	3.00	
70.00	<b>Inpatient Psychiatric Facility PPS</b> Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(d)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00
75.00	<b>Inpatient Rehabilitation Facility PPS</b> Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 8:47 am				
				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	XIX			
				1.00	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. I? 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	Occupational	Speech	Respiratory	
				1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N	109.00
				1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A 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: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 8:47 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			
<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.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,839,055	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.	N				122.00
<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		HF8013		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 8:47 am
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1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00
142.00	Street: 900 HOPE WAY	PO BOX:				142.00
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714		143.00

144.00	Are provider based physicians' costs included in worksheet A?	1.00	2.00	144.00
		Y		

145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	1.00	2.00	145.00
		Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	1.00	2.00	146.00
		N		

147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	1.00	2.00	147.00
		N		
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	1.00	2.00	148.00
		N		
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	1.00	2.00	149.00
		N		

	Part A	Part B	Title V	Title XIX		
						1.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

<b>Multicampus</b>							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				1.00	2.00	165.00
					N		

	Name	County	State	Zip Code	CBSA	FTE/Campus	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						
						0.00	166.00

<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				1.00	2.00	167.00
					Y		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				1.00	2.00	168.00
							0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				1.00	2.00	168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	2.00	169.00
						9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016	09/30/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	1.00	2.00	171.00
		N		

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
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.	N		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	
<b>Approved Educational Activities</b>				
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.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.	N		11.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
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
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				4.00
<b>PS&amp;R Data</b>				
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		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	04/03/2017	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		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		19.00

		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	
			1.00	2.00	
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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
			1.00	2.00	
<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.	MIKE		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.THOMPSON3@AHSS.ORG	43.00

		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.	REIMBURSEMENT MANAGER	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0122

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/29/2018 8:47 am

1.00

**Cost Report Preparer Contact Information**

1.00	First Name	MIKE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEMS	4.00
5.00	Phone Number	SUNBELT (407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00

**Officer or Administrator of Provider Contact Information**

13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

Provider CCN: 14-0122

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

Worksheet S-2  
Part IX  
Date/Time Prepared:  
5/29/2018 8:47 am

		Title v	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title v or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title v or XIX follow Medicare (Title XVIII) for the reporting of charges on w/s C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title v or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on w/s D-1, Part IV, line 89? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title v or XIX use W/S D-1 for reimbursement?	N	N	3.01
		<b>Inpatient</b>	<b>Outpatient</b>	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title v follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		<b>Title v</b>	<b>Title XIX</b>	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title v or XIX follow Medicare and add back the RCE Disallowance on w/s C, Part I column 4? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title v or XIX follow Medicare when cost reimbursed (payment system is "o") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
<b>RHC</b>				
8.00	Do Title v & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	N	N	8.00
<b>FQHC</b>				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title v and/or Title XIX? Enter Y/N in column 1 for Title v and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0122

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	I/P Days / O/P	Title V
	Line Number		Available		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	67,890	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	67,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,170	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		244	89,060	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		261				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)		10	3,650			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

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	14,428	330	35,915			1.00
2.00 HMO and other (see instructions)	3,421	5,345				2.00
3.00 HMO IPF Subprovider	48	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,428	330	35,915			7.00
8.00 INTENSIVE CARE UNIT	1,664	352	9,258			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		160	4,957			13.00
14.00 Total (see instructions)	16,092	842	50,130	26.27	1,868.12	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	462	308	4,296	0.00	41.46	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	27,597	0	37,379	0.00	38.53	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	24.80	24.00
24.10 HOSPICE (non-distinct part)	0	0	257			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)				26.27	1,972.91	27.00
28.00 Observation Bed Days		75	2,671			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	9	387			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			884			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,676	197	11,065	1.00
2.00 HMO and other (see instructions)			709	845		2.00
3.00 HMO IPF Subprovider				151		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	3,676	197	11,065	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	68	57	921	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

	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	98,947,996	24,000	98,971,996	4,278,016.00	23.14	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		1,197,095	0	1,197,095	12,154.00	98.49	4.00
4.01	Physicians - Part A - Teaching		619,796	0	619,796	3,919.00	158.15	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	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	1,556,871	0	1,556,871	57,487.00	27.08	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		398,784	0	398,784	7,286.00	54.73	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		10,256,646	0	10,256,646	257,535.00	39.83	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		642,382	0	642,382	13,402.00	47.93	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		471,382	0	471,382	6,097.00	77.31	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		10,732,573	0	10,732,573	196,083.00	54.73	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)		18,064,865	0	18,064,865			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,784,300	0	1,784,300			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		101,990	0	101,990			22.00
22.01	Physician Part A - Teaching		82,600	0	82,600			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		84,747	0	84,747			24.00
25.00	Interns & residents (in an approved program)		189,535	0	189,535			25.00
25.50	Home office wage-related (core)		2,895,552	0	2,895,552			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	5,305,005	24,000	5,329,005	8,391.00	635.09	26.00
27.00	Administrative & General	5.00	8,150,110	-1,924,836	6,225,274	636,263.00	9.78	27.00

Provider CCN: 14-0122

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
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		Wkst. A Line Number	Amount Reported	Reclassificati on 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.)		71,076	0	71,076	406.00	175.06	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,548,871	0	2,548,871	133,674.00	19.07	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,079,619	0	3,079,619	199,975.00	15.40	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,944,641	0	1,944,641	84,111.00	23.12	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,957,135	198,487	2,155,622	57,643.00	37.40	38.00
39.00	Central Services and Supply	14.00	1,114,521	0	1,114,521	78,137.00	14.26	39.00
40.00	Pharmacy	15.00	3,348,259	997,722	4,345,981	147,589.00	29.45	40.00
41.00	Medical Records & Medical Records Library	16.00	428,611	0	428,611	32,103.00	13.35	41.00
42.00	Social Service	17.00	1,478,130	0	1,478,130	42,327.00	34.92	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0122

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2018 8:47 am

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	101,467,881	24,000	101,491,881	4,493,816.00	22.58	1.00
2.00	Excluded area salaries (see instructions)	10,256,646	0	10,256,646	257,535.00	39.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,211,235	24,000	91,235,235	4,236,281.00	21.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,846,337	0	11,846,337	215,582.00	54.95	4.00
5.00	Subtotal wage-related costs (see inst.)	21,062,407	0	21,062,407	0.00	23.09	5.00
6.00	Total (sum of lines 3 thru 5)	124,119,979	24,000	124,143,979	4,451,863.00	27.89	6.00
7.00	Total overhead cost (see instructions)	29,425,978	-704,627	28,721,351	1,420,619.00	20.22	7.00

Provider CCN: 14-0122

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
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		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	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	4,417,845	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	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)	7,754,025	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	118,143	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	1,078,838	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	6,555,497	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	216,129	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	167,560	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	20,308,037	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0122

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
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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	642,382	20,308,037	1.00
2.00	Hospital	642,382	20,308,037	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0122 Component CCN: 14-7207		Period: From 01/01/2017 To 12/31/2017		Worksheet S-4 Date/Time Prepared: 5/29/2018 8:47 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
<b>HOME HEALTH AGENCY STATISTICAL DATA</b>							
1.00	Home Health Aide Hours	0	1,404	0	1,929	3,333	
2.00	Unduplicated Census Count (see instructions)	0.00	1,767.00	0.00	944.00	2,711.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				1.00	2.00	3.00	
		0					
<b>HOME HEALTH AGENCY - NUMBER OF EMPLOYEES</b>							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	
5.00	Other Administrative Personnel			19.58	0.00	19.58	
6.00	Direct Nursing Service			16.37	0.00	16.37	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			18.76	0.00	18.76	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			2.96	0.00	2.96	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.23	0.00	0.23	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.47	0.00	0.47	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			1.54	0.00	1.54	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
<b>HOME HEALTH AGENCY CBSA CODES</b>							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
<b>PPS ACTIVITY DATA</b>							
21.00	Skilled Nursing Visits	11,078	447	551	478	12,554	
22.00	Skilled Nursing Visit Charges	2,754,638	111,750	131,250	119,500	3,117,138	
23.00	Physical Therapy Visits	10,112	149	176	467	10,904	
24.00	Physical Therapy Visit Charges	2,530,250	37,250	44,000	116,750	2,728,250	
25.00	Occupational Therapy Visits	2,047	59	10	85	2,201	
26.00	Occupational Therapy Visit Charges	510,000	14,750	2,500	21,250	548,500	
27.00	Speech Pathology Visits	248	29	2	12	291	
28.00	Speech Pathology Visit Charges	62,000	7,250	500	3,000	72,750	
29.00	Medical Social Service Visits	214	10	2	17	243	
30.00	Medical Social Service Visit Charges	53,500	2,500	500	4,250	60,750	
31.00	Home Health Aide Visits	1,308	41	1	54	1,404	
32.00	Home Health Aide Visit Charges	176,810	5,535	135	7,290	189,770	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	25,007	735	742	1,113	27,597	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,087,198	179,035	178,885	272,040	6,717,158	
36.00	Total Number of Episodes (standard/non outlier)	1,760		269	77	2,106	
37.00	Total Number of Outlier Episodes		24		7	31	
38.00	Total Non-Routine Medical Supply Charges	437,777	55,396	52,352	9,837	555,362	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet S-9  
PARTS I THROUGH IV  
Date/Time Prepared:  
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		Hospice I					
		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)
		1.00	2.00	3.00	4.00	5.00	6.00
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>							
1.00	Hospice Continuous Home Care						1.00
2.00	Hospice Routine Home Care						2.00
3.00	Hospice Inpatient Respite Care						3.00
4.00	Hospice General Inpatient Care						4.00
5.00	Total Hospice Days						5.00
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>							
6.00	Number of patients receiving hospice care						6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00
8.00	Average Length of Stay (line 5 / line 6)						8.00
9.00	Unduplicated census count						9.00

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	25,139	22	17,827	42,988	11.00
12.00	Hospice Inpatient Respite Care	5	0	78	83	12.00
13.00	Hospice General Inpatient Care	678	0	162	840	13.00
14.00	Total Hospice Days	25,822	22	18,067	43,911	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

		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)	0.253606			1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid	8,403,136			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0			5.00
6.00	Medicaid charges	79,605,448			6.00
7.00	Medicaid cost (line 1 times line 6)	20,188,419			7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	11,785,283			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	40,300			18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	11,785,283			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)	3,487,722	345,042		3,832,764
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	884,507	345,042		1,229,549
22.00	Payments received from patients for amounts previously written off as charity care	18,292	0		18,292
23.00	Cost of charity care (line 21 minus line 22)	866,215	345,042		1,211,257
					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
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit				0
26.00	Total bad debt expense for the entire hospital complex (see instructions)	8,346,217			26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	286,419			27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	440,644			27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,905,573			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,159,126			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,370,383			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	15,155,666			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN:14-0122		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>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	17,151,829	17,151,829	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	11,319,529	11,319,529	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,305,005	8,181,043	13,486,048	0	4.00
5.01	00590	SHARED SERVICES	3,735,332	1,588,719	5,324,051	-296,610	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	4,414,778	64,264,774	68,679,552	-2,269,641	5.03
7.00	00700	OPERATION OF PLANT	2,548,871	7,297,145	9,846,016	-12,506	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	465,235	8.00
9.00	00900	HOUSEKEEPING	0	4,288,563	4,288,563	-469,220	9.00
10.00	01000	DIETARY	0	3,460,963	3,460,963	-2,474,765	10.00
11.00	01100	CAFETERIA	0	0	0	2,473,767	11.00
13.00	01300	NURSING ADMINISTRATION	1,957,135	813,511	2,770,646	-40,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,114,521	-663,718	450,803	768,345	14.00
15.00	01500	PHARMACY	3,348,259	34,731,208	38,079,467	-33,295,293	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	428,611	254,801	683,412	-120	16.00
17.00	01700	SOCIAL SERVICE	1,478,130	361,394	1,839,524	-138	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,556,871	297,427	1,854,298	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,920,601	715,253	2,635,854	-4,090	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	18,995,210	4,440,901	23,436,111	-6,035,783	30.00
31.00	03100	INTENSIVE CARE UNIT	6,950,216	2,254,414	9,204,630	-552,243	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	1,991,246	185,021	2,176,267	-3,521	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	5,231	3,234	8,465	1,501,447	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	6,122,239	9,753,945	15,876,184	-5,647,701	50.00
51.00	05100	RECOVERY ROOM	893,776	111,063	1,004,839	-30,714	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,837,231	52.00
53.00	05300	ANESTHESIOLOGY	222,266	1,268,611	1,490,877	-370,793	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,297,079	1,694,277	5,991,356	-688,754	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,485,734	301,569	1,787,303	207,775	55.00
56.00	05600	RADIOISOTOPE	196,140	17,429	213,569	-2,309	56.00
57.00	05700	CT SCAN	584,696	190,229	774,925	-64,753	57.00
58.00	05800	MRI	716,314	168,186	884,500	-23,819	58.00
59.00	05900	CARDIAC CATHETERIZATION	979,846	2,786,289	3,766,135	-1,184,247	59.00
60.00	06000	LABORATORY	5,448,347	7,066,317	12,514,664	-3,795,610	60.00
65.00	06500	RESPIRATORY THERAPY	2,396,155	1,119,577	3,515,732	-358,457	65.00
66.00	06600	PHYSICAL THERAPY	856,661	1,678,527	2,535,188	-123,015	66.00
67.00	06700	OCCUPATIONAL THERAPY	453,000	35,418	488,418	-390	67.00
68.00	06800	SPEECH PATHOLOGY	142,510	11,233	153,743	0	68.00
69.00	06900	ELECTROCARDIOLOGY	550,289	298,506	848,795	-23,389	69.00
69.01	06901	CARDIAC REHAB	329,439	27,821	357,260	-1,451	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	352,286	650,398	1,002,684	31,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	636	4,077,803	4,078,439	11,176,856	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,152	13,123,680	13,149,832	1,975,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,942,850	73.00
74.00	07400	RENAL DIALYSIS	0	542,002	542,002	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	720,054	333,408	1,053,462	74,751	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,722,131	1,146,769	4,868,900	-203,533	90.00
91.00	09100	EMERGENCY	2,977,959	1,210,418	4,188,377	-361,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	401,385	43,894	445,279	-323,865	92.01
93.00	04040	PARTIAL HOSP	1,057,485	480,002	1,537,487	-340,476	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	4,952,849	1,311,296	6,264,145	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	26,240,323	26,240,323	-25,926,156	113.00
116.00	11600	HOSPICE	2,382,088	1,662,033	4,044,121	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1 through 117)	98,017,533	209,825,676	307,843,209	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	269,100	189,148	458,248	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,012	1,552,019	1,553,031	0	192.00
194.00	07950	FOUNDATION	182,660	115,487	298,147	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	OP PHARMACY	471,362	1,723,278	2,194,640	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	6,329	242,930	249,259	0	194.03
200.00	20000	TOTAL (SUM OF LINES 118 through 199)	98,947,996	213,648,538	312,596,534	0	200.00

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	-2,773,707	14,378,122	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,208,694	10,110,835	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-51,807	13,434,241	4.00
5.01	00590	SHARED SERVICES	-48,955	4,978,486	5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-19,239,661	47,170,250	5.03
7.00	00700	OPERATION OF PLANT	-219,732	9,613,778	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	465,235	8.00
9.00	00900	HOUSEKEEPING	0	3,819,343	9.00
10.00	01000	DIETARY	0	986,198	10.00
11.00	01100	CAFETERIA	-1,223,708	1,250,059	11.00
13.00	01300	NURSING ADMINISTRATION	-41,472	2,688,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-38,854	1,180,294	14.00
15.00	01500	PHARMACY	-873	4,783,301	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157,607	840,899	16.00
17.00	01700	SOCIAL SERVICE	-23,061	1,816,325	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-116,314	1,737,984	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,104,469	1,527,295	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,536,038	15,864,290	30.00
31.00	03100	INTENSIVE CARE UNIT	-21,618	8,630,769	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	-51	2,172,695	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	1,509,912	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-26,581	10,201,902	50.00
51.00	05100	RECOVERY ROOM	0	974,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,837,231	52.00
53.00	05300	ANESTHESIOLOGY	-736,243	383,841	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-134,319	5,168,283	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-39,842	1,955,236	55.00
56.00	05600	RADIOISOTOPE	0	211,260	56.00
57.00	05700	CT SCAN	0	710,172	57.00
58.00	05800	MRI	0	860,681	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,278,286	1,303,602	59.00
60.00	06000	LABORATORY	-203,283	8,515,771	60.00
65.00	06500	RESPIRATORY THERAPY	-6,834	3,150,441	65.00
66.00	06600	PHYSICAL THERAPY	0	2,412,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	488,028	67.00
68.00	06800	SPEECH PATHOLOGY	0	153,743	68.00
69.00	06900	ELECTROCARDIOLOGY	-234,237	591,169	69.00
69.01	06901	CARDIAC REHAB	0	355,809	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,267	1,030,655	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,128	15,254,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-499	15,124,428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-60,657	33,882,193	73.00
74.00	07400	RENAL DIALYSIS	-85,818	456,184	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	-770	1,127,443	76.01
76.02	03952	DIABETES EDUCATION	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-245,776	4,419,591	90.00
91.00	09100	EMERGENCY	-399,837	3,426,736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	-9,630	111,784	92.01
93.00	04040	PARTIAL HOSP	-2,561	1,194,450	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	136,466	6,400,611	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-314,167	0	113.00
116.00	11600	HOSPICE	-304,866	3,739,255	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,443,542	276,399,667	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-7	458,241	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-213	1,552,818	192.00
194.00	07950	FOUNDATION	0	298,147	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	OP PHARMACY	0	2,194,640	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	249,259	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-31,443,762	281,152,772	200.00

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	SHARED SERVICES	00590		5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL	00560	PURCHASING RECEIVING AND STORES	5.03
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	CARDIAC REHAB	06901		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	OTHER ANCILLARY	03020	ACUPUNCTURE	76.00
76.01	HEART AND VASCULAR CNTR	03950		76.01
76.02	DIABETES EDUCATION	03952		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01
93.00	PARTIAL HOSP	04040	FAMILY PRACTICE	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	OP PHARMACY	07952		194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS	07953		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAFETERIA</b>						
1.00	CAFETERIA	11.00	0	2,473,767	1.00	
	0		0	2,473,767		
<b>B - NURSERY</b>						
1.00	NURSERY	43.00	1,192,493	310,416	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,040,905	796,326	2.00	
	0		4,233,398	1,106,742		
<b>C - RECRUITMENT BONUS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,000	0	1.00	
	0		24,000	0		
<b>D - BILLABLE DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,942,850	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	
	0		0	33,942,850		
<b>E - LINEN</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	465,235	1.00	
	0		0	465,235		
<b>F - DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,718,478	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,528,865	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	
	0		0	21,247,343		
<b>G - CNO</b>						
1.00	NURSING ADMINISTRATION	13.00	198,487	69,074	1.00	
	0		198,487	69,074		
<b>H - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	378,720	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,667	2.00	
	0		0	381,387		
<b>I - RENT AND LEASES</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	975,980	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,163,474	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,451	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	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	2,160,905	
<b>J - PROPERTY TAX</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	339,450	1.00
0			0	339,450	
<b>K - BILLABLE SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	190,321	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,215,679	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
0			0	11,406,000	
<b>M - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,739,201	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,624,523	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	103,107	3.00
0			0	4,466,831	
<b>N - OBSERV TO ROUTINE</b>					
1.00	ADULTS & PEDIATRICS	30.00	291,803	31,911	1.00
0			291,803	31,911	
<b>O - ACI ADMIN</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	258,116	0	1.00
2.00	CT SCAN	57.00	56,648	0	2.00
3.00	PHARMACY	15.00	997,722	0	3.00
4.00	HEART AND VASCULAR CNTR	76.01	254,070	0	4.00
5.00	CLINIC	90.00	159,793	0	5.00
0			1,726,349	0	
<b>P - INPLANTIBLES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,301,569	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	579,630	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	58,579	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
500.00	TOTALS		0	2,939,778	
500.00	Grand Total: Increases		6,474,037	81,031,273	500.00

		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - CAFETERIA</b>						
1.00	DIETARY	10.00	0	2,473,767	0	1.00
	0		0	2,473,767		
<b>B - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	4,233,398	1,106,742	0	1.00
2.00	0	0.00	0	0	0	2.00
	0		4,233,398	1,106,742		
<b>C - RECRUITMENT BONUS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,000	0	1.00
	0		0	24,000		
<b>D - BILLABLE DRUGS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,057	0	1.00
2.00	PHARMACY	15.00	0	33,600,766	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3,861	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,261	0	4.00
5.00	OPERATING ROOM	50.00	0	13,662	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	125,900	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	254	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	53	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1	0	9.00
10.00	LABORATORY	60.00	0	2,526	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	8	0	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,130	0	12.00
13.00	HEART AND VASCULAR CNTR	76.01	0	27	0	13.00
14.00	CLINIC	90.00	0	169,831	0	14.00
15.00	EMERGENCY	91.00	0	513	0	15.00
	0		0	33,942,850		
<b>E - LINEN</b>						
1.00	HOUSEKEEPING	9.00	0	465,235	0	1.00
	0		0	465,235		
<b>F - DEPRECIATION</b>						
1.00	OPERATION OF PLANT	7.00	0	6,464	9	1.00
2.00	OPERATING ROOM	50.00	0	104,522	9	2.00
3.00	MRI	58.00	0	6,984	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	9,498	0	4.00
5.00	INTEREST EXPENSE	113.00	0	21,119,875	0	5.00
	0		0	21,247,343		
<b>G - CNO</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	198,487	69,074	0	1.00
	0		198,487	69,074		
<b>H - INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	378,720	12	1.00
2.00	SHARED SERVICES	5.01	0	2,667	12	2.00
	0		0	381,387		
<b>I - RENT AND LEASES</b>						
1.00	SHARED SERVICES	5.01	0	258,599	10	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	118	10	2.00
3.00	OPERATION OF PLANT	7.00	0	6,042	0	3.00
4.00	HOUSEKEEPING	9.00	0	3,985	0	4.00
5.00	DIETARY	10.00	0	998	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	308,343	0	6.00
7.00	PHARMACY	15.00	0	438,503	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	120	0	8.00
9.00	SOCIAL SERVICE	17.00	0	138	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,090	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	21,220	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	3,463	0	12.00
13.00	SUBPROVIDER - IPF	40.00	0	40	0	13.00
14.00	OPERATING ROOM	50.00	0	67,656	0	14.00
15.00	RECOVERY ROOM	51.00	0	272	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	2,955	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,083	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	665	0	18.00
19.00	RADIOISOTOPE	56.00	0	372	0	19.00
20.00	CT SCAN	57.00	0	6,360	0	20.00
21.00	MRI	58.00	0	240	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	3,144	0	22.00
23.00	LABORATORY	60.00	0	242,409	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	99,584	0	24.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
25.00	PHYSICAL THERAPY	66.00	0	122,603	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	957	0	26.00
27.00	CARDIAC REHAB	69.01	0	120	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,472	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,500	0	29.00
30.00	HEART AND VASCULAR CNTR	76.01	0	160,238	0	30.00
31.00	CLINIC	90.00	0	30,087	0	31.00
32.00	EMERGENCY	91.00	0	3,379	0	32.00
33.00	PARTIAL HOSP	93.00	0	338,150	0	33.00
	0		0	2,160,905		
<b>J - PROPERTY TAX</b>						
1.00	INTEREST EXPENSE	113.00	0	339,450	13	1.00
	0		0	339,450		
<b>K - BILLABLE SUPPLIES</b>						
1.00	PHARMACY	15.00	0	253,746	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	988,842	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	547,264	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	3,478	0	4.00
5.00	NURSERY	43.00	0	1,462	0	5.00
6.00	OPERATING ROOM	50.00	0	3,134,370	0	6.00
7.00	RECOVERY ROOM	51.00	0	30,442	0	7.00
8.00	ANESTHESIOLOGY	53.00	0	240,861	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	587,511	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	49,623	0	10.00
11.00	RADIOISOTOPE	56.00	0	1,937	0	11.00
12.00	CT SCAN	57.00	0	115,041	0	12.00
13.00	MRI	58.00	0	16,595	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	754,426	0	14.00
15.00	LABORATORY	60.00	0	3,550,675	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	258,865	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	412	0	17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	390	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	12,934	0	19.00
20.00	CARDIAC REHAB	69.01	0	1,331	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,869	0	21.00
22.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	326,474	0	22.00
23.00	HEART AND VASCULAR CNTR	76.01	0	19,054	0	23.00
24.00	CLINIC	90.00	0	129,024	0	24.00
25.00	EMERGENCY	91.00	0	356,897	0	25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	151	0	26.00
27.00	PARTIAL HOSP	93.00	0	2,326	0	27.00
	0		0	11,406,000		
<b>M - INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	4,466,831	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
	0		0	4,466,831		
<b>N - OBSERV TO ROUTINE</b>						
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	291,803	31,911	0	1.00
	0		291,803	31,911		
<b>O - ACI ADMIN</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	1,726,349	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	0		1,726,349	0		
<b>P - INPLANTIBLES</b>						
1.00	SHARED SERVICES	5.01	0	35,344	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,434	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	255	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	3	0	4.00
5.00	OPERATING ROOM	50.00	0	2,327,491	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	1,077	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	73,906	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	426,676	0	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,193	0	9.00
10.00	CLINIC	90.00	0	34,384	0	10.00

Provider CCN: 14-0122

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

worksheet A-6  
Date/Time Prepared:  
5/29/2018 8:47 am

		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
11.00	EMERGENCY	91.00	0	1,015	0	11.00
	TOTALS		0	2,939,778		
500.00	Grand Total: Decreases		6,450,037	81,055,273		500.00

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>A - CAFETERIA</b>									
1.00	CAFETERIA	11.00	0	2,473,767	DIETARY	10.00	0	2,473,767	1.00
	0		0	2,473,767	0		0	2,473,767	
<b>B - NURSERY</b>									
1.00	NURSERY	43.00	1,192,493	310,416	ADULTS & PEDIATRICS	30.00	4,233,398	1,106,742	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,040,905	796,326		0.00	0	0	2.00
	0		4,233,398	1,106,742	0		4,233,398	1,106,742	
<b>C - RECRUITMENT BONUS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,000	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,000	1.00
	0		24,000	0	0		0	24,000	
<b>D - BILLABLE DRUGS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	33,942,850	CENTRAL SERVICES & SUPPLY	14.00	0	23,057	1.00
2.00		0.00	0	0	PHARMACY	15.00	0	33,600,766	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	3,861	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	1,261	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	13,662	5.00
6.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	125,900	6.00
7.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	254	7.00
8.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	53	8.00
9.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1	9.00
10.00		0.00	0	0	LABORATORY	60.00	0	2,526	10.00
11.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	8	11.00
12.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,130	12.00
13.00		0.00	0	0	HEART AND VASCULAR CNTR	76.01	0	27	13.00
14.00		0.00	0	0	CLINIC	90.00	0	169,831	14.00
15.00		0.00	0	0	EMERGENCY	91.00	0	513	15.00
	0		0	33,942,850	0		0	33,942,850	
<b>E - LINEN</b>									
1.00	LAUNDRY & LINEN SERVICE	8.00	0	465,235	HOUSEKEEPING	9.00	0	465,235	1.00
	0		0	465,235	0		0	465,235	
<b>F - DEPRECIATION</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,718,478	OPERATION OF PLANT	7.00	0	6,464	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,528,865	OPERATING ROOM	50.00	0	104,522	2.00
3.00		0.00	0	0	MRI	58.00	0	6,984	3.00
4.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	9,498	4.00
5.00		0.00	0	0	INTEREST EXPENSE	113.00	0	21,119,875	5.00
	0		0	21,247,343	0		0	21,247,343	
<b>G - CNO</b>									
1.00	NURSING ADMINISTRATION	13.00	198,487	69,074	OTHER ADMINISTRATIVE AND GENERAL	5.03	198,487	69,074	1.00
	0		198,487	69,074	0		198,487	69,074	
<b>H - INSURANCE</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	378,720	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	378,720	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,667	SHARED SERVICES	5.01	0	2,667	2.00
	0		0	381,387	0		0	381,387	
<b>I - RENT AND LEASES</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	975,980	SHARED SERVICES	5.01	0	258,599	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,163,474	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	118	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,451	OPERATION OF PLANT	7.00	0	6,042	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	3,985	4.00
5.00		0.00	0	0	DIETARY	10.00	0	998	5.00
6.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	308,343	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	438,503	7.00
8.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	120	8.00
9.00		0.00	0	0	SOCIAL SERVICE	17.00	0	138	9.00
10.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,090	10.00
11.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	21,220	11.00
12.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	3,463	12.00

	Increases				Decreases						
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00			
13.00		0.00		0	0 SUBPROVIDER - IPF	40.00		0	40	13.00	
14.00		0.00		0	0 OPERATING ROOM	50.00		0	67,656	14.00	
15.00		0.00		0	0 RECOVERY ROOM	51.00		0	272	15.00	
16.00		0.00		0	0 ANESTHESIOLOGY	53.00		0	2,955	16.00	
17.00		0.00		0	0 RADIOLOGY-DIAGNOSTIC	54.00		0	27,083	17.00	
18.00		0.00		0	0 RADIOLOGY-THERAPEUTIC	55.00		0	665	18.00	
19.00		0.00		0	0 RADIOISOTOPE	56.00		0	372	19.00	
20.00		0.00		0	0 CT SCAN	57.00		0	6,360	20.00	
21.00		0.00		0	0 MRI	58.00		0	240	21.00	
22.00		0.00		0	0 CARDIAC CATHETERIZATION	59.00		0	3,144	22.00	
23.00		0.00		0	0 LABORATORY	60.00		0	242,409	23.00	
24.00		0.00		0	0 RESPIRATORY THERAPY	65.00		0	99,584	24.00	
25.00		0.00		0	0 PHYSICAL THERAPY	66.00		0	122,603	25.00	
26.00		0.00		0	0 ELECTROCARDIOLOGY	69.00		0	957	26.00	
27.00		0.00		0	0 CARDIAC REHAB	69.01		0	120	27.00	
28.00		0.00		0	0 ELECTROENCEPHALOGRAPH Y	70.00		0	5,472	28.00	
29.00		0.00		0	0 MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	3,500	29.00	
30.00		0.00		0	0 HEART AND VASCULAR CNTR	76.01		0	160,238	30.00	
31.00		0.00		0	0 CLINIC	90.00		0	30,087	31.00	
32.00		0.00		0	0 EMERGENCY	91.00		0	3,379	32.00	
33.00		0.00		0	0 PARTIAL HOSP	93.00		0	338,150	33.00	
0				0	2,160,905	0		0	2,160,905		
<b>J - PROPERTY TAX</b>											
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	339,450	INTEREST EXPENSE	113.00		0	339,450	1.00
0				0	339,450	0			0	339,450	
<b>K - BILLABLE SUPPLIES</b>											
1.00	CENTRAL SERVICES & SUPPLY	14.00		0	190,321	PHARMACY	15.00		0	253,746	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	11,215,679	ADULTS & PEDIATRICS	30.00		0	988,842	2.00
3.00		0.00		0		0 INTENSIVE CARE UNIT	31.00		0	547,264	3.00
4.00		0.00		0		0 SUBPROVIDER - IPF	40.00		0	3,478	4.00
5.00		0.00		0		0 NURSERY	43.00		0	1,462	5.00
6.00		0.00		0		0 OPERATING ROOM	50.00		0	3,134,370	6.00
7.00		0.00		0		0 RECOVERY ROOM	51.00		0	30,442	7.00
8.00		0.00		0		0 ANESTHESIOLOGY	53.00		0	240,861	8.00
9.00		0.00		0		0 RADIOLOGY-DIAGNOSTIC	54.00		0	587,511	9.00
10.00		0.00		0		0 RADIOLOGY-THERAPEUTIC	55.00		0	49,623	10.00
11.00		0.00		0		0 RADIOISOTOPE	56.00		0	1,937	11.00
12.00		0.00		0		0 CT SCAN	57.00		0	115,041	12.00
13.00		0.00		0		0 MRI	58.00		0	16,595	13.00
14.00		0.00		0		0 CARDIAC CATHETERIZATION	59.00		0	754,426	14.00
15.00		0.00		0		0 LABORATORY	60.00		0	3,550,675	15.00
16.00		0.00		0		0 RESPIRATORY THERAPY	65.00		0	258,865	16.00
17.00		0.00		0		0 PHYSICAL THERAPY	66.00		0	412	17.00
18.00		0.00		0		0 OCCUPATIONAL THERAPY	67.00		0	390	18.00
19.00		0.00		0		0 ELECTROCARDIOLOGY	69.00		0	12,934	19.00
20.00		0.00		0		0 CARDIAC REHAB	69.01		0	1,331	20.00
21.00		0.00		0		0 ELECTROENCEPHALOGRAPH Y	70.00		0	21,869	21.00
22.00		0.00		0		0 IMPL. DEV. CHARGED TO PATIENTS	72.00		0	326,474	22.00
23.00		0.00		0		0 HEART AND VASCULAR CNTR	76.01		0	19,054	23.00
24.00		0.00		0		0 CLINIC	90.00		0	129,024	24.00
25.00		0.00		0		0 EMERGENCY	91.00		0	356,897	25.00
26.00		0.00		0		0 OBSERVATION BEDS (DISTINCT PART)	92.01		0	151	26.00
27.00		0.00		0		0 PARTIAL HOSP	93.00		0	2,326	27.00
0				0	11,406,000	0			0	11,406,000	
<b>M - INTEREST</b>											
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	2,739,201	INTEREST EXPENSE	113.00		0	4,466,831	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		0	1,624,523		0.00		0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03		0	103,107		0.00		0	0	3.00
0				0	4,466,831	0			0	4,466,831	

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>N - OBSERV TO ROUTINE</b>									
1.00	ADULTS & PEDIATRICS	30.00	291,803	31,911	OBSERVATION BEDS (DISTINCT PART)	92.01	291,803	31,911	1.00
	0		291,803	31,911	0		291,803	31,911	
<b>O - ACI ADMIN</b>									
1.00	RADIOLOGY-THERAPEUTIC	55.00	258,116	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	1,726,349	0	1.00
2.00	CT SCAN	57.00	56,648	0		0.00	0	0	2.00
3.00	PHARMACY	15.00	997,722	0		0.00	0	0	3.00
4.00	HEART AND VASCULAR CNTR	76.01	254,070	0		0.00	0	0	4.00
5.00	CLINIC	90.00	159,793	0		0.00	0	0	5.00
	0		1,726,349	0	0		1,726,349	0	
<b>P - INPLANTIBLES</b>									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,301,569	SHARED SERVICES	5.01	0	35,344	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	579,630	ADULTS & PEDIATRICS	30.00	0	5,434	2.00
3.00	ELECTROENCEPHALOGRAPH Y	70.00	0	58,579	INTENSIVE CARE UNIT	31.00	0	255	3.00
4.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	3	4.00
5.00		0.00	0	0	OPERATING ROOM	50.00	0	2,327,491	5.00
6.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	1,077	6.00
7.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	73,906	7.00
8.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	426,676	8.00
9.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	34,193	9.00
10.00		0.00	0	0	CLINIC	90.00	0	34,384	10.00
11.00		0.00	0	0	EMERGENCY	91.00	0	1,015	11.00
	TOTALS		0	2,939,778	TOTALS		0	2,939,778	
500.00	Grand Total: Increases		6,474,037	81,031,273	Grand Total: Decreases		6,450,037	81,055,273	500.00

	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	13,557,010	0	0	0	1.00
2.00	Land Improvements	589,414	0	0	0	2.00
3.00	Buildings and Fixtures	317,925,879	404,625	0	404,625	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	55,597,880	0	0	0	5.00
6.00	Movable Equipment	124,136,607	543,488	0	543,488	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	511,806,790	948,113	0	948,113	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	511,806,790	948,113	0	948,113	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	13,557,010	0			1.00
2.00	Land Improvements	589,414	0			2.00
3.00	Buildings and Fixtures	318,330,504	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	49,972,364	0			5.00
6.00	Movable Equipment	124,680,095	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	507,129,387	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	507,129,387	0			10.00

Provider CCN: 14-0122

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

Worksheet A-7  
 Part II  
 Date/Time Prepared:  
 5/29/2018 8:47 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	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	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)	0	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				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	382,449,291	0	382,449,291	0.754145	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	124,680,095	0	124,680,095	0.245855	0	2.00
3.00	Total (sum of lines 1-2)	507,129,386	0	507,129,386	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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,023,422	975,980	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,475,902	1,163,474	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,499,324	2,139,454	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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	378,720	0	0	14,378,122	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,667	0	-531,208	10,110,835	2.00
3.00	Total (sum of lines 1-2)	0	381,387	0	-531,208	24,488,957	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0122

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

Worksheet A-8

Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted					
			Cost Center		Line #	wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,739,201		CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,624,523		CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00 Investment income - other (chapter 2)	B	-103,107		OTHER ADMINISTRATIVE AND GENERAL	5.03		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-141,026		OTHER ADMINISTRATIVE AND GENERAL	5.03		0	7.00
8.00 Television and radio service (chapter 21)	A	-86,963		OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)		0			0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-434,095					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,161,194					0	12.00
13.00 Laundry and linen service		0			0.00		0	13.00
14.00 Cafeteria-employees and guests	B	0		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0			0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0	16.00
17.00 Sale of drugs to other than patients		0			0.00		0	17.00
18.00 Sale of medical records and abstracts		0			0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		0	19.00
20.00 Vending machines		0			0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00			24.00
25.00 utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0		CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0		CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0		*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0			0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0		ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00		0	32.00
33.00 OTHER OPERATING REVENUE	B	-4,722		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00

Provider CCN: 14-0122

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

worksheet A-8

Date/Time Prepared:  
5/29/2018 8:47 am

			Expense Classification on worksheet A To/From which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	wkst. A-7 Ref.	
			1.00	2.00	3.00		4.00
33.01	OTHER OPERATING REVENUE	B	-722,721	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.01	
33.02	OTHER OPERATING REVENUE	B	-132,363	OPERATION OF PLANT	7.00	0 33.02	
33.03	OTHER OPERATING REVENUE	B	-1,223,708	CAFETERIA	11.00	0 33.03	
33.04	OTHER OPERATING REVENUE	B	-34,904	NURSING ADMINISTRATION	13.00	0 33.04	
33.05	OTHER OPERATING REVENUE	B	-38,863	CENTRAL SERVICES & SUPPLY	14.00	0 33.05	
33.06	OTHER OPERATING REVENUE	B	-17,432	MEDICAL RECORDS & LIBRARY	16.00	0 33.06	
33.07	OTHER OPERATING REVENUE	B	-350,025	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.07	
33.08	OTHER OPERATING REVENUE	B	-34,335	ADULTS & PEDIATRICS	30.00	0 33.08	
33.09	OTHER OPERATING REVENUE	B	-21,272	INTENSIVE CARE UNIT	31.00	0 33.09	
33.10	OTHER OPERATING REVENUE	B	-26,461	OPERATING ROOM	50.00	0 33.10	
33.11	OTHER OPERATING REVENUE	B	-4,836	RADIOLOGY-DIAGNOSTIC	54.00	0 33.11	
33.12	OTHER OPERATING REVENUE	B	-46,477	CARDIAC CATHETERIZATION	59.00	0 33.12	
33.13	OTHER OPERATING REVENUE	B	-170,119	LABORATORY	60.00	0 33.13	
33.14	OTHER OPERATING REVENUE	B	-14,405	ELECTROCARDIOLOGY	69.00	0 33.14	
33.15	OTHER OPERATING REVENUE	B	-499	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.15	
33.16	OTHER OPERATING REVENUE	B	-1,516	DRUGS CHARGED TO PATIENTS	73.00	0 33.16	
33.17	OTHER OPERATING REVENUE	B	-85,818	RENAL DIALYSIS	74.00	0 33.17	
33.18	OTHER OPERATING REVENUE	B	-88,678	CLINIC	90.00	0 33.18	
33.19	OTHER OPERATING REVENUE	B	-10,000	EMERGENCY	91.00	0 33.19	
33.20	OTHER OPERATING REVENUE	B	-1,780	PARTIAL HOSP	93.00	0 33.20	
33.21	OTHER OPERATING REVENUE	B	-5,573	HOME HEALTH AGENCY	101.00	0 33.21	
33.22	OTHER OPERATING REVENUE	B	-302,217	HOSPICE	116.00	0 33.22	
33.23	LEGAL	A	-153,043	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.23	
33.24	LEGAL	A	-213	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.24	
33.25	NON ALLOWABLE PHYSICIAN FEES	A	-130,511	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.25	
33.26	NON ALLOWABLE PHYSICIAN FEES	A	-1,201,434	ADULTS & PEDIATRICS	30.00	0 33.26	
33.27	NON ALLOWABLE PHYSICIAN FEES	A	-736,243	ANESTHESIOLOGY	53.00	0 33.27	
33.28	NON ALLOWABLE PHYSICIAN FEES	A	-129,025	RADIOLOGY-DIAGNOSTIC	54.00	0 33.28	
33.29	NON ALLOWABLE PHYSICIAN FEES	A	-1,231,809	CARDIAC CATHETERIZATION	59.00	0 33.29	
33.30	NON ALLOWABLE PHYSICIAN FEES	A	-31,576	LABORATORY	60.00	0 33.30	
33.31	NON ALLOWABLE PHYSICIAN FEES	A	-219,800	ELECTROCARDIOLOGY	69.00	0 33.31	
33.32	NON ALLOWABLE PHYSICIAN FEES	A	-157,098	CLINIC	90.00	0 33.32	
33.33	NON ALLOWABLE PHYSICIAN FEES	A	-389,458	EMERGENCY	91.00	0 33.33	
33.34	ENTERTAINMENT	A	-72	SHARED SERVICES	5.01	0 33.34	
33.35	ENTERTAINMENT	A	-2,416	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.35	
33.36	ENTERTAINMENT	A	-283	OPERATION OF PLANT	7.00	0 33.36	
33.37	ENTERTAINMENT	A	-659	NURSING ADMINISTRATION	13.00	0 33.37	
33.38	ENTERTAINMENT	A	-753	PHARMACY	15.00	0 33.38	
33.39	ENTERTAINMENT	A	-107	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.39	
33.40	ENTERTAINMENT	A	-6,951	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.40	
33.41	ENTERTAINMENT	A	-487	ADULTS & PEDIATRICS	30.00	0 33.41	
33.42	ENTERTAINMENT	A	-113	INTENSIVE CARE UNIT	31.00	0 33.42	
33.43	ENTERTAINMENT	A	-347	RADIOLOGY-DIAGNOSTIC	54.00	0 33.43	
33.44	ENTERTAINMENT	A	-414	RESPIRATORY THERAPY	65.00	0 33.44	
33.45	ENTERTAINMENT	A	-200	HEART AND VASCULAR CNTR	76.01	0 33.45	
33.46	ENTERTAINMENT	A	-781	PARTIAL HOSP	93.00	0 33.46	
33.47	ENTERTAINMENT	A	-665	HOME HEALTH AGENCY	101.00	0 33.47	
33.48	ENTERTAINMENT	A	-7	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 33.48	
33.49	AMBULANCE	A	184	SHARED SERVICES	5.01	0 33.49	
33.50	AMBULANCE	A	-2,138	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.50	
33.51	AMBULANCE	A	32	CENTRAL SERVICES & SUPPLY	14.00	0 33.51	
33.52	AMBULANCE	A	-6,461	SOCIAL SERVICE	17.00	0 33.52	
33.53	AMBULANCE	A	-56	ADULTS & PEDIATRICS	30.00	0 33.53	
33.54	AMBULANCE	A	-233	INTENSIVE CARE UNIT	31.00	0 33.54	
33.55	AMBULANCE	A	-50	OPERATING ROOM	50.00	0 33.55	
33.56	AMBULANCE	A	-40	RADIOLOGY-DIAGNOSTIC	54.00	0 33.56	
33.57	AMBULANCE	A	-39,634	RADIOLOGY-THERAPEUTIC	55.00	0 33.57	
33.58	AMBULANCE	A	-1,125	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.58	

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted		Line #	wkst. A-7 Ref.
				3.00	4.00		
33.59	COMMUNITY BENEFIT	A	-87,000	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.59
33.60	COMMUNITY BENEFIT	A	-16,600	SOCIAL SERVICE	17.00	0	33.60
33.61	NON ALLOW GAIN/LOSS	A	-1,023	INTEREST EXPENSE	113.00	0	33.61
33.62	CORPORATE SPONSORSHIPS	A	-10,000	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.62
33.63	FEDERAL & STATE INCOME TAX	A	-285,000	INTEREST EXPENSE	113.00	0	33.63
33.64	PROPERTY TAXES	A	-339,450	CAP REL COSTS-BLDG & FIXT	1.00	13	33.64
33.65	PROVIDER TAX	A	-14,805,201	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.65
33.66	PHYSICIAN COLLECTION FEES	A	-37,841	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.66
33.67	MALPRACTICE	A	-2,415,301	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.67
33.68	MALPRACTICE	A	-114,855	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.68
33.69	MALPRACTICE	A	-308,898	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.69
33.70	ADVERTISING & MARKETING	A	-49,067	SHARED SERVICES	5.01	0	33.70
33.71	ADVERTISING & MARKETING	A	-4,396	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.71
33.72	DUE & LOBBYING	A	-36,568	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.72
33.73	DUE & LOBBYING	A	-123	OPERATION OF PLANT	7.00	0	33.73
33.74	DUE & LOBBYING	A	-5,909	NURSING ADMINISTRATION	13.00	0	33.74
33.75	DUE & LOBBYING	A	-23	CENTRAL SERVICES & SUPPLY	14.00	0	33.75
33.76	DUE & LOBBYING	A	-120	PHARMACY	15.00	0	33.76
33.77	DUE & LOBBYING	A	-131	MEDICAL RECORDS & LIBRARY	16.00	0	33.77
33.78	DUE & LOBBYING	A	-1,352	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	33.78
33.79	DUE & LOBBYING	A	-4,500	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.79
33.80	DUE & LOBBYING	A	-51	SUBPROVIDER - IPF	40.00	0	33.80
33.81	DUE & LOBBYING	A	-208	RADIOLOGY-THERAPEUTIC	55.00	0	33.81
33.82	DUE & LOBBYING	A	-1,399	LABORATORY	60.00	0	33.82
33.83	DUE & LOBBYING	A	-3,267	ELECTROENCEPHALOGRAPHY	70.00	0	33.83
33.84	DUE & LOBBYING	A	-570	HEART AND VASCULAR CNTR	76.01	0	33.84
33.85	DUE & LOBBYING	A	-2,649	HOSPICE	116.00	0	33.85
33.86	HOSPICE	A	-70	OPERATING ROOM	50.00	0	33.86
33.87	HOSPICE	A	-71	RADIOLOGY-DIAGNOSTIC	54.00	0	33.87
33.88	HOSPICE	A	-189	LABORATORY	60.00	0	33.88
33.89	HOSPICE	A	-6,420	RESPIRATORY THERAPY	65.00	0	33.89
33.90	HOSPICE	A	-32	ELECTROCARDIOLOGY	69.00	0	33.90
33.91	HOSPICE	A	-3	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.91
33.92	HOSPICE	A	-59,141	DRUGS CHARGED TO PATIENTS	73.00	0	33.92
33.93	HOSPICE	A	-379	EMERGENCY	91.00	0	33.93
33.94	HOSPICE	A	-299,726	ADULTS & PEDIATRICS	30.00	0	33.94
33.95	HOSPICE	A	-9,630	OBSERVATION BEDS (DISTINCT PART)	92.01	0	33.95
33.96	SELF INSURED ADJUSTMENT	A	-395,813	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.96
33.97	NON ALLOW BORROWING	A	-853,981	INTEREST EXPENSE	113.00	0	33.97
33.98	NON ALLOW BANK FEES	A	-5,166	INTEREST EXPENSE	113.00	0	33.98
33.99	NON ALLOW GAINS ON SALE OF PPE	B	-531,208	CAP REL COSTS-MVBLE EQUIP	2.00	14	33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-31,443,762				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: 14-0122

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2018 8:47 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>					
<b>HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	304,944	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	947,037	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	428,713	79,985
3.01	5.03	OTHER ADMINISTRATIVE AND GEN	AHS HOME OFFICE	15,337,719	15,926,111
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	175,170	0
3.03	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	867,079	724,375
3.04	113.00	INTEREST EXPENSE	AHS HOME OFFICE	5,320,813	4,489,810
3.05	0.00			0	0
4.00	0.00			0	0
4.04	0.00			0	0
4.05	0.00			0	0
4.06	0.00			0	0
4.08	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.			23,381,475	21,220,281

\* 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>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	B		0.00	AHS SUNBELT	0.00	6.00
7.00	B		0.00	ALEXIAN BROTHER	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: 14-0122

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

Worksheet A-8-1  
Date/Time Prepared:  
5/29/2018 8:47 am

	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	304,944	9	1.00
2.00	947,037	9	2.00
3.00	348,728	0	3.00
3.01	-588,392	0	3.01
3.02	175,170	0	3.02
3.03	142,704	0	3.03
3.04	831,003	0	3.04
3.05	0	0	3.05
4.00	0	0	4.00
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.08	0	0	4.08
5.00	2,161,194		5.00

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

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

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

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

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

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE	7.00
8.00		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.

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	DR. A	47,773	0	47,773	179,000	560	1.00
2.00	22.00	DR. B	17,534	0	17,534	179,000	1	2.00
3.00	22.00	DR. C	50,688	0	50,688	179,000	560	3.00
4.00	22.00	DR. D	81,398	0	81,398	179,000	560	4.00
5.00	22.00	DR. E	53,001	0	53,001	179,000	560	5.00
6.00	22.00	DR. F	5,937	0	5,937	179,000	66	6.00
7.00	22.00	DR. G	178	0	178	179,000	1	7.00
8.00	22.00	DR. H	42,952	0	42,952	179,000	504	8.00
9.00	22.00	DR. I	26,637	0	26,637	179,000	277	9.00
10.00	22.00	DR. J	54,552	0	54,552	179,000	560	10.00
11.00	22.00	DR. K	43,656	0	43,656	179,000	1	11.00
12.00	22.00	DR. L	15,343	0	15,343	179,000	1	12.00
13.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	638,516	0	638,516	179,000	7,056	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	271,166	0	271,166	179,000	2,299	14.00
15.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	467,558	0	467,558	179,000	3,072	15.00
200.00			1,816,889	0	1,816,889		16,078	200.00

  

	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	DR. A	48,192	2,410	0	0	0	1.00
2.00	22.00	DR. B	86	4	0	0	0	2.00
3.00	22.00	DR. C	48,192	2,410	0	0	0	3.00
4.00	22.00	DR. D	48,192	2,410	0	0	0	4.00
5.00	22.00	DR. E	48,192	2,410	0	0	0	5.00
6.00	22.00	DR. F	5,680	284	0	0	0	6.00
7.00	22.00	DR. G	86	4	0	0	0	7.00
8.00	22.00	DR. H	43,373	2,169	0	0	0	8.00
9.00	22.00	DR. I	23,838	1,192	0	0	0	9.00
10.00	22.00	DR. J	48,192	2,410	0	0	0	10.00
11.00	22.00	DR. K	86	4	0	0	0	11.00
12.00	22.00	DR. L	86	4	0	0	0	12.00
13.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	607,223	30,361	0	0	0	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	197,847	9,892	0	0	0	14.00
15.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	264,369	13,218	0	0	0	15.00
200.00			1,383,634	69,182	0	0	0	200.00

  

	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	22.00	DR. A	0	48,192	0	0	1.00
2.00	22.00	DR. B	0	86	17,448	17,448	2.00
3.00	22.00	DR. C	0	48,192	2,496	2,496	3.00
4.00	22.00	DR. D	0	48,192	33,206	33,206	4.00
5.00	22.00	DR. E	0	48,192	4,809	4,809	5.00
6.00	22.00	DR. F	0	5,680	257	257	6.00
7.00	22.00	DR. G	0	86	92	92	7.00
8.00	22.00	DR. H	0	43,373	0	0	8.00
9.00	22.00	DR. I	0	23,838	2,799	2,799	9.00
10.00	22.00	DR. J	0	48,192	6,360	6,360	10.00
11.00	22.00	DR. K	0	86	43,570	43,570	11.00
12.00	22.00	DR. L	0	86	15,257	15,257	12.00
13.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	607,223	31,293	31,293	13.00
14.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	197,847	73,319	73,319	14.00
15.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	264,369	203,189	203,189	15.00
200.00			0	1,383,634	434,095	434,095	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,378,122	14,378,122			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,110,835		10,110,835		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,434,241	0	0	13,434,241	4.00
5.01 00590	SHARED SERVICES	4,978,486	1,209,893	850,809	535,878	5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	47,170,250	1,039,647	731,090	357,212	5.03
7.00 00700	OPERATION OF PLANT	9,613,778	4,958,335	3,486,751	365,666	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	465,235	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,819,343	38,253	26,900	0	9.00
10.00 01000	DIETARY	986,198	15,971	11,231	0	10.00
11.00 01100	CAFETERIA	1,250,059	64,524	45,374	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,688,392	0	0	309,250	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,180,294	224,159	157,631	159,891	14.00
15.00 01500	PHARMACY	4,783,301	58,821	41,364	623,483	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	840,899	99,692	70,104	61,489	16.00
17.00 01700	SOCIAL SERVICE	1,816,325	26,520	18,649	212,055	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,737,984	0	0	223,352	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,527,295	10,564	7,429	275,533	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,864,290	1,936,564	1,361,811	2,159,650	30.00
31.00 03100	INTENSIVE CARE UNIT	8,630,769	248,841	174,987	997,092	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	2,172,695	129,235	90,879	285,668	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	1,509,912	0	0	171,828	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,201,902	581,434	408,870	878,309	50.00
51.00 05100	RECOVERY ROOM	974,125	41,151	28,938	128,223	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,837,231	0	0	436,254	52.00
53.00 05300	ANESTHESIOLOGY	383,841	7,433	5,227	31,887	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,168,283	250,196	175,941	616,468	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,955,236	0	0	250,176	55.00
56.00 05600	RADIOISOTOPE	211,260	44,782	31,491	28,139	56.00
57.00 05700	CT SCAN	710,172	8,523	5,994	92,008	57.00
58.00 05800	MRI	860,681	93,569	65,798	102,764	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,303,602	93,148	65,502	140,571	59.00
60.00 06000	LABORATORY	8,515,771	258,268	181,616	781,631	60.00
65.00 06500	RESPIRATORY THERAPY	3,150,441	1,169	822	343,757	65.00
66.00 06600	PHYSICAL THERAPY	2,412,173	442,694	311,306	122,898	66.00
67.00 06700	OCCUPATIONAL THERAPY	488,028	22,781	16,019	64,988	67.00
68.00 06800	SPEECH PATHOLOGY	153,743	15,255	10,727	20,445	68.00
69.00 06900	ELECTROCARDIOLOGY	591,169	75,135	52,836	78,946	69.00
69.01 06901	CARDIAC REHAB	355,809	29,216	20,545	47,262	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,030,655	72,424	50,929	50,540	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,254,167	0	0	91	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,124,428	0	0	3,752	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	33,882,193	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	456,184	0	0	0	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	1,127,443	128,924	90,660	139,750	76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	4,419,591	266,838	187,643	556,909	90.00
91.00 09100	EMERGENCY	3,426,736	269,393	189,440	427,224	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	111,784	103,042	72,460	15,721	92.01
93.00 04040	PARTIAL HOSP	1,194,450	0	0	151,709	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	6,400,611	0	0	710,546	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	3,739,255	105,115	73,918	341,739	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	276,399,667	12,971,509	9,121,691	13,300,754	273,870,423
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	458,241	44,159	31,053	38,606	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,552,818	0	0	145	192.00
194.00 07950	FOUNDATION	298,147	18,262	12,842	26,205	194.00
194.01 07951	MARKETING	0	0	0	0	194.01
194.02 07952	OP PHARMACY	2,194,640	8,866	6,235	67,623	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	249,259	1,335,326	939,014	908	2,524,507	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	281,152,772	14,378,122	10,110,835	13,434,241	281,152,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part I  
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5A.01	5.03	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590	7,575,066					5.01
5.03	00560	1,364,988	50,663,187	50,663,187			5.03
7.00	00700	510,157	18,934,687	4,161,977	23,096,664		7.00
8.00	00800	12,882	478,117	105,093	0	583,210	8.00
9.00	00900	107,558	3,992,054	877,481	123,221	0	9.00
10.00	01000	28,060	1,041,460	228,920	51,446	0	10.00
11.00	01100	37,656	1,397,613	307,205	207,844	0	11.00
13.00	01300	83,002	3,080,644	677,147	0	0	13.00
14.00	01400	47,680	1,769,655	388,983	722,058	0	14.00
15.00	01500	152,482	5,659,451	1,243,987	189,474	0	15.00
16.00	01600	29,688	1,101,872	242,199	321,126	0	16.00
17.00	01700	57,414	2,130,963	468,401	85,426	0	17.00
21.00	02100	54,307	2,015,643	443,052	0	0	21.00
22.00	02200	50,417	1,871,238	411,311	34,030	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	590,394	21,912,709	4,816,567	6,238,029	364,379	30.00
31.00	03100	278,321	10,330,010	2,270,609	801,561	93,928	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	74,164	2,752,641	605,050	416,290	43,586	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	46,566	1,728,306	379,894	0	50,292	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	334,220	12,404,735	2,726,648	1,872,903	0	50.00
51.00	05100	32,464	1,204,901	264,846	132,556	0	51.00
52.00	05200	118,329	4,391,814	965,351	0	3,926	52.00
53.00	05300	11,862	440,250	96,770	23,941	0	53.00
54.00	05400	171,973	6,382,861	1,402,998	805,928	0	54.00
55.00	05500	61,066	2,266,478	498,188	0	0	55.00
56.00	05600	8,741	324,413	71,308	144,251	0	56.00
57.00	05700	22,614	839,311	184,486	27,455	0	57.00
58.00	05800	31,090	1,153,902	253,636	301,401	0	58.00
59.00	05900	44,381	1,647,204	362,067	300,046	0	59.00
60.00	06000	269,616	10,006,902	2,199,587	831,927	0	60.00
65.00	06500	96,806	3,592,995	789,765	3,764	0	65.00
66.00	06600	91,071	3,380,142	742,979	1,425,996	0	66.00
67.00	06700	16,387	608,203	133,687	73,380	0	67.00
68.00	06800	5,543	205,713	45,217	49,138	0	68.00
69.00	06900	22,098	820,184	180,282	242,024	0	69.00
69.01	06901	12,538	465,370	102,292	94,109	0	69.01
70.00	07000	33,353	1,237,901	272,099	233,291	0	70.00
71.00	07100	422,375	15,676,633	3,445,834	0	0	71.00
72.00	07200	418,884	15,547,064	3,417,353	0	0	72.00
73.00	07300	938,164	34,820,357	7,653,722	0	0	73.00
74.00	07400	12,631	468,815	103,049	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	41,167	1,527,944	335,853	415,286	0	76.01
76.02	03952	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	150,378	5,581,359	1,226,822	859,533	0	90.00
91.00	09100	119,417	4,432,210	974,231	867,764	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	8,390	311,397	68,447	331,918	27,099	92.01
93.00	04040	37,274	1,383,433	304,088	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	196,901	7,308,058	1,606,362	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	117,956	4,377,983	962,311	338,593	0	116.00
118.00		7,373,425	273,668,782	49,018,154	18,565,709	583,210	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	15,840	587,899	129,224	142,243	0	190.00
192.00	19200	43,000	1,595,963	350,804	0	0	192.00
194.00	07950	9,842	365,298	80,295	58,825	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	63,058	2,340,422	514,441	28,559	0	194.02
194.03	07953	69,901	2,594,408	570,269	4,301,328	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		7,575,066	281,152,772	50,663,187	23,096,664	583,210	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part I  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	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
5.01	00590	SHARED SERVICES					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	4,992,756					10.00
11.00	01100	11,181	1,333,007				11.00
13.00	01300	45,170		1,957,832			13.00
14.00	01400			31,036	3,788,827		14.00
15.00	01500	156,923		44,308		3,081,927	15.00
16.00	01600	41,178		84,584		11,139	16.00
17.00	01700	69,790		17,263			17.00
21.00	02100	18,565		22,567			21.00
22.00	02200			36,123			22.00
		7,396		13,840			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,355,689	832,840	446,664	1,493,228	55,895	30.00
31.00	03100	174,201	214,685	173,877	581,283	29,739	31.00
33.00	03300						33.00
40.00	04000	90,471	99,621	49,138	164,252	148	40.00
41.00	04100						41.00
43.00	04300		114,949	35,839	119,815	6	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	407,033		131,760	440,499	604,353	50.00
51.00	05100	28,808		17,872	59,745	1,138	51.00
52.00	05200		8,974	90,997	304,201		52.00
53.00	05300	5,203		7,685	25,699	24,175	53.00
54.00	05400	175,150		92,526		58,126	54.00
55.00	05500			25,340		2,884	55.00
56.00	05600	31,350		4,586		152	56.00
57.00	05700	5,967		16,073		3,434	57.00
58.00	05800	65,503		13,516		1,190	58.00
59.00	05900	65,208		19,604		88,333	59.00
60.00	06000	180,801		186,757		5,478	60.00
65.00	06500	818		74,126		12,133	65.00
66.00	06600	309,908		14,787		122	66.00
67.00	06700	15,948		7,536		146	67.00
68.00	06800	10,679		2,043		4	68.00
69.00	06900	52,599		10,877		517	69.00
69.01	06901	20,453		6,832		17	69.01
70.00	07000	50,701		5,709			70.00
71.00	07100			298		299,559	71.00
72.00	07200			433		1,829,047	72.00
73.00	07300						73.00
74.00	07400						74.00
76.00	03020						76.00
76.01	03950	90,253		15,261		651	76.01
76.02	03952						76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	186,800		71,380	238,607	13,631	90.00
91.00	09100	188,589		83,231	278,226	9,658	91.00
92.00	09200						92.00
92.01	09201	72,135	61,938	3,328	11,112	1,670	92.01
93.00	04040			21,579	72,160	21	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100			36,285		27,118	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	73,586		26,274		1,391	116.00
118.00		4,008,056	1,333,007	1,941,934	3,788,827	3,081,927	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	30,913		4,641			190.00
192.00	19200			1,001			192.00
194.00	07950	12,784		2,571			194.00
194.01	07951						194.01
194.02	07952	6,207		7,536			194.02
194.03	07953	934,796		149			194.03
200.00							200.00
201.00							201.00
202.00							202.00
		0	0	0	0	0	
		0	0	0	0	0	
		4,992,756	1,333,007	1,957,832	3,788,827	3,081,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet 8  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
					SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					15.00	16.00		17.00
<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
5.01	00590	SHARED SERVICES						5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,229,813					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,752,250				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,725,974			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,494,818		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,337,815	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	86,941	1,703,140	1,526,894	1,430,805	30.00
31.00	03100	INTENSIVE CARE UNIT	0	44,223	439,028	200,825	188,187	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	11,090	203,723	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	7,891	235,068	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	148,991	0	87,927	82,393	50.00
51.00	05100	RECOVERY ROOM	0	20,441	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,034	18,352	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,431	46,110	0	69,027	64,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	91,868	0	51,039	47,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,632	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	8,381	0	0	0	56.00
57.00	05700	CT SCAN	0	109,746	0	0	0	57.00
58.00	05800	MRI	0	53,726	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,886	0	0	0	59.00
60.00	06000	LABORATORY	0	274,480	0	7,304	6,845	60.00
65.00	06500	RESPIRATORY THERAPY	2	42,339	0	58,298	54,629	65.00
66.00	06600	PHYSICAL THERAPY	0	16,620	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,112	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,667	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,963	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	2,146	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,873	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	61,540	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	109,435	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,139,936	241,113	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,718	0	40,083	37,560	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	38,026	0	0	0	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	35,502	40,235	0	325,183	304,718	90.00
91.00	09100	EMERGENCY	0	103,872	0	128,238	120,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	126,663	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,061	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	19,110	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	2,285	14,205	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	25,657	9,775	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,229,813	1,752,250	2,725,974	2,494,818	2,337,815	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
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		15.00	16.00	17.00	21.00	22.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	7,229,813	1,752,250	2,725,974	2,494,818	2,337,815	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	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
5.01	00590	SHARED SERVICES			5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	42,263,780	-2,957,699	39,306,081
31.00	03100	INTENSIVE CARE UNIT	15,542,156	-389,012	15,153,144
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	4,436,010	0	4,436,010
41.00	04100	SUBPROVIDER - IRF	0	0	0
43.00	04300	NURSERY	2,672,060	0	2,672,060
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	18,907,242	-170,320	18,736,922
51.00	05100	RECOVERY ROOM	1,730,307	0	1,730,307
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,803,649	0	5,803,649
53.00	05300	ANESTHESIOLOGY	829,974	-133,710	696,264
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,108,323	-98,866	9,009,457
55.00	05500	RADIOLOGY-THERAPEUTIC	2,831,522	0	2,831,522
56.00	05600	RADIOISOTOPE	584,441	0	584,441
57.00	05700	CT SCAN	1,186,472	0	1,186,472
58.00	05800	MRI	1,842,874	0	1,842,874
59.00	05900	CARDIAC CATHETERIZATION	2,519,348	0	2,519,348
60.00	06000	LABORATORY	13,700,081	-14,149	13,685,932
65.00	06500	RESPIRATORY THERAPY	4,628,869	-112,927	4,515,942
66.00	06600	PHYSICAL THERAPY	5,890,554	0	5,890,554
67.00	06700	OCCUPATIONAL THERAPY	843,012	0	843,012
68.00	06800	SPEECH PATHOLOGY	314,461	0	314,461
69.00	06900	ELECTROCARDIOLOGY	1,337,446	0	1,337,446
69.01	06901	CARDIAC REHAB	691,219	0	691,219
70.00	07000	ELECTROENCEPHALOGRAPHY	1,809,574	0	1,809,574
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,483,864	0	19,483,864
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,903,332	0	20,903,332
73.00	07300	DRUGS CHARGED TO PATIENTS	49,855,128	0	49,855,128
74.00	07400	RENAL DIALYSIS	652,225	-77,643	574,582
76.00	03020	OTHER ANCILLARY	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	2,423,274	0	2,423,274
76.02	03952	DIABETES EDUCATION	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	8,883,770	-629,901	8,253,869
91.00	09100	EMERGENCY	7,186,187	-248,406	6,937,781
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,020,768	0	1,020,768
93.00	04040	PARTIAL HOSP	1,800,391	0	1,800,391
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	8,994,313	0	8,994,313
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	5,815,570	0	5,815,570
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	266,492,196	-4,832,633	261,659,563
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	894,920	0	894,920
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,947,768	0	1,947,768
194.00	07950	FOUNDATION	519,773	0	519,773
194.01	07951	MARKETING	0	0	0
194.02	07952	OP PHARMACY	2,897,165	0	2,897,165
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	8,400,950	0	8,400,950
200.00		Cross Foot Adjustments	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

worksheet B  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	281,152,772	-4,832,633	276,320,139	202.00

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
5.01	SHARED SERVICES	-1	ACCUM. COST	5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL	-3	ACCUM. COST	5.03
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	TOTAL PATI ENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	TOTAL PATI ENT DAYS	10.00
11.00	CAFETERIA	3	FTEs	11.00
13.00	NURSING ADMINISTRATION	4	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	2	TOTAL PATI ENT DAYS	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	8	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 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	0	0	0	0
5.01 00590	SHARED SERVICES	1,209,893	850,809	2,060,702	0
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	1,039,647	731,090	1,770,737	0
7.00 00700	OPERATION OF PLANT	4,958,335	3,486,751	8,445,086	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00 00900	HOUSEKEEPING	38,253	26,900	65,153	0
10.00 01000	DIETARY	15,971	11,231	27,202	0
11.00 01100	CAFETERIA	64,524	45,374	109,898	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	224,159	157,631	381,790	0
15.00 01500	PHARMACY	58,821	41,364	100,185	0
16.00 01600	MEDICAL RECORDS & LIBRARY	99,692	70,104	169,796	0
17.00 01700	SOCIAL SERVICE	26,520	18,649	45,169	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,564	7,429	17,993	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	1,936,564	1,361,811	3,298,375	0
31.00 03100	INTENSIVE CARE UNIT	248,841	174,987	423,828	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	129,235	90,879	220,114	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0
43.00 04300	NURSERY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	581,434	408,870	990,304	0
51.00 05100	RECOVERY ROOM	41,151	28,938	70,089	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00 05300	ANESTHESIOLOGY	7,433	5,227	12,660	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	250,196	175,941	426,137	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00 05600	RADIOISOTOPE	44,782	31,491	76,273	0
57.00 05700	CT SCAN	8,523	5,994	14,517	0
58.00 05800	MRI	93,569	65,798	159,367	0
59.00 05900	CARDIAC CATHETERIZATION	93,148	65,502	158,650	0
60.00 06000	LABORATORY	258,268	181,616	439,884	0
65.00 06500	RESPIRATORY THERAPY	1,169	822	1,991	0
66.00 06600	PHYSICAL THERAPY	442,694	311,306	754,000	0
67.00 06700	OCCUPATIONAL THERAPY	22,781	16,019	38,800	0
68.00 06800	SPEECH PATHOLOGY	15,255	10,727	25,982	0
69.00 06900	ELECTROCARDIOLOGY	75,135	52,836	127,971	0
69.01 06901	CARDIAC REHAB	29,216	20,545	49,761	0
70.00 07000	ELECTROENCEPHALOGRAPHY	72,424	50,929	123,353	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0
76.00 03020	OTHER ANCILLARY	0	0	0	0
76.01 03950	HEART AND VASCULAR CNTR	128,924	90,660	219,584	0
76.02 03952	DIABETES EDUCATION	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	266,838	187,643	454,481	0
91.00 09100	EMERGENCY	269,393	189,440	458,833	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	103,042	72,460	175,502	0
93.00 04040	PARTIAL HOSP	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	105,115	73,918	179,033	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,971,509	9,121,691	22,093,200	0
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,159	31,053	75,212	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
194.00 07950	FOUNDATION	18,262	12,842	31,104	0
194.01 07951	MARKETING	0	0	0	0
194.02 07952	OP PHARMACY	8,866	6,235	15,101	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	1,335,326	939,014	2,274,340	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	0	14,378,122	10,110,835	24,488,957		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

Period:  
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To 12/31/2017

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Cost Center Description		SHARED SERVICES	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.01	5.03	7.00	8.00	9.00	
<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
5.01	00590	SHARED SERVICES	2,060,702				5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	371,430	2,142,167			5.03
7.00	00700	OPERATION OF PLANT	138,774	175,979	8,759,839		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,504	4,444	0	7,948	8.00
9.00	00900	HOUSEKEEPING	29,258	37,102	46,734	0	178,247
10.00	01000	DIETARY	7,633	9,679	19,512	0	399
11.00	01100	CAFETERIA	10,243	12,989	78,829	0	1,613
13.00	01300	NURSING ADMINISTRATION	22,578	28,632	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	12,970	16,447	273,854	0	5,602
15.00	01500	PHARMACY	41,478	52,599	71,861	0	1,470
16.00	01600	MEDICAL RECORDS & LIBRARY	8,076	10,241	121,793	0	2,492
17.00	01700	SOCIAL SERVICE	15,618	19,805	32,400	0	663
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,773	18,733	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,714	17,391	12,906	0	264
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	160,600	203,657	2,365,886	4,966	48,400
31.00	03100	INTENSIVE CARE UNIT	75,709	96,007	304,007	1,280	6,219
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	20,174	25,583	157,886	594	3,230
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	12,667	16,063	0	685	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	90,915	115,290	710,333	0	14,532
51.00	05100	RECOVERY ROOM	8,831	11,198	50,274	0	1,028
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,188	40,818	0	54	0
53.00	05300	ANESTHESIOLOGY	3,227	4,092	9,080	0	186
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,780	59,322	305,663	0	6,253
55.00	05500	RADIOLOGY-THERAPEUTIC	16,611	21,065	0	0	0
56.00	05600	RADIOISOTOPE	2,378	3,015	54,710	0	1,119
57.00	05700	CT SCAN	6,151	7,801	10,413	0	213
58.00	05800	MRI	8,457	10,724	114,312	0	2,339
59.00	05900	CARDIAC CATHETERIZATION	12,072	15,309	113,798	0	2,328
60.00	06000	LABORATORY	73,341	93,004	315,524	0	6,455
65.00	06500	RESPIRATORY THERAPY	26,333	33,393	1,428	0	29
66.00	06600	PHYSICAL THERAPY	24,773	31,415	540,836	0	11,064
67.00	06700	OCCUPATIONAL THERAPY	4,458	5,653	27,831	0	569
68.00	06800	SPEECH PATHOLOGY	1,508	1,912	18,636	0	381
69.00	06900	ELECTROCARDIOLOGY	6,011	7,623	91,792	0	1,878
69.01	06901	CARDIAC REHAB	3,411	4,325	35,693	0	730
70.00	07000	ELECTROENCEPHALOGRAPHY	9,073	11,505	88,480	0	1,810
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,895	145,699	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	113,945	144,494	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	255,201	323,617	0	0	0
74.00	07400	RENAL DIALYSIS	3,436	4,357	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	11,198	14,201	157,505	0	3,222
76.02	03952	DIABETES EDUCATION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	40,906	51,873	325,994	0	6,669
91.00	09100	EMERGENCY	32,484	41,193	329,116	0	6,733
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,282	2,894	125,886	369	2,575
93.00	04040	PARTIAL HOSP	10,139	12,858	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	53,561	67,921	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	32,087	40,689	128,418	0	2,627
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,005,851	2,072,611	7,041,390	7,948	143,092
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,309	5,464	53,948	0	1,104
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,697	14,833	0	0	0
194.00	07950	FOUNDATION	2,677	3,395	22,310	0	456
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	OP PHARMACY	17,153	21,752	10,832	0	222
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	19,015	24,112	1,631,359	0	33,373
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,060,702	2,142,167	8,759,839	7,948	178,247

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	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	
5.01	00590						5.01	
5.03	00560						5.03	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	64,425					10.00	
11.00	01100	0	213,572				11.00	
13.00	01300	0	3,386	54,596			13.00	
14.00	01400	0	4,833	0	695,496		14.00	
15.00	01500	0	9,227	0	2,514	279,334	15.00	
16.00	01600	0	1,883	0	0	0	16.00	
17.00	01700	0	2,462	0	12	0	17.00	
21.00	02100	0	3,940	0	0	0	21.00	
22.00	02200	0	1,510	0	0	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	40,250	48,727	21,516	12,614	0	30.00	
31.00	03100	10,376	18,968	8,376	6,711	0	31.00	
33.00	03300	0	0	0	0	0	33.00	
40.00	04000	4,815	5,360	2,367	33	0	40.00	
41.00	04100	0	0	0	0	0	41.00	
43.00	04300	5,556	3,910	1,727	1	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	0	14,373	6,348	136,382	0	50.00	
51.00	05100	0	1,950	861	257	0	51.00	
52.00	05200	434	9,927	4,384	0	0	52.00	
53.00	05300	0	838	370	5,455	1,021	53.00	
54.00	05400	0	10,093	0	13,117	0	54.00	
55.00	05500	0	2,764	0	651	0	55.00	
56.00	05600	0	500	0	34	0	56.00	
57.00	05700	0	1,753	0	775	0	57.00	
58.00	05800	0	1,474	0	268	0	58.00	
59.00	05900	0	2,138	0	19,934	0	59.00	
60.00	06000	0	20,373	0	1,236	0	60.00	
65.00	06500	0	8,086	0	2,738	0	65.00	
66.00	06600	0	1,613	0	28	0	66.00	
67.00	06700	0	822	0	33	0	67.00	
68.00	06800	0	223	0	1	0	68.00	
69.00	06900	0	1,187	0	117	0	69.00	
69.01	06901	0	745	0	4	0	69.01	
70.00	07000	0	623	0	0	0	70.00	
71.00	07100	0	32	0	67,600	0	71.00	
72.00	07200	0	47	0	412,763	0	72.00	
73.00	07300	0	0	0	0	275,862	73.00	
74.00	07400	0	0	0	0	0	74.00	
76.00	03020	0	0	0	0	0	76.00	
76.01	03950	0	1,665	0	147	0	76.01	
76.02	03952	0	0	0	0	0	76.02	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	0	7,787	3,438	3,076	1,372	90.00	
91.00	09100	0	9,079	4,009	2,179	0	91.00	
92.00	09200						92.00	
92.01	09201	2,994	363	160	377	0	92.01	
93.00	04040	0	2,354	1,040	5	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	0	3,958	0	6,120	88	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300						113.00	
116.00	11600	0	2,866	0	314	991	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		64,425	211,839	54,596	695,496	279,334	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	0	506	0	0	0	190.00	
192.00	19200	0	109	0	0	0	192.00	
194.00	07950	0	280	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	822	0	0	0	194.02	
194.03	07953	0	16	0	0	0	194.03	
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)		64,425	213,572	54,596	695,496	279,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet 8  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	16.00	17.00	21.00	22.00	24.00
<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
5.01 00590	SHARED SERVICES				5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	314,281			16.00
17.00 01700	SOCIAL SERVICE	0	116,129		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	37,446	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	63,778	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	15,617	72,555		6,293,163 30.00
31.00 03100	INTENSIVE CARE UNIT	7,943	18,703		978,127 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0		0 33.00
40.00 04000	SUBPROVIDER - IPF	1,992	8,679		450,827 40.00
41.00 04100	SUBPROVIDER - IRF	0	0		0 41.00
43.00 04300	NURSERY	1,417	10,014		52,040 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	26,762	0		2,105,239 50.00
51.00 05100	RECOVERY ROOM	3,672	0		148,160 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,599	782		92,186 52.00
53.00 05300	ANESTHESIOLOGY	8,282	0		45,211 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,502	0		883,867 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,939	0		48,030 55.00
56.00 05600	RADIOISOTOPE	1,505	0		139,534 56.00
57.00 05700	CT SCAN	19,713	0		61,336 57.00
58.00 05800	MRI	9,650	0		306,591 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,626	0		330,855 59.00
60.00 06000	LABORATORY	48,840	0		998,657 60.00
65.00 06500	RESPIRATORY THERAPY	7,605	0		81,603 65.00
66.00 06600	PHYSICAL THERAPY	2,985	0		1,366,714 66.00
67.00 06700	OCCUPATIONAL THERAPY	739	0		78,905 67.00
68.00 06800	SPEECH PATHOLOGY	299	0		48,942 68.00
69.00 06900	ELECTROCARDIOLOGY	5,562	0		242,141 69.00
69.01 06901	CARDIAC REHAB	386	0		95,055 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,773	0		236,617 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,054	0		339,280 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,657	0		690,906 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	43,309	0		897,989 73.00
74.00 07400	RENAL DIALYSIS	488	0		8,281 74.00
76.00 03020	OTHER ANCILLARY	0	0		0 76.00
76.01 03950	HEART AND VASCULAR CNTR	6,830	0		414,352 76.01
76.02 03952	DIABETES EDUCATION	0	0		0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	7,227	0		902,823 90.00
91.00 09100	EMERGENCY	18,658	0		902,284 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	909	5,396		319,707 92.01
93.00 04040	PARTIAL HOSP	3,433	0		29,829 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	2,552	0		134,200 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				
116.00 11600	HOSPICE	1,756	0		388,781 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	314,281	116,129	0	20,112,232 118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		140,543 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		26,639 192.00
194.00 07950	FOUNDATION	0	0		60,222 194.00
194.01 07951	MARKETING	0	0		0 194.01
194.02 07952	OP PHARMACY	0	0		65,882 194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0		3,982,215 194.03
200.00	Cross Foot Adjustments			37,446	63,778 101,224 200.00

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	314,281	116,129	37,446	63,778	24,488,957	202.00

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
5.01	00590	SHARED SERVICES		5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL		5.03
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	6,293,163
31.00	03100	INTENSIVE CARE UNIT	0	978,127
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	450,827
41.00	04100	SUBPROVIDER - IRF	0	0
43.00	04300	NURSERY	0	52,040
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	2,105,239
51.00	05100	RECOVERY ROOM	0	148,160
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	92,186
53.00	05300	ANESTHESIOLOGY	0	45,211
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	883,867
55.00	05500	RADIOLOGY-THERAPEUTIC	0	48,030
56.00	05600	RADIOISOTOPE	0	139,534
57.00	05700	CT SCAN	0	61,336
58.00	05800	MRI	0	306,591
59.00	05900	CARDIAC CATHETERIZATION	0	330,855
60.00	06000	LABORATORY	0	998,657
65.00	06500	RESPIRATORY THERAPY	0	81,603
66.00	06600	PHYSICAL THERAPY	0	1,366,714
67.00	06700	OCCUPATIONAL THERAPY	0	78,905
68.00	06800	SPEECH PATHOLOGY	0	48,942
69.00	06900	ELECTROCARDIOLOGY	0	242,141
69.01	06901	CARDIAC REHAB	0	95,055
70.00	07000	ELECTROENCEPHALOGRAPHY	0	236,617
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	339,280
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	690,906
73.00	07300	DRUGS CHARGED TO PATIENTS	0	897,989
74.00	07400	RENAL DIALYSIS	0	8,281
76.00	03020	OTHER ANCILLARY	0	0
76.01	03950	HEART AND VASCULAR CNTR	0	414,352
76.02	03952	DIABETES EDUCATION	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	902,823
91.00	09100	EMERGENCY	0	902,284
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	319,707
93.00	04040	PARTIAL HOSP	0	29,829
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0	134,200
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		
116.00	11600	HOSPICE	0	388,781
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,112,232
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	140,543
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	26,639
194.00	07950	FOUNDATION	0	60,222
194.01	07951	MARKETING	0	0
194.02	07952	OP PHARMACY	0	65,882
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	3,982,215
200.00		Cross Foot Adjustments	0	101,224

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0122

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	24,488,957	202.00

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQARE FEET)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	922,753					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		922,753				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	93,642,991			4.00
5.01 00590	SHARED SERVICES	77,648	77,648	3,735,332	-7,575,066	273,577,706	5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	66,722	66,722	2,489,942	0	49,298,199	5.03
7.00 00700	OPERATION OF PLANT	318,214	318,214	2,548,871	0	18,424,530	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	465,235	8.00
9.00 00900	HOUSEKEEPING	2,455	2,455	0	0	3,884,496	9.00
10.00 01000	DIETARY	1,025	1,025	0	0	1,013,400	10.00
11.00 01100	CAFETERIA	4,141	4,141	0	0	1,359,957	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	2,155,622	0	2,997,642	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,386	14,386	1,114,521	0	1,721,975	14.00
15.00 01500	PHARMACY	3,775	3,775	4,345,981	0	5,506,969	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,398	6,398	428,611	0	1,072,184	16.00
17.00 01700	SOCIAL SERVICE	1,702	1,702	1,478,130	0	2,073,549	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,556,871	0	1,961,336	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,920,601	0	1,820,821	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	124,284	124,284	15,053,615	0	21,322,315	30.00
31.00 03100	INTENSIVE CARE UNIT	15,970	15,970	6,950,216	0	10,051,689	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	8,294	8,294	1,991,246	0	2,678,477	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	1,197,724	0	1,681,740	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	37,315	37,315	6,122,239	0	12,070,515	50.00
51.00 05100	RECOVERY ROOM	2,641	2,641	893,776	0	1,172,437	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,040,905	0	4,273,485	52.00
53.00 05300	ANESTHESIOLOGY	477	477	222,266	0	428,388	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,057	16,057	4,297,079	0	6,210,888	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	1,743,850	0	2,205,412	55.00
56.00 05600	RADIOISOTOPE	2,874	2,874	196,140	0	315,672	56.00
57.00 05700	CT SCAN	547	547	641,344	0	816,697	57.00
58.00 05800	MRI	6,005	6,005	716,314	0	1,122,812	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,978	5,978	979,846	0	1,602,823	59.00
60.00 06000	LABORATORY	16,575	16,575	5,448,347	0	9,737,286	60.00
65.00 06500	RESPIRATORY THERAPY	75	75	2,396,155	0	3,496,189	65.00
66.00 06600	PHYSICAL THERAPY	28,411	28,411	856,661	0	3,289,071	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,462	1,462	453,000	0	591,816	67.00
68.00 06800	SPEECH PATHOLOGY	979	979	142,510	0	200,170	68.00
69.00 06900	ELECTROCARDIOLOGY	4,822	4,822	550,289	0	798,086	69.00
69.01 06901	CARDIAC REHAB	1,875	1,875	329,439	0	452,832	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	4,648	4,648	352,286	0	1,204,548	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	636	0	15,254,258	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	26,152	0	15,128,180	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	33,882,193	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	456,184	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	8,274	8,274	974,124	0	1,486,777	76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	17,125	17,125	3,881,924	0	5,430,981	90.00
91.00 09100	EMERGENCY	17,289	17,289	2,977,959	0	4,312,793	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	6,613	6,613	109,582	0	303,007	92.01
93.00 04040	PARTIAL HOSP	0	0	1,057,485	0	1,346,159	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100	HOME HEALTH AGENCY	0	0	4,952,849	0	7,111,157	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	6,746	6,746	2,382,088	0	4,260,027	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	832,480	832,480	92,712,528	-7,575,066	266,295,357	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,834	2,834	269,100	0	572,059	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,012	0	1,552,963	192.00
194.00 07950	FOUNDATION	1,172	1,172	182,660	0	355,456	194.00
194.01 07951	MARKETING	0	0	0	0	0	194.01
194.02 07952	OP PHARMACY	569	569	471,362	0	2,277,364	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQARE FEET)					
	1.00	2.00	4.00				
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	85,698	85,698	6,329		0	2,524,507	194.03
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)	14,378,122	10,110,835	13,434,241			7,575,066	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.581767	10.957250	0.143462			0.027689	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0			2,060,702	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000			0.007532	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 Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQURE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
<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
5.01	00590	SHARED SERVICES					5.01
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-50,663,187	230,489,585			5.03
7.00	00700	OPERATION OF PLANT	0	18,934,687	460,169		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	478,117	0	57,484	8.00
9.00	00900	HOUSEKEEPING	0	3,992,054	2,455	0	457,714
10.00	01000	DIETARY	0	1,041,460	1,025	0	1,025
11.00	01100	CAFETERIA	0	1,397,613	4,141	0	4,141
13.00	01300	NURSING ADMINISTRATION	0	3,080,644	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,769,655	14,386	0	14,386
15.00	01500	PHARMACY	0	5,659,451	3,775	0	3,775
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,101,872	6,398	0	6,398
17.00	01700	SOCIAL SERVICE	0	2,130,963	1,702	0	1,702
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,015,643	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,871,238	678	0	678
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	21,912,709	124,284	35,915	124,284
31.00	03100	INTENSIVE CARE UNIT	0	10,330,010	15,970	9,258	15,970
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	2,752,641	8,294	4,296	8,294
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
43.00	04300	NURSERY	0	1,728,306	0	4,957	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	12,404,735	37,315	0	37,315
51.00	05100	RECOVERY ROOM	0	1,204,901	2,641	0	2,641
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,391,814	0	387	0
53.00	05300	ANESTHESIOLOGY	0	440,250	477	0	477
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,382,861	16,057	0	16,057
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,266,478	0	0	0
56.00	05600	RADIOISOTOPE	0	324,413	2,874	0	2,874
57.00	05700	CT SCAN	0	839,311	547	0	547
58.00	05800	MRI	0	1,153,902	6,005	0	6,005
59.00	05900	CARDIAC CATHETERIZATION	0	1,647,204	5,978	0	5,978
60.00	06000	LABORATORY	0	10,006,902	16,575	0	16,575
65.00	06500	RESPIRATORY THERAPY	0	3,592,995	75	0	75
66.00	06600	PHYSICAL THERAPY	0	3,380,142	28,411	0	28,411
67.00	06700	OCCUPATIONAL THERAPY	0	608,203	1,462	0	1,462
68.00	06800	SPEECH PATHOLOGY	0	205,713	979	0	979
69.00	06900	ELECTROCARDIOLOGY	0	820,184	4,822	0	4,822
69.01	06901	CARDIAC REHAB	0	465,370	1,875	0	1,875
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,237,901	4,648	0	4,648
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,676,633	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,547,064	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,820,357	0	0	0
74.00	07400	RENAL DIALYSIS	0	468,815	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03950	HEART AND VASCULAR CNTR	0	1,527,944	8,274	0	8,274
76.02	03952	DIABETES EDUCATION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	5,581,359	17,125	0	17,125
91.00	09100	EMERGENCY	0	4,432,210	17,289	0	17,289
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	311,397	6,613	2,671	6,613
93.00	04040	PARTIAL HOSP	0	1,383,433	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	7,308,058	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	4,377,983	6,746	0	6,746
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-50,663,187	223,005,595	369,896	57,484	367,441
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	587,899	2,834	0	2,834
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,595,963	0	0	0
194.00	07950	FOUNDATION	0	365,298	1,172	0	1,172
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	OP PHARMACY	0	2,340,422	569	0	569
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2,594,408	85,698	0	85,698
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Reconciliation	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
			ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PLANT (SQURE FEET)	LINEN SERVICE (TOTAL PATI ENT DAYS)	(SQURE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
202.00	Cost to be allocated (per wkst. B, Part I)		50,663,187	23,096,664	583,210	4,992,756	202.00
203.00	Unit cost multiplier (wkst. B, Part I)		0.219807	50.191699	10.145606	10.908026	203.00
204.00	Cost to be allocated (per wkst. B, Part II)		2,142,167	8,759,839	7,948	178,247	204.00
205.00	Unit cost multiplier (wkst. B, Part II)		0.009294	19.036135	0.138265	0.389429	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 Center Description		DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION  (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	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
5.01	00590						5.01
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	57,484					10.00
11.00	01100	0	144,712				11.00
13.00	01300	0	2,294	1,809,454			13.00
14.00	01400	0	3,275	0	21,520,773		14.00
15.00	01500	0	6,252	0	77,786	34,370,122	15.00
16.00	01600	0	1,276	0	0	0	16.00
17.00	01700	0	1,668	0	362	0	17.00
21.00	02100	0	2,670	0	0	0	21.00
22.00	02200	0	1,023	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	35,915	33,015	713,130	390,308	0	30.00
31.00	03100	9,258	12,852	277,607	207,665	0	31.00
33.00	03300	0	0	0	0	0	33.00
40.00	04000	4,296	3,632	78,443	1,030	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	4,957	2,649	57,221	40	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	9,739	210,372	4,220,139	0	50.00
51.00	05100	0	1,321	28,533	7,949	0	51.00
52.00	05200	387	6,726	145,279	0	0	52.00
53.00	05300	0	568	12,273	168,810	125,653	53.00
54.00	05400	0	6,839	0	405,888	0	54.00
55.00	05500	0	1,873	0	20,142	0	55.00
56.00	05600	0	339	0	1,060	0	56.00
57.00	05700	0	1,188	0	23,982	0	57.00
58.00	05800	0	999	0	8,307	0	58.00
59.00	05900	0	1,449	0	616,819	0	59.00
60.00	06000	0	13,804	0	38,255	0	60.00
65.00	06500	0	5,479	0	84,723	8	65.00
66.00	06600	0	1,093	0	852	0	66.00
67.00	06700	0	557	0	1,022	0	67.00
68.00	06800	0	151	0	26	0	68.00
69.00	06900	0	804	0	3,608	0	69.00
69.01	06901	0	505	0	119	0	69.01
70.00	07000	0	422	0	0	0	70.00
71.00	07100	0	22	0	2,091,787	0	71.00
72.00	07200	0	32	0	12,772,046	0	72.00
73.00	07300	0	0	0	0	33,942,852	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	1,128	0	4,544	0	76.01
76.02	03952	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	5,276	113,953	95,184	168,775	90.00
91.00	09100	0	6,152	132,874	67,440	0	91.00
92.00	09200						92.00
92.01	09201	2,671	246	5,307	11,660	0	92.01
93.00	04040	0	1,595	34,462	149	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	2,682	0	189,360	10,863	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	0	1,942	0	9,711	121,971	116.00
118.00		57,484	143,537	1,809,454	21,520,773	34,370,122	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	343	0	0	0	190.00
192.00	19200	0	74	0	0	0	192.00
194.00	07950	0	190	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	557	0	0	0	194.02
194.03	07953	0	11	0	0	0	194.03
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

worksheet B-1

Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		DIETARY (TOTAL PATI ENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION  (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,333,007	1,957,832	3,788,827	3,081,927	7,229,813	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.189183	13.529161	2.093906	0.143207	0.210352	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	64,425	213,572	54,596	695,496	279,334	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.120747	1.475842	0.030173	0.032317	0.008127	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 Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	17.00		
<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
5.01 00590	SHARED SERVICES					5.01
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,031,758,163				16.00
17.00 01700	SOCIAL SERVICE	0	57,484			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	54,648		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		54,648	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	51,202,014	35,915	33,446	33,446	30.00
31.00 03100	INTENSIVE CARE UNIT	26,044,063	9,258	4,399	4,399	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
40.00 04000	SUBPROVIDER - IPF	6,531,340	4,296	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	4,647,225	4,957	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	87,745,265	0	1,926	1,926	50.00
51.00 05100	RECOVERY ROOM	12,038,550	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,798,856	387	0	0	52.00
53.00 05300	ANESTHESIOLOGY	27,155,610	0	1,512	1,512	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	54,103,737	0	1,118	1,118	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	22,751,395	0	0	0	55.00
56.00 05600	RADIOISOTOPE	4,935,600	0	0	0	56.00
57.00 05700	CT SCAN	64,632,418	0	0	0	57.00
58.00 05800	MRI	31,640,605	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,723,300	0	0	0	59.00
60.00 06000	LABORATORY	161,456,768	0	160	160	60.00
65.00 06500	RESPIRATORY THERAPY	24,934,837	0	1,277	1,277	65.00
66.00 06600	PHYSICAL THERAPY	9,787,693	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,421,733	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	981,622	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	18,235,152	0	0	0	69.00
69.01 06901	CARDIAC REHAB	1,264,053	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	5,814,375	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,242,881	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	64,449,542	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	141,998,141	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,600,800	0	878	878	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03950	HEART AND VASCULAR CNTR	22,394,715	0	0	0	76.01
76.02 03952	DIABETES EDUCATION	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	23,695,528	0	7,123	7,123	90.00
91.00 09100	EMERGENCY	61,172,983	0	2,809	2,809	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	2,980,488	2,671	0	0	92.01
93.00 04040	PARTIAL HOSP	11,254,270	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	8,365,712	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	5,756,892	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,031,758,163	57,484	54,648	54,648	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
194.00 07950	FOUNDATION	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	0	194.01
194.02 07952	OP PHARMACY	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0122

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		16.00	17.00	21.00	22.00	
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
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)	1,752,250	2,725,974	2,494,818	2,337,815	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.001698	47.421439	45.652503	42.779516	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	314,281	116,129	37,446	63,778	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000305	2.020197	0.685222	1.167069	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	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		39,306,081	0	39,306,081	30.00
31.00	03100	INTENSIVE CARE UNIT		15,153,144	0	15,153,144	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF		4,436,010	0	4,436,010	40.00
41.00	04100	SUBPROVIDER - IRF		0	0	0	41.00
43.00	04300	NURSERY		2,672,060	0	2,672,060	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		18,736,922	0	18,736,922	50.00
51.00	05100	RECOVERY ROOM		1,730,307	0	1,730,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		5,803,649	0	5,803,649	52.00
53.00	05300	ANESTHESIOLOGY		696,264	0	696,264	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		9,009,457	0	9,009,457	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		2,831,522	0	2,831,522	55.00
56.00	05600	RADIOISOTOPE		584,441	0	584,441	56.00
57.00	05700	CT SCAN		1,186,472	0	1,186,472	57.00
58.00	05800	MRI		1,842,874	0	1,842,874	58.00
59.00	05900	CARDIAC CATHETERIZATION		2,519,348	0	2,519,348	59.00
60.00	06000	LABORATORY		13,685,932	0	13,685,932	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,515,942	0	4,515,942	65.00
66.00	06600	PHYSICAL THERAPY	0	5,890,554	0	5,890,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	843,012	0	843,012	67.00
68.00	06800	SPEECH PATHOLOGY	0	314,461	0	314,461	68.00
69.00	06900	ELECTROCARDIOLOGY		1,337,446	0	1,337,446	69.00
69.01	06901	CARDIAC REHAB		691,219	0	691,219	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		1,809,574	0	1,809,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		19,483,864	0	19,483,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		20,903,332	0	20,903,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		49,855,128	0	49,855,128	73.00
74.00	07400	RENAL DIALYSIS		574,582	0	574,582	74.00
76.00	03020	OTHER ANCILLARY		0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR		2,423,274	0	2,423,274	76.01
76.02	03952	DIABETES EDUCATION		0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		8,253,869	0	8,253,869	90.00
91.00	09100	EMERGENCY		6,937,781	0	6,937,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,720,841	0	2,720,841	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		1,020,768	0	1,020,768	92.01
93.00	04040	PARTIAL HOSP		1,800,391	0	1,800,391	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY		8,994,313		8,994,313	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		5,815,570		5,815,570	116.00
200.00		Subtotal (see instructions)	0	264,380,404	0	264,380,404	200.00
201.00		Less Observation Beds		2,720,841		2,720,841	201.00
202.00		Total (see instructions)	0	261,659,563	0	261,659,563	202.00

			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	45,279,517		45,279,517		30.00
31.00	03100	INTENSIVE CARE UNIT	26,044,063		26,044,063		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	6,531,340		6,531,340		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,647,225		4,647,225		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	43,286,655	44,458,610	87,745,265	0.213538	50.00
51.00	05100	RECOVERY ROOM	5,410,025	6,628,525	12,038,550	0.143731	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,251,231	547,625	11,798,856	0.491882	52.00
53.00	05300	ANESTHESIOLOGY	14,843,050	12,312,560	27,155,610	0.025640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,340,957	38,762,780	54,103,737	0.166522	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	397,595	22,353,800	22,751,395	0.124455	55.00
56.00	05600	RADIOISOTOPE	1,459,950	3,475,650	4,935,600	0.118413	56.00
57.00	05700	CT SCAN	18,954,115	45,678,303	64,632,418	0.018357	57.00
58.00	05800	MRI	5,687,720	25,952,885	31,640,605	0.058244	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,506,600	15,216,700	21,723,300	0.115974	59.00
60.00	06000	LABORATORY	48,184,497	113,272,271	161,456,768	0.084765	60.00
65.00	06500	RESPIRATORY THERAPY	23,837,409	1,097,428	24,934,837	0.181110	65.00
66.00	06600	PHYSICAL THERAPY	3,912,438	5,875,255	9,787,693	0.601833	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,265,626	156,107	2,421,733	0.348103	67.00
68.00	06800	SPEECH PATHOLOGY	932,204	49,418	981,622	0.320348	68.00
69.00	06900	ELECTROCARDIOLOGY	8,447,357	9,787,795	18,235,152	0.073344	69.00
69.01	06901	CARDIAC REHAB	133,833	1,130,220	1,264,053	0.546828	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	320,375	5,494,000	5,814,375	0.311224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,098,536	19,144,345	36,242,881	0.537591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,167,007	28,282,535	64,449,542	0.324336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,897,950	97,100,191	141,998,141	0.351097	73.00
74.00	07400	RENAL DIALYSIS	1,600,800	0	1,600,800	0.358934	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	46,678	22,348,037	22,394,715	0.108207	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	341,160	23,354,368	23,695,528	0.348330	90.00
91.00	09100	EMERGENCY	20,491,109	40,681,874	61,172,983	0.113413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,500,300	4,422,197	5,922,497	0.459408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	864,481	2,116,007	2,980,488	0.342484	92.01
93.00	04040	PARTIAL HOSP	4,180	11,250,090	11,254,270	0.159974	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	8,365,712	8,365,712		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,756,892	5,756,892		116.00
200.00		Subtotal (see instructions)	416,685,983	615,072,180	1,031,758,163		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	416,685,983	615,072,180	1,031,758,163		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.213538		50.00
51.00	05100	RECOVERY ROOM	0.143731		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.491882		52.00
53.00	05300	ANESTHESIOLOGY	0.025640		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166522		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124455		55.00
56.00	05600	RADIOISOTOPE	0.118413		56.00
57.00	05700	CT SCAN	0.018357		57.00
58.00	05800	MRI	0.058244		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115974		59.00
60.00	06000	LABORATORY	0.084765		60.00
65.00	06500	RESPIRATORY THERAPY	0.181110		65.00
66.00	06600	PHYSICAL THERAPY	0.601833		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.348103		67.00
68.00	06800	SPEECH PATHOLOGY	0.320348		68.00
69.00	06900	ELECTROCARDIOLOGY	0.073344		69.00
69.01	06901	CARDIAC REHAB	0.546828		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.311224		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.537591		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324336		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351097		73.00
74.00	07400	RENAL DIALYSIS	0.358934		74.00
76.00	03020	OTHER ANCILLARY	0.000000		76.00
76.01	03950	HEART AND VASCULAR CNTR	0.108207		76.01
76.02	03952	DIABETES EDUCATION	0.000000		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.348330		90.00
91.00	09100	EMERGENCY	0.113413		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.459408		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.342484		92.01
93.00	04040	PARTIAL HOSP	0.159974		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0122

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs
				Total Costs	RCE Disallowance	Total Costs	Cost	
				1.00	2.00	3.00	4.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	39,306,081		39,306,081	0	39,306,081	30.00
31.00	03100	INTENSIVE CARE UNIT	15,153,144		15,153,144	0	15,153,144	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	4,436,010		4,436,010	0	4,436,010	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
43.00	04300	NURSERY	2,672,060		2,672,060	0	2,672,060	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,736,922		18,736,922	0	18,736,922	50.00
51.00	05100	RECOVERY ROOM	1,730,307		1,730,307	0	1,730,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,803,649		5,803,649	0	5,803,649	52.00
53.00	05300	ANESTHESIOLOGY	696,264		696,264	0	696,264	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,009,457		9,009,457	0	9,009,457	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,831,522		2,831,522	0	2,831,522	55.00
56.00	05600	RADIOISOTOPE	584,441		584,441	0	584,441	56.00
57.00	05700	CT SCAN	1,186,472		1,186,472	0	1,186,472	57.00
58.00	05800	MRI	1,842,874		1,842,874	0	1,842,874	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,519,348		2,519,348	0	2,519,348	59.00
60.00	06000	LABORATORY	13,685,932		13,685,932	0	13,685,932	60.00
65.00	06500	RESPIRATORY THERAPY	4,515,942	0	4,515,942	0	4,515,942	65.00
66.00	06600	PHYSICAL THERAPY	5,890,554	0	5,890,554	0	5,890,554	66.00
67.00	06700	OCCUPATIONAL THERAPY	843,012	0	843,012	0	843,012	67.00
68.00	06800	SPEECH PATHOLOGY	314,461	0	314,461	0	314,461	68.00
69.00	06900	ELECTROCARDIOLOGY	1,337,446		1,337,446	0	1,337,446	69.00
69.01	06901	CARDIAC REHAB	691,219		691,219	0	691,219	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,809,574		1,809,574	0	1,809,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,483,864		19,483,864	0	19,483,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,903,332		20,903,332	0	20,903,332	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,855,128		49,855,128	0	49,855,128	73.00
74.00	07400	RENAL DIALYSIS	574,582		574,582	0	574,582	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	2,423,274		2,423,274	0	2,423,274	76.01
76.02	03952	DIABETES EDUCATION	0		0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,253,869		8,253,869	0	8,253,869	90.00
91.00	09100	EMERGENCY	6,937,781		6,937,781	0	6,937,781	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,720,841		2,720,841	0	2,720,841	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,020,768		1,020,768	0	1,020,768	92.01
93.00	04040	PARTIAL HOSP	1,800,391		1,800,391	0	1,800,391	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	8,994,313		8,994,313		8,994,313	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,815,570		5,815,570		5,815,570	116.00
200.00		Subtotal (see instructions)	264,380,404	0	264,380,404	0	264,380,404	200.00
201.00		Less Observation Beds	2,720,841		2,720,841		2,720,841	201.00
202.00		Total (see instructions)	261,659,563	0	261,659,563	0	261,659,563	202.00

			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	45,279,517		45,279,517		30.00
31.00	03100	INTENSIVE CARE UNIT	26,044,063		26,044,063		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
40.00	04000	SUBPROVIDER - IPF	6,531,340		6,531,340		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	4,647,225		4,647,225		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	43,286,655	44,458,610	87,745,265	0.213538	50.00
51.00	05100	RECOVERY ROOM	5,410,025	6,628,525	12,038,550	0.143731	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,251,231	547,625	11,798,856	0.491882	52.00
53.00	05300	ANESTHESIOLOGY	14,843,050	12,312,560	27,155,610	0.025640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,340,957	38,762,780	54,103,737	0.166522	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	397,595	22,353,800	22,751,395	0.124455	55.00
56.00	05600	RADIOISOTOPE	1,459,950	3,475,650	4,935,600	0.118413	56.00
57.00	05700	CT SCAN	18,954,115	45,678,303	64,632,418	0.018357	57.00
58.00	05800	MRI	5,687,720	25,952,885	31,640,605	0.058244	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,506,600	15,216,700	21,723,300	0.115974	59.00
60.00	06000	LABORATORY	48,184,497	113,272,271	161,456,768	0.084765	60.00
65.00	06500	RESPIRATORY THERAPY	23,837,409	1,097,428	24,934,837	0.181110	65.00
66.00	06600	PHYSICAL THERAPY	3,912,438	5,875,255	9,787,693	0.601833	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,265,626	156,107	2,421,733	0.348103	67.00
68.00	06800	SPEECH PATHOLOGY	932,204	49,418	981,622	0.320348	68.00
69.00	06900	ELECTROCARDIOLOGY	8,447,357	9,787,795	18,235,152	0.073344	69.00
69.01	06901	CARDIAC REHAB	133,833	1,130,220	1,264,053	0.546828	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	320,375	5,494,000	5,814,375	0.311224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,098,536	19,144,345	36,242,881	0.537591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	36,167,007	28,282,535	64,449,542	0.324336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,897,950	97,100,191	141,998,141	0.351097	73.00
74.00	07400	RENAL DIALYSIS	1,600,800	0	1,600,800	0.358934	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	46,678	22,348,037	22,394,715	0.108207	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	341,160	23,354,368	23,695,528	0.348330	90.00
91.00	09100	EMERGENCY	20,491,109	40,681,874	61,172,983	0.113413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,500,300	4,422,197	5,922,497	0.459408	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	864,481	2,116,007	2,980,488	0.342484	92.01
93.00	04040	PARTIAL HOSP	4,180	11,250,090	11,254,270	0.159974	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	8,365,712	8,365,712		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,756,892	5,756,892		116.00
200.00		Subtotal (see instructions)	416,685,983	615,072,180	1,031,758,163		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	416,685,983	615,072,180	1,031,758,163		202.00

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901 CARDIAC REHAB	0.000000			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000			76.01
76.02	03952 DIABETES EDUCATION	0.000000			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04040 PARTIAL HOSP	0.000000			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0122		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/29/2018 8:47 am	
Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4) PPS	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,293,163	0	6,293,163	38,586	163.09 30.00	
31.00	INTENSIVE CARE UNIT	978,127		978,127	9,258	105.65 31.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00 33.00	
40.00	SUBPROVIDER - IPF	450,827	0	450,827	4,296	104.94 40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00 41.00	
43.00	NURSERY	52,040		52,040	4,957	10.50 43.00	
200.00	Total (lines 30 through 199)	7,774,157		7,774,157	57,097	200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		6.00	7.00				
30.00	ADULTS & PEDIATRICS	14,428	2,353,063	30.00			
31.00	INTENSIVE CARE UNIT	1,664	175,802	31.00			
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00			
40.00	SUBPROVIDER - IPF	462	48,482	40.00			
41.00	SUBPROVIDER - IRF	0	0	41.00			
43.00	NURSERY	0	0	43.00			
200.00	Total (lines 30 through 199)	16,554	2,577,347	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0122

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,105,239	87,745,265	0.023993	17,961,501	430,950	50.00
51.00	05100	RECOVERY ROOM	148,160	12,038,550	0.012307	2,242,255	27,595	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,186	11,798,856	0.007813	10,830	85	52.00
53.00	05300	ANESTHESIOLOGY	45,211	27,155,610	0.001665	5,423,244	9,030	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	883,867	54,103,737	0.016337	7,231,334	118,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48,030	22,751,395	0.002111	135,749	287	55.00
56.00	05600	RADIOISOTOPE	139,534	4,935,600	0.028271	850,830	24,054	56.00
57.00	05700	CT SCAN	61,336	64,632,418	0.000949	9,227,456	8,757	57.00
58.00	05800	MRI	306,591	31,640,605	0.009690	2,308,591	22,370	58.00
59.00	05900	CARDIAC CATHETERIZATION	330,855	21,723,300	0.015230	3,453,252	52,593	59.00
60.00	06000	LABORATORY	998,657	161,456,768	0.006185	20,540,747	127,045	60.00
65.00	06500	RESPIRATORY THERAPY	81,603	24,934,837	0.003273	10,424,332	34,119	65.00
66.00	06600	PHYSICAL THERAPY	1,366,714	9,787,693	0.139636	1,982,133	276,777	66.00
67.00	06700	OCCUPATIONAL THERAPY	78,905	2,421,733	0.032582	1,288,119	41,969	67.00
68.00	06800	SPEECH PATHOLOGY	48,942	981,622	0.049858	401,707	20,028	68.00
69.00	06900	ELECTROCARDIOLOGY	242,141	18,235,152	0.013279	4,215,781	55,981	69.00
69.01	06901	CARDIAC REHAB	95,055	1,264,053	0.075199	63,251	4,756	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	236,617	5,814,375	0.040695	143,606	5,844	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	339,280	36,242,881	0.009361	6,599,688	61,780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	690,906	64,449,542	0.010720	15,288,775	163,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	897,989	141,998,141	0.006324	17,185,416	108,681	73.00
74.00	07400	RENAL DIALYSIS	8,281	1,600,800	0.005173	840,657	4,349	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	414,352	22,394,715	0.018502	37,913	701	76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	902,823	23,695,528	0.038101	27,533	1,049	90.00
91.00	09100	EMERGENCY	902,284	61,172,983	0.014750	9,363,225	138,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	435,626	5,922,497	0.073554	640,163	47,087	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	319,707	2,980,488	0.107267	277,297	29,745	92.01
93.00	04040	PARTIAL HOSP	29,829	11,254,270	0.002650	0	0	93.00
200.00		Total (lines 50 through 199)	12,250,720	935,133,414		138,165,385	1,815,774	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0122		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/29/2018 8:47 am	
Cost Center Description			Title XVIII		Hospital		PPS	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
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
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	38,586	0.00	14,428	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	9,258	0.00	1,664	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,296	0.00	462	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
43.00	04300	NURSERY	0	0	4,957	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	57,097	0.00	16,554	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 8:47 am
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Cost Center Description	Title XVIII		Hospital		Allied Health PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	
	1.00	2A	2.00	3A	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03950 HEART AND VASCULAR CNTR	0	0	0	0	0 76.01
76.02 03952 DIABETES EDUCATION	0	0	0	0	0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	0 90.00
91.00 09100 EMERGENCY	0	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00 04040 PARTIAL HOSP	0	0	0	0	0 93.00
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: 14-0122

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2018 8:47 am

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	87,745,265	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,038,550	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,798,856	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,155,610	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54,103,737	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	22,751,395	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	4,935,600	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	64,632,418	0.000000	57.00
58.00	05800	MRI	0	0	0	31,640,605	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,723,300	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	161,456,768	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,934,837	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,787,693	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,421,733	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	981,622	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,235,152	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,264,053	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,814,375	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,242,881	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,449,542	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	141,998,141	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,600,800	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950	HEART AND VASCULAR CNTR	0	0	0	22,394,715	0.000000	76.01
76.02	03952	DIABETES EDUCATION	0	0	0	0	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	23,695,528	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	61,172,983	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,922,497	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,980,488	0.000000	92.01
93.00	04040	PARTIAL HOSP	0	0	0	11,254,270	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	935,133,414		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2018 8:47 am

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	17,961,501	0	10,528,295	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,242,255	0	1,015,893	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	10,830	0	1,648	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	5,423,244	0	1,899,803	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,231,334	0	10,412,379	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	135,749	0	9,586,742	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	850,830	0	1,441,013	0	56.00
57.00	05700 CT SCAN	0.000000	9,227,456	0	14,872,255	0	57.00
58.00	05800 MRI	0.000000	2,308,591	0	6,793,382	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,453,252	0	7,176,932	0	59.00
60.00	06000 LABORATORY	0.000000	20,540,747	0	2,915,499	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,424,332	0	318,800	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,982,133	0	89,420	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,288,119	0	57,655	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	401,707	0	8,700	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,215,781	0	5,738,102	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	63,251	0	484,396	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	143,606	0	1,320,793	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,599,688	0	5,196,345	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,288,775	0	10,435,215	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,185,416	0	39,247,908	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	840,657	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000	37,913	0	8,746,921	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	27,533	0	6,196,230	0	90.00
91.00	09100 EMERGENCY	0.000000	9,363,225	0	7,996,836	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	640,163	0	997,052	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	277,297	0	667,993	0	92.01
93.00	04040 PARTIAL HOSP	0.000000	0	0	972,903	0	93.00
200.00	Total (lines 50 through 199)		138,165,385	0	155,119,110	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
69.01	06901 CARDIAC REHAB	0	0			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03020 OTHER ANCILLARY	0	0			76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0			76.01
76.02	03952 DIABETES EDUCATION	0	0			76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
93.00	04040 PARTIAL HOSP	0	0			93.00
200.00	Total (Lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/29/2018 8:47 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	0.213538	10,528,295	0	0	2,248,191	50.00
51.00	05100 RECOVERY ROOM	0.143731	1,015,893	0	0	146,015	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.491882	1,648	0	0	811	52.00
53.00	05300 ANESTHESIOLOGY	0.025640	1,899,803	0	0	48,711	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166522	10,412,379	0	0	1,733,890	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124455	9,586,742	0	0	1,193,118	55.00
56.00	05600 RADIOISOTOPE	0.118413	1,441,013	0	0	170,635	56.00
57.00	05700 CT SCAN	0.018357	14,872,255	0	0	273,010	57.00
58.00	05800 MRI	0.058244	6,793,382	0	0	395,674	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.115974	7,176,932	0	0	832,338	59.00
60.00	06000 LABORATORY	0.084765	2,915,499	0	0	247,132	60.00
65.00	06500 RESPIRATORY THERAPY	0.181110	318,800	0	0	57,738	65.00
66.00	06600 PHYSICAL THERAPY	0.601833	89,420	0	0	53,816	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348103	57,655	0	0	20,070	67.00
68.00	06800 SPEECH PATHOLOGY	0.320348	8,700	0	0	2,787	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073344	5,738,102	0	0	420,855	69.00
69.01	06901 CARDIAC REHAB	0.546828	484,396	0	0	264,881	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.311224	1,320,793	0	0	411,062	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537591	5,196,345	0	0	2,793,508	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.324336	10,435,215	0	0	3,384,516	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351097	39,247,908	0	88,264	13,779,823	73.00
74.00	07400 RENAL DIALYSIS	0.358934	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.108207	8,746,921	0	0	946,478	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.348330	6,196,230	0	0	2,158,333	90.00
91.00	09100 EMERGENCY	0.113413	7,996,836	0	0	906,945	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.459408	997,052	0	0	458,054	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.342484	667,993	0	0	228,777	92.01
93.00	04040 PARTIAL HOSP	0.159974	972,903	0	0	155,639	93.00
200.00	Subtotal (see instructions)		155,119,110	0	88,264	33,332,807	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)		155,119,110	0	88,264	33,332,807	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/29/2018 8:47 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	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	30,989	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Subtotal (see instructions)	0	30,989	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net charges (line 200 - line 201)	0	30,989	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0122 Component CCN: 14-s122		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/29/2018 8:47 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,105,239	87,745,265	0.023993	350	8 50.00
51.00	05100	RECOVERY ROOM	148,160	12,038,550	0.012307	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,186	11,798,856	0.007813	0	0 52.00
53.00	05300	ANESTHESIOLOGY	45,211	27,155,610	0.001665	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	883,867	54,103,737	0.016337	5,220	85 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48,030	22,751,395	0.002111	0	0 55.00
56.00	05600	RADIOISOTOPE	139,534	4,935,600	0.028271	0	0 56.00
57.00	05700	CT SCAN	61,336	64,632,418	0.000949	17,175	16 57.00
58.00	05800	MRI	306,591	31,640,605	0.009690	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	330,855	21,723,300	0.015230	0	0 59.00
60.00	06000	LABORATORY	998,657	161,456,768	0.006185	92,548	572 60.00
65.00	06500	RESPIRATORY THERAPY	81,603	24,934,837	0.003273	18,985	62 65.00
66.00	06600	PHYSICAL THERAPY	1,366,714	9,787,693	0.139636	2,340	327 66.00
67.00	06700	OCCUPATIONAL THERAPY	78,905	2,421,733	0.032582	345	11 67.00
68.00	06800	SPEECH PATHOLOGY	48,942	981,622	0.049858	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	242,141	18,235,152	0.013279	0	0 69.00
69.01	06901	CARDIAC REHAB	95,055	1,264,053	0.075199	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	236,617	5,814,375	0.040695	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	339,280	36,242,881	0.009361	102	1 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	690,906	64,449,542	0.010720	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	897,989	141,998,141	0.006324	95,586	604 73.00
74.00	07400	RENAL DIALYSIS	8,281	1,600,800	0.005173	0	0 74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0 76.00
76.01	03950	HEART AND VASCULAR CNTR	414,352	22,394,715	0.018502	0	0 76.01
76.02	03952	DIABETES EDUCATION	0	0	0.000000	0	0 76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	902,823	23,695,528	0.038101	0	0 90.00
91.00	09100	EMERGENCY	902,284	61,172,983	0.014750	106,060	1,564 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,922,497	0.000000	4,320	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	319,707	2,980,488	0.107267	0	0 92.01
93.00	04040	PARTIAL HOSP	29,829	11,254,270	0.002650	0	0 93.00
200.00		Total (lines 50 through 199)	11,815,094	935,133,414		343,031	3,250 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 8:47 am
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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
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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
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: 14-0122  
Component CCN: 14-s122

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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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	87,745,265	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	12,038,550	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	11,798,856	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	27,155,610	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54,103,737	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	22,751,395	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	4,935,600	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	64,632,418	0.000000	57.00
58.00	05800 MRI	0	0	0	31,640,605	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	21,723,300	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	161,456,768	0.000000	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	24,934,837	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	9,787,693	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	2,421,733	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	981,622	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	18,235,152	0.000000	69.00
69.01	06901 CARDIAC REHAB	0	0	0	1,264,053	0.000000	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,814,375	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	36,242,881	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,449,542	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	141,998,141	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	1,600,800	0.000000	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	0	22,394,715	0.000000	76.01
76.02	03952 DIABETES EDUCATION	0	0	0	0	0.000000	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	23,695,528	0.000000	90.00
91.00	09100 EMERGENCY	0	0	0	61,172,983	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,922,497	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,980,488	0.000000	92.01
93.00	04040 PARTIAL HOSP	0	0	0	11,254,270	0.000000	93.00
200.00	Total (lines 50 through 199)	0	0	0	935,133,414		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0122  
Component CCN: 14-s122

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	350	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,220	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	17,175	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	92,548	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	18,985	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,340	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	345	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
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	102	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	95,586	0	300	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.000000	0	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	106,060	0	2,600	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,320	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		343,031	0	2,900	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0122 Component CCN: 14-S122	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 8:47 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0	0	76.01
76.02	03952 DIABETES EDUCATION	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0122 Component CCN: 14-s122	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 8:47 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.213538	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.143731	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.491882	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.025640	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166522	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124455	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.118413	0	0	0	56.00
57.00	05700 CT SCAN	0.018357	0	0	0	57.00
58.00	05800 MRI	0.058244	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.115974	0	0	0	59.00
60.00	06000 LABORATORY	0.084765	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.181110	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.601833	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348103	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.320348	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073344	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.546828	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.311224	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537591	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.324336	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351097	300	0	882	105 73.00
74.00	07400 RENAL DIALYSIS	0.358934	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.108207	0	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.348330	0	0	0	90.00
91.00	09100 EMERGENCY	0.113413	2,600	0	0	295 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.459408	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.342484	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0.159974	0	0	0	93.00
200.00	Subtotal (see instructions)		2,900	0	882	400 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		2,900	0	882	400 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0122  
Component CCN: 14-s122

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	310		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03950 HEART AND VASCULAR CNTR	0	0		76.01
76.02 03952 DIABETES EDUCATION	0	0		76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04040 PARTIAL HOSP	0	0		93.00
200.00 Subtotal (see instructions)	0	310		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	310		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII		Hospital	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)	38,586	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	38,586	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)	35,915	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)	14,428	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)	39,306,081	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)	39,306,081	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)	39,306,081	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)	1,018.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,697,226	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)	14,697,226	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0122

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

Worksheet D-1

Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	15,153,144	9,258	1,636.76	1,664	2,723,569	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					28,422,639	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					45,843,434	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)					2,528,865	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,815,774	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,344,639	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,498,795	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)					2,671	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,018.66	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,720,841	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 8:47 am	
Title XVIII		Hospital		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		
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	6,293,163	39,306,081	0.160107	2,720,841	435,626	90.00
91.00	Nursing School cost	0	39,306,081	0.000000	2,720,841	0	91.00
92.00	Allied health cost	0	39,306,081	0.000000	2,720,841	0	92.00
93.00	All other Medical Education	0	39,306,081	0.000000	2,720,841	0	93.00

Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
Component CCN: 14-S122		Date/Time Prepared: 5/29/2018 8:47 am
Title XVIII	Subprovider - IPF	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)	4,296	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,296	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,296	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)	462	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)	4,436,010	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,436,010	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)	4,436,010	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)	1,032.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	477,057	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)	477,057	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0122		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 14-s122				Date/Time Prepared: 5/29/2018 8:47 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<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	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				61,699		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				538,756		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)				48,482		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				3,250		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				51,732		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				487,024		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: 14-0122  
Component CCN: 14-s122

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

Worksheet D-1  
Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	450,827	4,436,010	0.101629	0	0	90.00
91.00 Nursing School cost	0	4,436,010	0.000000	0	0	91.00
92.00 Allied health cost	0	4,436,010	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,436,010	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0122

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

worksheet D-3

Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description		Title XVIII	Hospital	PPS		
		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		16,983,918	30.00	
31.00	03100	INTENSIVE CARE UNIT		3,603,114	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00	
40.00	04000	SUBPROVIDER - IPF		0	40.00	
41.00	04100	SUBPROVIDER - IRF		0	41.00	
43.00	04300	NURSERY		0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0.213538	17,961,501	3,835,463	50.00
51.00	05100	RECOVERY ROOM	0.143731	2,242,255	322,282	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.491882	10,830	5,327	52.00
53.00	05300	ANESTHESIOLOGY	0.025640	5,423,244	139,052	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.166522	7,231,334	1,204,176	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124455	135,749	16,895	55.00
56.00	05600	RADIOISOTOPE	0.118413	850,830	100,749	56.00
57.00	05700	CT SCAN	0.018357	9,227,456	169,388	57.00
58.00	05800	MRI	0.058244	2,308,591	134,462	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115974	3,453,252	400,487	59.00
60.00	06000	LABORATORY	0.084765	20,540,747	1,741,136	60.00
65.00	06500	RESPIRATORY THERAPY	0.181110	10,424,332	1,887,951	65.00
66.00	06600	PHYSICAL THERAPY	0.601833	1,982,133	1,192,913	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.348103	1,288,119	448,398	67.00
68.00	06800	SPEECH PATHOLOGY	0.320348	401,707	128,686	68.00
69.00	06900	ELECTROCARDIOLOGY	0.073344	4,215,781	309,202	69.00
69.01	06901	CARDIAC REHAB	0.546828	63,251	34,587	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.311224	143,606	44,694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.537591	6,599,688	3,547,933	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324336	15,288,775	4,958,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.351097	17,185,416	6,033,748	73.00
74.00	07400	RENAL DIALYSIS	0.358934	840,657	301,740	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0	76.00
76.01	03950	HEART AND VASCULAR CNTR	0.108207	37,913	4,102	76.01
76.02	03952	DIABETES EDUCATION	0.000000	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0.348330	27,533	9,591	90.00
91.00	09100	EMERGENCY	0.113413	9,363,225	1,061,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.459408	640,163	294,096	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.342484	277,297	94,970	92.01
93.00	04040	PARTIAL HOSP	0.159974	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		138,165,385	28,422,639	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)		138,165,385	28,422,639	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0122  
Component CCN: 14-S122

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

worksheet D-3  
Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		702,240		40.00
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	0.213538	350	75	50.00
51.00	05100 RECOVERY ROOM	0.143731	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.491882	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.025640	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.166522	5,220	869	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124455	0	0	55.00
56.00	05600 RADIOISOTOPE	0.118413	0	0	56.00
57.00	05700 CT SCAN	0.018357	17,175	315	57.00
58.00	05800 MRI	0.058244	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.115974	0	0	59.00
60.00	06000 LABORATORY	0.084765	92,548	7,845	60.00
65.00	06500 RESPIRATORY THERAPY	0.181110	18,985	3,438	65.00
66.00	06600 PHYSICAL THERAPY	0.601833	2,340	1,408	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.348103	345	120	67.00
68.00	06800 SPEECH PATHOLOGY	0.320348	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.073344	0	0	69.00
69.01	06901 CARDIAC REHAB	0.546828	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.311224	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.537591	102	55	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.324336	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.351097	95,586	33,560	73.00
74.00	07400 RENAL DIALYSIS	0.358934	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	76.00
76.01	03950 HEART AND VASCULAR CNTR	0.108207	0	0	76.01
76.02	03952 DIABETES EDUCATION	0.000000	0	0	76.02
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.348330	0	0	90.00
91.00	09100 EMERGENCY	0.113413	106,060	12,029	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.459408	4,320	1,985	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.342484	0	0	92.01
93.00	04040 PARTIAL HOSP	0.159974	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		343,031	61,699	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)		343,031		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/29/2018 8:47 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)			26,127,526 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			8,461,898 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)			397,558 2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
3.00	Managed Care Simulated Payments			7,035,061 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			243.56 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)			25.75 5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.19 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			25.56 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			26.27 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)			25.56 12.00
13.00	Total allowable FTE count for the prior year.			25.56 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.			25.56 14.00
15.00	Sum of lines 12 through 14 divided by 3.			25.56 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			25.56 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.104943 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.104613 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.104613 21.00
22.00	IME payment adjustment (see instructions)			1,920,024 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			390,509 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)			0.71 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)			1,920,024 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			390,509 29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.91 30.00
31.00	Percentage of Medicaid patient days (see instructions)			12.27 31.00
32.00	Sum of lines 30 and 31			14.18 32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00 33.00
34.00	Disproportionate share adjustment (see instructions)			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/29/2018 8:47 am

		Hospital		
		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)	0.000202180	0.000166382	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	0	0	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)	36,907,006		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>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		37,297,515	49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		3,150,077	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).		799,096	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		41,247,724	59.00
60.00	Primary payer payments		130,616	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,117,108	61.00
62.00	Deductibles billed to program beneficiaries		3,435,264	62.00
63.00	Coinsurance billed to program beneficiaries		120,400	63.00
64.00	Allowable bad debts (see instructions)		200,270	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		130,176	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		130,903	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,691,620	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)		389,025	70.93
70.94	HRR adjustment amount (see instructions)		-112,558	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 8:47 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)			37,968,087	71.00
71.01	Sequestration adjustment (see instructions)			759,362	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			38,585,935	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)			-1,377,210	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,957,534	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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
<b>HSP Bonus Payment Amount</b>					
100.00	HSP bonus amount (see instructions)			0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>					
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
<b>HRR Adjustment for HSP Bonus Payment</b>					
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>					
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
<b>Cost Reimbursement</b>					
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>					
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>					
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
<b>Comparison of PPS versus Cost Reimbursement</b>					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0122		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/29/2018 8:47 am	
		PPS					
	Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override value	Revised value		
	1.00	2.00	3.00	4.00	5.00		
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.91	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	12.27	0.00			12.27	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	14.18	0.00			12.27	3.00
4.00	Provider Type * (Urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	243.56	0.00			243.56	5.00
6.00	Disproportionate Share Payment Percentage (transferred from worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.91	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (worksheet S-2, line 24, column 1)	851	0			851	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	1,624	0			1,624	16.00
17.00	Out-of-State Medicaid paid days (worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (worksheet S-2, line 24, column 4)	14	0			14	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (worksheet S-2, line 24, column 5)	3,592	0			3,592	19.00
20.00	Other Medicaid days (worksheet S-2, line 24, column 6)	115	0			115	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,196	0			6,196	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	50,130	0			50,130	22.00
23.00	Plus total labor room days (worksheet S-3, Part I, Column 8, Line 32)	387	0			387	23.00
24.00	Plus total employee discount days (worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	50,517	0			50,517	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	12.27	0.00			12.27	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0122		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH Date/Time Prepared: 5/29/2018 8:47 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	3.03		0.00	True	29.00
30.00	Line 28 or 29 as applicable		3.03		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle ammendment? (worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet DSH Date/Time Prepared: 5/29/2018 8:47 am
		Title XVIII	Hospital	PPS
		Revised Percentage 6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.27		29.00
30.00	Line 28 or 29 as applicable	4.27		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

		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	26,127,526	0	26,127,526		26,127,526	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,461,898	0		8,461,898	8,461,898	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	397,558	0	281,296	116,262	397,558	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,035,061	0	4,983,996	2,051,065	7,035,061	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.104613	0.104613	0.104613	0.104613		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,920,024	0	1,450,313	469,711	1,920,024	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	390,509	0	390,509	0	390,509	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	1,920,024	0	1,450,313	469,711	1,920,024	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	390,509	0	390,509	0	390,509	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	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	36,907,006	0	27,859,135	9,047,871	36,907,006	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	37,297,515	0	28,249,644	9,047,871	37,297,515	15.00
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	50.00	3,150,077	0	2,373,460	776,617	3,150,077	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ 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

		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	30,624,140	9,824,488	40,448,628	19.00
		w/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,804,317	0	2,115,115	689,202	2,804,317	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	97,297	0	70,946	26,351	97,297	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	0.0595	0.0595	0.0595	0.0595		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	166,857	0	125,849	41,008	166,857	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0291	0.0291	0.0291	0.0291		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	81,606	0	61,550	20,056	81,606	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,150,077	0	2,373,460	776,617	3,150,077	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	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital		PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,127,526	26,127,526		26,127,526	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,461,898		8,461,898	8,461,898	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	397,558	281,296	116,262	397,558	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,035,061	4,983,996	2,051,065	7,035,061	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104613	0.104613	0.104613		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,920,024	1,450,313	469,711	1,920,024	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	390,509	276,656	113,853	390,509	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	1,920,024	1,450,313	469,711	1,920,024	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	390,509	276,656	113,853	390,509	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	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	36,907,006	27,859,135	9,047,871	36,907,006	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	37,297,515	28,135,791	9,161,724	37,297,515	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,150,077	2,373,460	776,617	3,150,077	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			30,510,287	9,938,341	40,448,628	19.00

		Title XVIII			Hospital		PPS
		wkst. L, line	(Amt. from wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,804,317	2,115,115	689,202	2,804,317	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	97,297	70,946	26,351	97,297	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	0.0595	0.0595	0.0595		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	166,857	125,849	41,008	166,857	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0291	0.0291	0.0291		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	81,606	61,550	20,056	81,606	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,150,077	2,373,460	776,617	3,150,077	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	389,025	312,067	76,958	389,025	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	-112,558	-60,095	-52,463	-112,558	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: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 8:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		30,989	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,332,807	2.00
3.00	OPPS payments		29,352,272	3.00
4.00	Outlier payment (see instructions)		21,200	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)		30,989	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		88,264	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)		88,264	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)		88,264	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		57,275	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		30,989	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)		29,373,472	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)		5,355,162	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)		24,049,299	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		576,267	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)		24,625,566	30.00
31.00	Primary payer payments		7,677	31.00
32.00	Subtotal (line 30 minus line 31)		24,617,889	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)		206,266	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		134,073	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		139,387	36.00
37.00	Subtotal (see instructions)		24,751,962	37.00
38.00	MSP-LCC reconciliation amount from PS&R		45	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)		159,745	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,751,917	40.00
40.01	Sequestration adjustment (see instructions)		495,038	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,137,907	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		118,972	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: 14-0122

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

Worksheet E  
Part B  
Date/Time Prepared:  
5/29/2018 8:47 am

	title XVIII	Hospital	PPS
			Overrides
			1.00

WORKSHEET OVERRIDE VALUES

112.00	Override of Ancillary service charges (line 12)		0.112.00
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CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 8:47 am
		Component CCN: 14-S122		
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		310	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		400	2.00
3.00	OPPS payments		606	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)		310	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		882	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)		882	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 chargebasis 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)		882	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		572	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)		310	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)		606	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)		100	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)		816	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)		816	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		816	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)		816	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		816	40.00
40.01	Sequestration adjustment (see instructions)		16	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,361	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-561	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: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 8:47 am
Component CCN: 14-S122		PPS
Title XVIII	Subprovider - IPF	

Overrides	
1.00	

WORKSHEET OVERRIDE VALUES

112.00	Override of Ancillary service charges (line 12)	0	112.00
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		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		38,689,676		24,122,679	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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	12/13/2017	15,322	12/13/2017	9,505	3.01
3.02			0	10/19/2017	5,723	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM	10/19/2017	119,063		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)		-103,741		15,228	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		38,585,935		24,137,907	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		118,972	6.01
6.02	SETTLEMENT TO PROGRAM		1,377,210		0	6.02
7.00	Total Medicare program liability (see instructions)		37,208,725		24,256,879	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0122  
Component CCN: 14-S122

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		362,494		1,361	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
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		362,494		1,361	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		21,730		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		561	6.02
7.00	Total Medicare program liability (see instructions)		384,224		800	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: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 8:47 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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 IPSS &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
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0122  
Component CCN: 14-S122

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

Worksheet E-3  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII

Subprovider -  
IPF

PPS

1.00

**PART II - MEDICARE PART A SERVICES - IPF PPS**

1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	436,353	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	11.769863	9.00
10.00	Teaching Adjustment Factor $\{[(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1]\}$	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	436,353	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	436,353	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	436,353	18.00
19.00	Deductibles	63,168	19.00
20.00	Subtotal (line 18 minus line 19)	373,185	20.00
21.00	Coinsurance	3,290	21.00
22.00	Subtotal (line 20 minus line 21)	369,895	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	34,108	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	22,170	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	18,111	25.00
26.00	Subtotal (sum of lines 22 and 24)	392,065	26.00
27.00	Direct graduate medical education payments (from wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	392,065	31.00
31.01	Sequestration adjustment (see instructions)	7,841	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	362,494	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	21,730	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	0	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2018 8:47 am
				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.			25.75 1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00 2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.21 3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00 3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			24.54 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.27 6.00
7.00	Enter the lesser of line 5 or line 6			24.54 7.00
		<b>Primary Care</b>	<b>Other</b>	<b>Total</b>
		1.00	2.00	3.00
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	26.27	0.00	26.27 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.	24.54	0.00	24.54 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	24.54	0.00	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.54	0.00	14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	16.01
17.00	Adjusted rolling average FTE count	24.54	0.00	17.00
18.00	Per resident amount	143,052.62	0.00	18.00
19.00	Approved amount for resident costs	3,510,511	0	3,510,511 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)			1.73 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)			3,510,511 25.00
		<b>Inpatient Part A</b>	<b>Managed care</b>	
		1.00	2.00	3.00
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>				
26.00	Inpatient Days (see instructions)	16,554	3,469	26.00
27.00	Total Inpatient Days (see instructions)	49,856	49,856	27.00
28.00	Ratio of inpatient days to total inpatient days	0.332036	0.069580	28.00
29.00	Program direct GME amount	1,165,616	244,261	29.00
30.00	Reduction for direct GME payments for Medicare Advantage		34,514	30.00
31.00	Net Program direct GME amount			1,375,363 31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 8:47 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)	1,600,800	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)	46,382,190	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)	130,616	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	46,251,574	41.00
<b>Part B Reasonable Cost</b>			
42.00	Reasonable cost (see instructions)	33,364,506	42.00
43.00	Primary payer payments (see instructions)	10,143	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	33,354,363	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	79,605,937	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.581007	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.418993	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>			
48.00	Total program GME payment (line 31)	1,375,363	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	799,096	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	576,267	50.00

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

Provider CCN: 14-0122

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

worksheet G

Date/Time Prepared:  
5/29/2018 8:47 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	56,920,623	0	0	0	1.00
2.00 Temporary investments	17,583	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	160,088,537	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-102,703,765	0	0	0	6.00
7.00 Inventory	7,091,767	0	0	0	7.00
8.00 Prepaid expenses	7,585,249	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	128,999,994	0	0	0	11.00
<b>FIXED ASSETS</b>					
12.00 Land	13,557,010	0	0	0	12.00
13.00 Land improvements	589,414	0	0	0	13.00
14.00 Accumulated depreciation	-536,454	0	0	0	14.00
15.00 Buildings	318,774,225	0	0	0	15.00
16.00 Accumulated depreciation	-210,668,134	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	45,347,286	0	0	0	19.00
20.00 Accumulated depreciation	-30,955,852	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	128,861,451	0	0	0	23.00
24.00 Accumulated depreciation	-106,929,232	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)	158,039,714	0	0	0	30.00
<b>OTHER ASSETS</b>					
31.00 Investments	13,288,303	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	5,867,175	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	19,155,478	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	306,195,186	0	0	0	36.00
<b>CURRENT LIABILITIES</b>					
37.00 Accounts payable	13,324,252	0	0	0	37.00
38.00 Salaries, wages, and fees payable	2,725,580	0	0	0	38.00
39.00 Payroll taxes payable	11,818,501	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	34,685,657	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	62,553,990	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	132,350,286	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	1,504,879	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	133,855,165	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	196,409,155	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>					
52.00 General fund balance	109,786,031				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)	109,786,031	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	306,195,186	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0122

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

Worksheet G-1

Date/Time Prepared:  
5/29/2018 8:47 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		130,911,811		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		9,244,609				2.00
3.00	Total (sum of line 1 and line 2)		140,156,420		0		3.00
4.00	RESTRICTED NET ASSETS	0		0		0	4.00
5.00	UNRESTRICTED NET ASSETS	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		140,156,420		0		11.00
12.00	MISCELLANEOUS	30,370,389		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		30,370,389		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		109,786,031		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	RESTRICTED NET ASSETS		0				4.00
5.00	UNRESTRICTED NET ASSETS		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	MISCELLANEOUS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0122

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>				
<b>General Inpatient Routine Services</b>				
1.00 Hospital	58,706,613		58,706,613	1.00
2.00 SUBPROVIDER - IPF	6,537,550		6,537,550	2.00
3.00 SUBPROVIDER - IRF	0		0	3.00
4.00 SUBPROVIDER				4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY				7.00
8.00 NURSING FACILITY				8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	65,244,163		65,244,163	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>				
11.00 INTENSIVE CARE UNIT	26,060,018		26,060,018	11.00
12.00 CORONARY CARE UNIT			0	12.00
13.00 BURN INTENSIVE CARE UNIT	0		0	13.00
14.00 SURGICAL INTENSIVE CARE UNIT				14.00
15.00 OTHER SPECIAL CARE (SPECIFY)				15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	26,060,018		26,060,018	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	91,304,181		91,304,181	17.00
18.00 Ancillary services	303,444,242	562,182,210	865,626,452	18.00
19.00 Outpatient services	20,493,709	40,681,874	61,175,583	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		8,365,712	8,365,712	22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE	0	5,756,892	5,756,892	26.00
27.00 RETAIL PHARMACY	0	1,551,140	1,551,140	27.00
27.01 PHYSICIAN REVENUE	0	5,947,733	5,947,733	27.01
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	415,242,132	624,485,561	1,039,727,693	28.00
<b>PART II - OPERATING EXPENSES</b>				
29.00 Operating expenses (per wkst. A, column 3, line 200)		312,596,534		29.00
30.00 ADD (SPECIFY)	0			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0			35.00
36.00 Total additions (sum of lines 30-35)		0		36.00
37.00 DEDUCT (SPECIFY)	0			37.00
38.00	0			38.00
39.00	0			39.00
40.00	0			40.00
41.00	0			41.00
42.00 Total deductions (sum of lines 37-41)		0		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		312,596,534		43.00

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,039,727,693	1.00
2.00	Less contractual allowances and discounts on patients' accounts	727,704,519	2.00
3.00	Net patient revenues (line 1 minus line 2)	312,023,174	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	312,596,534	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-573,360	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	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	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS REVENUE	9,817,969	24.00
25.00	Total other income (sum of lines 6-24)	9,817,969	25.00
26.00	Total (line 5 plus line 25)	9,244,609	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,244,609	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H  
Date/Time Prepared:  
5/29/2018 8:47 am

Home Health  
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,402,115	113,108	3,256	1,810	622,175	2,142,464	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,592,316	119,092	46,666	0	3	1,758,077	6.00
7.00	1,605,477	124,022	41,038	0	0	1,770,537	7.00
8.00	249,192	18,686	8,299	0	0	276,177	8.00
9.00	28,702	2,196	1,329	0	0	32,227	9.00
10.00	20,973	992	667	0	0	22,632	10.00
11.00	54,073	3,670	4,647	0	10,863	73,253	11.00
12.00	0	0	0	0	188,778	188,778	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	4,952,848	381,766	105,902	1,810	821,819	6,264,145	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	2,142,464	136,466	2,278,930			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,758,077	0	1,758,077			6.00
7.00	0	1,770,537	0	1,770,537			7.00
8.00	0	276,177	0	276,177			8.00
9.00	0	32,227	0	32,227			9.00
10.00	0	22,632	0	22,632			10.00
11.00	0	73,253	0	73,253			11.00
12.00	0	188,778	0	188,778			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	6,264,145	136,466	6,400,611			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-1  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Home Health  
Agency I

PPS

	Net Expenses for Cost Allocation (from wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,278,930	0	0	0	2,278,930	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,758,077	0	0	0	1,758,077	6.00
7.00	Physical Therapy	1,770,537	0	0	0	1,770,537	7.00
8.00	Occupational Therapy	276,177	0	0	0	276,177	8.00
9.00	Speech Pathology	32,227	0	0	0	32,227	9.00
10.00	Medical Social Services	22,632	0	0	0	22,632	10.00
11.00	Home Health Aide	73,253	0	0	0	73,253	11.00
12.00	Supplies (see instructions)	188,778	0	0	0	188,778	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,400,611	0	0	0	6,400,611	24.00
	Administrative & General	5.00	Total (cols. 4A + 5)				
			6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,278,930					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	972,064	2,730,141				6.00
7.00	Physical Therapy	978,950	2,749,487				7.00
8.00	Occupational Therapy	152,702	428,879				8.00
9.00	Speech Pathology	17,819	50,046				9.00
10.00	Medical Social Services	12,514	35,146				10.00
11.00	Home Health Aide	40,503	113,756				11.00
12.00	Supplies (see instructions)	104,378	293,156				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		6,400,611				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Home Health  
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,278,930	4,121,681
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,758,077
7.00	Physical Therapy	0	0	0	0	0	1,770,537
8.00	Occupational Therapy	0	0	0	0	0	276,177
9.00	Speech Pathology	0	0	0	0	0	32,227
10.00	Medical Social Services	0	0	0	0	0	22,632
11.00	Home Health Aide	0	0	0	0	0	73,253
12.00	Supplies (see instructions)	0	0	0	0	0	188,778
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,278,930	4,121,681
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0	0	2,278,930
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.552913

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

HHA CCN: 14-7207

Home Health  
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0				4A	5.01		
1.00 Administrative and General	0	0	0	201,150	201,150	5,570	1.00	
2.00 Skilled Nursing Care	2,730,141	0	0	228,437	2,958,578	81,920	2.00	
3.00 Physical Therapy	2,749,487	0	0	230,325	2,979,812	82,508	3.00	
4.00 Occupational Therapy	428,879	0	0	35,750	464,629	12,865	4.00	
5.00 Speech Pathology	50,046	0	0	4,118	54,164	1,500	5.00	
6.00 Medical Social Services	35,146	0	0	3,009	38,155	1,056	6.00	
7.00 Home Health Aide	113,756	0	0	7,757	121,513	3,365	7.00	
8.00 Supplies (see instructions)	293,156	0	0	0	293,156	8,117	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	6,400,611	0	0	710,546	7,111,157	196,901	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5A.01	5.03	7.00	8.00	9.00	10.00		
1.00 Administrative and General	206,720	45,439	0	0	0	0	1.00	
2.00 Skilled Nursing Care	3,040,498	668,323	0	0	0	0	2.00	
3.00 Physical Therapy	3,062,320	673,118	0	0	0	0	3.00	
4.00 Occupational Therapy	477,494	104,957	0	0	0	0	4.00	
5.00 Speech Pathology	55,664	12,235	0	0	0	0	5.00	
6.00 Medical Social Services	39,211	8,619	0	0	0	0	6.00	
7.00 Home Health Aide	124,878	27,449	0	0	0	0	7.00	
8.00 Supplies (see instructions)	301,273	66,222	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	7,308,058	1,606,362	0	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000						21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Home Health  
Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	36,285	0	27,118	2,285	14,205	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	36,285	0	27,118	2,285	14,205	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00					
1.00	Administrative and General	0	0	332,052	0	332,052		1.00
2.00	Skilled Nursing Care	0	0	3,708,821	0	3,708,821	142,170	2.00
3.00	Physical Therapy	0	0	3,735,438	0	3,735,438	143,193	3.00
4.00	Occupational Therapy	0	0	582,451	0	582,451	22,327	4.00
5.00	Speech Pathology	0	0	67,899	0	67,899	2,603	5.00
6.00	Medical Social Services	0	0	47,830	0	47,830	1,833	6.00
7.00	Home Health Aide	0	0	152,327	0	152,327	5,839	7.00
8.00	Supplies (see instructions)	0	0	367,495	0	367,495	14,087	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	8,994,313	0	8,994,313	332,052	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.038333	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am  
PPS

Home Health  
Agency I

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	3,850,991		2.00
3.00	Physical Therapy	3,878,631		3.00
4.00	Occupational Therapy	604,778		4.00
5.00	Speech Pathology	70,502		5.00
6.00	Medical Social Services	49,663		6.00
7.00	Home Health Aide	158,166		7.00
8.00	Supplies (see instructions)	381,582		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
19.50	Telemedicine	0		19.50
20.00	Total (sum of lines 1-19) (2)	8,994,313		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Home Health  
Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	1,402,116	0	201,150	0	1.00
2.00 Skilled Nursing Care	0	0	1,592,316	0	2,958,578	0	2.00
3.00 Physical Therapy	0	0	1,605,477	0	2,979,812	0	3.00
4.00 Occupational Therapy	0	0	249,192	0	464,629	0	4.00
5.00 Speech Pathology	0	0	28,702	0	54,164	0	5.00
6.00 Medical Social Services	0	0	20,973	0	38,155	0	6.00
7.00 Home Health Aide	0	0	54,073	0	121,513	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	293,156	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	4,952,849	0	7,111,157	0	20.00
21.00 Total cost to be allocated	0	0	710,546	0	196,901	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.143462	0	0.027689	0	22.00
Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	
	5.03	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	206,720	0	0	0	0	2,682	1.00
2.00 Skilled Nursing Care	3,040,498	0	0	0	0	0	2.00
3.00 Physical Therapy	3,062,320	0	0	0	0	0	3.00
4.00 Occupational Therapy	477,494	0	0	0	0	0	4.00
5.00 Speech Pathology	55,664	0	0	0	0	0	5.00
6.00 Medical Social Services	39,211	0	0	0	0	0	6.00
7.00 Home Health Aide	124,878	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	301,273	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	7,308,058	0	0	0	0	2,682	20.00
21.00 Total cost to be allocated	1,606,362	0	0	0	0	36,285	21.00
22.00 Unit cost multiplier	0.219807	0.000000	0.000000	0.000000	0.000000	13.529083	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-2 Part II Date/Time Prepared: 5/29/2018 8:47 am

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	(DIRECT NRSING)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	17.00	21.00	
1.00 Administrative and General	0	189,360	10,863	8,365,712	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	189,360	10,863	8,365,712	0	0	20.00
21.00 Total cost to be allocated	0	27,118	2,285	14,205	0	0	21.00
22.00 unit cost multiplier	0.000000	0.143209	0.210347	0.001698	0.000000	0.000000	22.00
Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
	22.00						
1.00 Administrative and General	0						1.00
2.00 Skilled Nursing Care	0						2.00
3.00 Physical Therapy	0						3.00
4.00 Occupational Therapy	0						4.00
5.00 Speech Pathology	0						5.00
6.00 Medical Social Services	0						6.00
7.00 Home Health Aide	0						7.00
8.00 Supplies (see instructions)	0						8.00
9.00 Drugs	0						9.00
10.00 DME	0						10.00
11.00 Home Dialysis Aide Services	0						11.00
12.00 Respiratory Therapy	0						12.00
13.00 Private Duty Nursing	0						13.00
14.00 Clinic	0						14.00
15.00 Health Promotion Activities	0						15.00
16.00 Day Care Program	0						16.00
17.00 Home Delivered Meals Program	0						17.00
18.00 Homemaker Service	0						18.00
19.00 All Others (specify)	0						19.00
19.50 Telemedicine	0						19.50
20.00 Total (sum of lines 1-19)	0						20.00
21.00 Total cost to be allocated	0						21.00
22.00 unit cost multiplier	0.000000						22.00

Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
		0	1.00	2.00	3.00	4.00	5.00

**PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION**

Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	3,850,991		3,850,991	17,441	220.80
2.00	Physical Therapy	3.00	3,878,631	0	3,878,631	14,713	263.62
3.00	Occupational Therapy	4.00	604,778	0	604,778	2,761	219.04
4.00	Speech Pathology	5.00	70,502	0	70,502	408	172.80
5.00	Medical Social Services	6.00	49,663		49,663	300	165.54
6.00	Home Health Aide	7.00	158,166		158,166	1,756	90.07
7.00	Total (sum of lines 1-6)		8,612,731	0	8,612,731	37,379	

Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles
		0	1.00	2.00	3.00	4.00

**Limitation Cost Computation**

8.00	Skilled Nursing Care		16974	0	12,554		8.00
9.00	Physical Therapy		16974	0	10,904		9.00
10.00	Occupational Therapy		16974	0	2,201		10.00
11.00	Speech Pathology		16974	0	291		11.00
12.00	Medical Social Services		16974	0	243		12.00
13.00	Home Health Aide		16974	0	1,404		13.00
14.00	Total (sum of lines 8-13)			0	27,597		14.00

Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
		0	1.00	2.00	3.00	4.00	5.00

**Supplies and Drugs Cost Computations**

15.00	Cost of Medical Supplies	8.00	381,582	0	381,582	752,214	0.507279	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description		Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00

**PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION**

Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	12,554		0	2,771,923	1.00
2.00	Physical Therapy	0	10,904		0	2,874,512	2.00
3.00	Occupational Therapy	0	2,201		0	482,107	3.00
4.00	Speech Pathology	0	291		0	50,285	4.00
5.00	Medical Social Services	0	243		0	40,226	5.00
6.00	Home Health Aide	0	1,404		0	126,458	6.00
7.00	Total (sum of lines 1-6)	0	27,597		0	6,345,511	7.00

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
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**Limitation Cost Computation**

8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	Program Covered Charges			Cost of Services		Subject to Deductibles & Coinsurance		
	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
<b>Supplies and Drugs Cost Computations</b>								
15.00 Cost of Medical Supplies	0	555,362	0	0	281,723	0	15.00	
16.00 Cost of Drugs		0	0		0	0	16.00	
<b>Cost Center Description</b>	<b>Total Program Cost (sum of cols. 9-10)</b>							
	12.00							
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>								
<b>Cost Per Visit Computation</b>								
1.00 Skilled Nursing Care	2,771,923						1.00	
2.00 Physical Therapy	2,874,512						2.00	
3.00 Occupational Therapy	482,107						3.00	
4.00 Speech Pathology	50,285						4.00	
5.00 Medical Social Services	40,226						5.00	
6.00 Home Health Aide	126,458						6.00	
7.00 Total (sum of lines 1-6)	6,345,511						7.00	
<b>Cost Center Description</b>								
	12.00							
<b>Limitation Cost Computation</b>								
8.00 Skilled Nursing Care							8.00	
9.00 Physical Therapy							9.00	
10.00 Occupational Therapy							10.00	
11.00 Speech Pathology							11.00	
12.00 Medical Social Services							12.00	
13.00 Home Health Aide							13.00	
14.00 Total (sum of lines 8-13)							14.00	

Provider CCN: 14-0122  
 HHA CCN: 14-7207  
 Period: From 01/01/2017 To 12/31/2017  
 Worksheet H-3 Part II  
 Date/Time Prepared: 5/29/2018 8:47 am

Title XVIII  
 Home Health Agency I  
 PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00 Physical Therapy	66.00	0.601833	0	0	0 col. 2, line 2.00	1.00
2.00 Occupational Therapy	67.00	0.348103	0	0	0 col. 2, line 3.00	2.00
3.00 Speech Pathology	68.00	0.320348	0	0	0 col. 2, line 4.00	3.00
4.00 Cost of Medical Supplies	71.00	0.537591	0	0	0 col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.351097	0	0	0 col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2018 8:47 am
		HHA CCN: 14-7207		
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
<b>Reasonable Cost of Part A &amp; Part B Services</b>				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	2,466	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	-2,466
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	5,721,711
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	89,751
13.00	Total PPS Reimbursement - LUPA Episodes		0	125,728
14.00	Total PPS Reimbursement - PEP Episodes		0	113,562
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	15,426
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	4,866
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	6,068,578
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	6,068,578
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	6,068,578
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	6,068,578
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	6,068,578
31.01	Sequestration adjustment (see instructions)		0	121,360
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	5,946,661
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	557
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0122  
HHA CCN: 14-7207

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

worksheet H-5  
Date/Time Prepared:  
5/29/2018 8:47 am

Home Health  
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,946,661	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
<b>Program to Provider</b>						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. H-4, Part II, column as appropriate, line 32)		0		5,946,661	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		557	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		5,947,218	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	14,438	14,438	0	14,438	3.00
4.00	ADMINISTRATIVE & GENERAL*	625,168	274,590	899,758	0	899,758	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	212,065	212,065	0	212,065	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	-60	-60	0	-60	6.00
7.00	HOUSEKEEPING*	0	14,601	14,601	0	14,601	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	233,764	102,676	336,440	0	336,440	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	60,119	60,119	0	60,119	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	68,554	68,554	0	68,554	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	69,244	30,414	99,658	0	99,658	13.00
14.00	PHARMACY*	0	160,462	160,462	0	160,462	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	84,925	84,925	0	84,925	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	1,039,616	456,627	1,496,243	0	1,496,243	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	137,476	60,383	197,859	0	197,859	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	169,617	47,087	216,704	0	216,704	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	653	653	0	653	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM *	107,204	74,500	181,704	0	181,704	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	2,382,089	1,662,034	4,044,123	0	4,044,123	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0122

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

Worksheet 0

Hospice CCN: 14-1507

Date/Time Prepared:  
5/29/2018 8:47 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	14,438	3.00
4.00	ADMINISTRATIVE & GENERAL*	-304,868	594,890	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	212,065	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	-60	6.00
7.00	HOUSEKEEPING*	0	14,601	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	336,440	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	60,119	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	68,554	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	99,658	13.00
14.00	PHARMACY*	0	160,462	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	84,925	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,496,243	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	197,859	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	216,704	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	653	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	181,704	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	-304,868	3,739,255	100.00

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

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

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet O-2  
Date/Time Prepared:  
5/29/2018 8:47 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,017,762	447,028	1,464,790	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	134,586	59,114	193,700	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	166,051	46,097	212,148	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	640	640	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	1,318,399	552,879	1,871,278	0	100.00

\* Transfer the amount in column 7 to wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,464,790	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	193,700	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	212,148	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	640	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,871,278	100.00

\* Transfer the amount in column 7 to wkst. O-5, column 1, line 51.

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet 0-3  
Date/Time Prepared:  
5/29/2018 8:47 am

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,965	863	2,828	0	2,828	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	260	114	374	0	374	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	321	89	410	0	410	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	1	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	2,546	1,067	3,613	0	3,613	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,828	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	374	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	410	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3,613	100.00

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

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet 0-4  
Date/Time Prepared:  
5/29/2018 8:47 am

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	19,889	8,736	28,625	0	28,625	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	2,630	1,155	3,785	0	3,785	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	3,245	901	4,146	0	4,146	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	12	12	0	12	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	25,764	10,804	36,568	0	36,568	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	28,625	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	3,785	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	4,146	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	12	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	36,568	100.00

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

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

Provider CCN: 14-0122

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

Worksheet 0-5

Hospice CCN: 14-1507

Date/Time Prepared:  
5/29/2018 8:47 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 CAP REL COSTS-BLDG & FIXT	0	105,115	105,115	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	73,918	73,918	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	14,438	341,739	356,177	3.00
4.00 ADMINISTRATIVE & GENERAL	594,890	1,106,541	1,701,431	4.00
5.00 PLANT OPERATION & MAINTENANCE	212,065	338,593	550,658	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	14,601	73,586	88,187	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	336,440	0	336,440	9.00
10.00 ROUTINE MEDICAL SUPPLIES	60,119	1,391	61,510	10.00
11.00 MEDICAL RECORDS	0	9,775	9,775	11.00
12.00 STAFF TRANSPORTATION	68,554	0	68,554	12.00
13.00 VOLUNTEER SERVICE COORDINATION	99,658	0	99,658	13.00
14.00 PHARMACY	160,462	25,657	186,119	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	84,925	0	84,925	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	1,871,278	0	1,871,278	51.00
52.00 HOSPICE INPATIENT RESPITE CARE	3,613	0	3,613	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	36,568	0	36,568	53.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00 BEREAVEMENT PROGRAM	181,704	0	181,704	60.00
61.00 VOLUNTEER PROGRAM	0	0	0	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THRIFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	-60	0	-60	99.00
100.00 TOTAL	3,739,255	2,076,315	5,815,570	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet O-6  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I	
				EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL
	0	1.00	2.00	3.00	3A
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	105,115	105,115		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	73,918		73,918	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	356,177	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL	1,701,431	105,115	73,918	4.00
5.00	PLANT OPERATION & MAINTENANCE	550,658	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	88,187	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	336,440	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	61,510	0	0	10.00
11.00	MEDICAL RECORDS	9,775	0	0	11.00
12.00	STAFF TRANSPORTATION	68,554	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	99,658	0	0	13.00
14.00	PHARMACY	186,119	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	84,925	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,871,278		197,131	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	3,613	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	36,568	0	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	181,704	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	-60	0	0	99.00
100.00	TOTAL	5,815,570	105,115	73,918	100.00



COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet 0-6  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	562,223					9.00
10.00	0	1,060,212				10.00
11.00	0		14,798			11.00
12.00	0			103,778		12.00
13.00	0			0	166,538	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	550,414	1,037,927	14,487	101,597	163,053	51.00
52.00	1,039	2,004	28	195	290	52.00
53.00	10,770	20,281	283	1,986	3,195	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00	0			0	0	70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	562,223	1,060,212	14,798	103,778	166,538	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0122

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

Worksheet 0-6  
Part I  
Date/Time Prepared:  
5/29/2018 8:47 am

Hospice CCN: 14-1507

Hospice I

Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/RESIDENTIAL CARE SERVICES	TOTAL	
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	281,751					14.00
15.00	0	128,561				15.00
16.00	0		0			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	275,828	125,859	0	0	5,400,367	51.00
52.00	533	243	0	0	10,378	52.00
53.00	5,390	2,459	0	0	105,553	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		299,332	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	-60	99.00
100.00	281,751	128,561	0	0	5,815,570	100.00

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet O-6  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Descriptions		Hospice I					
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	6,746					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,746				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,382,088			3.00
4.00	ADMINISTRATIVE & GENERAL	6,746	6,746	625,168	-1,973,941	3,841,689	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	550,658	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	88,187	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	233,764	0	371,393	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	61,510	10.00
11.00	MEDICAL RECORDS	0	0	0	0	9,775	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	68,554	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	69,244	0	110,012	13.00
14.00	PHARMACY	0	0	0	0	186,119	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	84,925	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			1,318,399	0	2,068,409	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	2,545	0	3,994	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	25,764	0	40,420	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	107,204	0	197,733	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per wkst. 0-6, Part I)	105,115	73,918	356,177		1,973,941	100.00
101.00	UNIT COST MULTIPLIER	15.581826	10.957308	0.149523		0.513821	101.00

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet 0-6  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	6,746					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		6,746			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		5,951	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6,746		6,746		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					5,826	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	11	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	114	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	833,598	0	133,499	0	562,223	100.00
101.00	UNIT COST MULTIPLIER	123.569226	0.000000	19.789357	0.000000	94.475382	101.00

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet O-6  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	43,911					10.00
11.00	MEDICAL RECORDS		43,911				11.00
12.00	STAFF TRANSPORTATION			36,744			12.00
13.00	VOLUNTEER SERVICE COORDINATION				2,867		13.00
14.00	PHARMACY					43,911	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES						15.00
16.00	OTHER GENERAL SERVICE						16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	42,988	42,988	35,972	2,807	42,988	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	83	83	69	5	83	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	840	840	703	55	840	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM						60.00
61.00	VOLUNTEER PROGRAM						61.00
62.00	FUNDRAISING						62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS						63.00
64.00	PALLIATIVE CARE PROGRAM						64.00
65.00	OTHER PHYSICIAN SERVICES						65.00
66.00	RESIDENTIAL CARE						66.00
67.00	ADVERTISING						67.00
68.00	TELEHEALTH/TELEMONITORING						68.00
69.00	THRIFT STORE						69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)						71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,060,212	14,798	103,778	166,538	281,751	100.00
101.00	UNIT COST MULTIPLIER	24.144565	0.337000	2.824352	58.087897	6.416410	101.00

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

worksheet O-6  
Part II  
Date/Time Prepared:  
5/29/2018 8:47 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	43,911				15.00
16.00	OTHER GENERAL SERVICE		92			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	42,988	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	83	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	840	92	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	128,561	0	0		100.00
101.00	UNIT COST MULTIPLIER	2.927763	0.000000	0.000000		101.00

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

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

Worksheet 0-7  
Date/Time Prepared:  
5/29/2018 8:47 am

			Hospice I				
			Charges by LOC (from Provider Records)				
Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	HCHC	HRHC	HIRC		
			0	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
1.00	PHYSICAL THERAPY	66.00	0.601833	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.348103	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.320348	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.351097	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.084765	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.537591	0	0	0	7.00
8.00	PARTIAL HOSP	93.00	0.159974	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.124455	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.000000	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	76.01	0.108207	0	0	0	10.01
10.02	DIABETES EDUCATION	76.02	0.000000	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00
			Charges by LOC (from Provider Records)		Shared Service Costs by LOC		
Cost Center Descriptions	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
	5.00	6.00	7.00	8.00	9.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	PARTIAL HOSP	0	0	0	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.01	HEART AND VASCULAR CNTR	0	0	0	0	0	10.01
10.02	DIABETES EDUCATION	0	0	0	0	0	10.02
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0122  
Hospice CCN: 14-1507

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

worksheet 0-8  
Date/Time Prepared:  
5/29/2018 8:47 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (wkst. 0-6, Part I, col. 18, line 50 plus wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (wkst. 5-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (wkst. 5-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (wkst. 0-6, Part I, col. 18, line 51 plus wkst. 0-7, col. 7, line 11)			5,400,367	6.00
7.00	Total unduplicated days (wkst. 5-9, col. 4, line 11)			42,988	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			125.62	8.00
9.00	Unduplicated program days (wkst. 5-9, col. as appropriate, line 11)	25,139	22		9.00
10.00	Program cost (line 8 times line 9)	3,157,961	2,764		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (wkst. 0-6, Part I, col. 18, line 52 plus wkst. 0-7, col. 8, line 11)			10,378	11.00
12.00	Total unduplicated days (wkst. 5-9, col. 4, line 12)			83	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			125.04	13.00
14.00	Unduplicated program days (wkst. 5-9, col. as appropriate, line 12)	5	0		14.00
15.00	Program cost (line 13 times line 14)	625	0		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (wkst. 0-6, Part I, col. 18, line 53 plus wkst. 0-7, col. 9, line 11)			105,553	16.00
17.00	Total unduplicated days (wkst. 5-9, col. 4, line 13)			840	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			125.66	18.00
19.00	Unduplicated program days (wkst. 5-9, col. as appropriate, line 13)	678	0		19.00
20.00	Program cost (line 18 times line 19)	85,197	0		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,516,298	21.00
22.00	Total unduplicated days (wkst. 5-9, col. 4, line 14)			43,911	22.00
23.00	Average cost per diem (line 21 divided by line 22)			125.62	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0122	Period: From 01/01/2017 To 12/31/2017	worksheet L Parts I-III Date/Time Prepared: 5/29/2018 8:47 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		2,804,317	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		97,297	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)		124.82	3.00
4.00	Number of interns & residents (see instructions)		25.56	4.00
5.00	Indirect medical education percentage (see instructions)		5.95	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)		166,857	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		1.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		12.27	8.00
9.00	Sum of lines 7 and 8		14.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.91	10.00
11.00	Disproportionate share adjustment (see instructions)		81,606	11.00
12.00	Total prospective capital payments (see instructions)		3,150,077	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