

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: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 6:20 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2018	Time: 6:20 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. MARY'S HOSPITAL (14-0155) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DEBORAH SCHIMEROWSKI
Officer or Administrator of Provider(s)

CFO - SOUTH SUBURBAN
Title

05/30/2018 06:20:42 AM
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	616,744	232,655	0	0	1.00
2.00 Subprovider - IPF	0	0	0			2.00
3.00 Subprovider - IRF	0	0	0			3.00
5.00 Swing bed - SNF	0	0	0			5.00
6.00 Swing bed - NF	0	0	0			6.00
200.00 Total	0	616,744	232,655	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: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:12 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 500 WEST COURT STREET			PO Box:						1.00	
2.00	City: KANKAKEE			State: IL		Zip Code: 60901		County: KANKAKEE		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	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		PRESENCE ST. MARY'S HOSPITAL	140155	28100	1	07/01/1969	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		PRESENCE ST. MARY'S RENAL UNIT	142318	16974		07/01/1973				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			3,423	1,138	0	0	958	0		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: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:12 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.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)				37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:12 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,344,994	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:12 am	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PRESENCE HEALTH NETWORK	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 200 S. WACKER DR 12 FLOOR	PO Box:		Zip Code: 60606		142.00	
143.00	City: CHI CAGO	State: IL		143.00			
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	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	145.00
						N	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	146.00
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	147.00
						Y	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						1.00	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	149.00
						N	
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)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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	
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
						1.00	165.00
						N	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
166.00							
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
						1.00	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	168.00
						0	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							
						1.00	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	169.00
						9.99	
				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)							
				01/01/2017	12/31/2017	170.00	
						1.00	
						1.00	
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	171.00
						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 6:12 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	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	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	05/11/2018	Y	05/11/2018
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	05/11/2018	Y	05/11/2018
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 6:12 am		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE		LITTLE		41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/813-3721		ANNE.LITTLE@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 6:12 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR, REIMBURSEMEN		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 6:12 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	9	3,285	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		176	64,240	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		176				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)		2	730			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 6:12 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,366	1,140	15,449			1.00
2.00	HMO and other (see instructions)	2,323	4,027				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,366	1,140	15,449			7.00
8.00	INTENSIVE CARE UNIT	1,575	76	3,181			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	924	60	1,957			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		203	850			13.00
14.00	Total (see instructions)	8,865	1,479	21,437	0.00	549.95	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	158			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	549.95	27.00
28.00	Observation Bed Days		145	2,978			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)	1	13	179			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			421			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 6:12 am

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	1,908	424	5,468	1.00
2.00 HMO and other (see instructions)				508	1,128		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,908	424	5,468	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 6:12 am			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	34,229,282	-1,659	34,227,623	1,143,892.00	29.92	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		104,258	0	104,258	700.00	148.94	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		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	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		553,609	0	553,609	25,981.00	21.31	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		4,170,238	0	4,170,238	112,734.00	36.99	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		666,153	0	666,153	3,825.00	174.16	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		8,275,482	0	8,275,482	202,704.00	40.83	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,633,353	0	7,633,353			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		120,820	0	120,820			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		19,661	0	19,661			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		2,229,479	0	2,229,479			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
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	79,408	16,500	95,908	4,859.00	19.74	26.00
27.00	Administrative & General	5.00	2,385,038	0	2,385,038	100,601.00	23.71	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 6:12 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		3,217,613	0	3,217,613	17,355.00	185.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,019,411	0	1,019,411	42,885.00	23.77	30.00
31.00	Laundry & Linen Service	8.00	37,846	0	37,846	2,867.00	13.20	31.00
32.00	Housekeeping	9.00	750,963	0	750,963	53,501.00	14.04	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	647,912	-465,151	182,761	12,889.00	14.18	34.00
35.00	Dietary under contract (see instructions)		588,495	0	588,495	14,560.00	40.42	35.00
36.00	Cafeteria	11.00	0	465,151	465,151	32,805.00	14.18	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	962,757	0	962,757	23,412.00	41.12	38.00
39.00	Central Services and Supply	14.00	222,936	0	222,936	13,832.00	16.12	39.00
40.00	Pharmacy	15.00	990,046	0	990,046	25,051.00	39.52	40.00
41.00	Medical Records & Medical Records Library	16.00	25,073	0	25,073	1,254.00	19.99	41.00
42.00	Social Service	17.00	709,718	0	709,718	19,730.00	35.97	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0155

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 6:12 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	38,035,390	-1,659	38,033,731	1,175,807.00	32.35	1.00
2.00	Excluded area salaries (see instructions)	553,609	0	553,609	25,981.00	21.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,481,781	-1,659	37,480,122	1,149,826.00	32.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,111,873	0	13,111,873	319,263.00	41.07	4.00
5.00	Subtotal wage-related costs (see inst.)	9,882,493	0	9,882,493	0.00	26.37	5.00
6.00	Total (sum of lines 3 thru 5)	60,476,147	-1,659	60,474,488	1,469,089.00	41.16	6.00
7.00	Total overhead cost (see instructions)	11,637,216	16,500	11,653,716	365,601.00	31.88	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 6:12 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,395,542	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,188,286	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	91,467	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	20,041	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)	102,425	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	428,767	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,432,869	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	45,989	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	68,447	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,773,833	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 6:12 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		4,170,238	7,773,833
2.00	Hospital		4,170,238	7,773,833
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0155

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

Worksheet S-5

Date/Time Prepared:
5/30/2018 6:12 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	98	0	0	88	0	0	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00	
3.00	Average patient dialysis time including setup	5.50	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				6.50		0.00	4.00	
5.00	Number of days in year dialysis furnished	313	0					5.00	
6.00	Number of stations	24	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.00	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02	
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
	1.00	2.00	3.00	4.00	5.00				
ESAs									
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	EPOGEN	214,087	0	5,600,000	0		22.00	

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-5 Date/Time Prepared: 5/30/2018 6:12 am
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142318	0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 6:12 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.154358	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		17,419,512	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		127,751,391	6.00	
7.00	Medicaid cost (line 1 times line 6)		19,719,449	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)		2,299,937	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,299,937	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	11,352,504	1,957,192	13,309,696	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,752,350	1,957,192	3,709,542	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,752,350	1,957,192	3,709,542	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,352,504	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		976,182	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,501,817	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		9,850,687	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,046,167	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,755,709	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,055,646	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,042,576	3,042,576	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,346,239	5,346,239	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	79,408	-138,253	-58,845	0	-58,845	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,385,038	29,032,052	31,417,090	-1,710,894	29,706,196	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,019,411	7,240,742	8,260,153	-1,988,620	6,271,533	7.00
7.01	00701	BIO MED	0	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	37,846	333,909	371,755	0	371,755	8.00
9.00	00900	HOUSEKEEPING	750,963	641,720	1,392,683	-3,169	1,389,514	9.00
10.00	01000	DIETARY	647,912	1,309,556	1,957,468	-1,406,979	550,489	10.00
11.00	01100	CAFETERIA	0	0	0	1,405,311	1,405,311	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	962,757	476,716	1,439,473	-189,121	1,250,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	222,936	169,087	392,023	-182,445	209,578	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	990,046	6,385,952	7,375,998	-6,065,840	1,310,158	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,073	16,357	41,430	-7,866	33,564	16.00
17.00	01700	SOCIAL SERVICE	709,718	195,920	905,638	0	905,638	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	174,828	123,358	298,186	-4,294	293,892	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,500,048	3,239,960	11,740,008	-2,377,235	9,362,773	30.00
31.00	03100	INTENSIVE CARE UNIT	2,194,486	776,249	2,970,735	-236,832	2,733,903	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,354,875	478,009	1,832,884	-136,276	1,696,608	34.00
43.00	04300	NURSERY	0	0	0	467,921	467,921	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,605,341	6,621,151	8,226,492	-5,882,460	2,344,032	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,338,014	395,053	1,733,067	-7,026	1,726,041	51.00
51.01	05101	OP ONCOLOGY	328,618	1,301,298	1,629,916	-13,477	1,616,439	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	658,543	658,543	52.00
52.02	05201	SUBSTANCE ABUSE	417,037	182,102	599,139	0	599,139	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	215,862	103,519	319,381	784,960	1,104,341	52.06
53.00	05300	ANESTHESIOLOGY	29,954	2,543,802	2,573,756	-19,886	2,553,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,370,114	1,549,937	3,920,051	-488,942	3,431,109	54.00
56.00	05600	RADIOISOTOPE	381,347	1,143,461	1,524,808	-359,697	1,165,111	56.00
59.00	05900	CARDIAC CATHETERIZATION	948,717	3,883,268	4,831,985	-3,522,440	1,309,545	59.00
60.00	06000	LABORATORY	0	5,094,551	5,094,551	-92,110	5,002,441	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,237,351	819,822	2,057,173	-265,044	1,792,129	65.00
66.00	06600	PHYSICAL THERAPY	0	1,843,213	1,843,213	-367,952	1,475,261	66.00
66.01	06601	WOUND CARE	97,979	901,082	999,061	-97,059	902,002	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	57,335	57,335	186,377	243,712	67.00
68.00	06800	SPEECH PATHOLOGY	0	440	440	180,587	181,027	68.00
69.00	06900	ELECTROCARDIOLOGY	419,152	532,091	951,243	-73,038	878,205	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,324	23,245	52,569	-7,989	44,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,871,171	5,871,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,392,714	4,392,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,054,783	6,054,783	73.00
74.00	07400	RENAL DIALYSIS	1,427,279	2,643,823	4,071,102	-49,978	4,021,124	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	248,876	69,868	318,744	-6,629	312,115	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,700,191	1,783,996	4,484,187	-328,279	4,155,908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	2,123,688	2,123,688	-2,123,688	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,850,501	83,898,079	117,748,580	375,917	118,124,497	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet A Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	120,104	222,478	342,582	-179	342,403	190.00
194.00	07950	OTHER NRCC	60,707	5,145,080	5,205,787	-375,075	4,830,712	194.00
194.01	07951	SISTERS RESIDENCE	197,970	67,669	265,639	-663	264,976	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	34,229,282	89,333,306	123,562,588	0	123,562,588	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0155

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

Worksheet A
Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,139	3,043,715	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-663,147	4,683,092	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	99,580	40,735	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,533,903	28,172,293	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	6,271,533	7.00
7.01	00701	BIO MED	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,569	373,324	8.00
9.00	00900	HOUSEKEEPING	-3,778	1,385,736	9.00
10.00	01000	DIETARY	0	550,489	10.00
11.00	01100	CAFETERIA	-264,345	1,140,966	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,250,352	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	375,040	584,618	14.00
14.01	01401	STERILE PROCESSING	0	0	14.01
15.00	01500	PHARMACY	0	1,310,158	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,171,253	1,204,817	16.00
17.00	01700	SOCIAL SERVICE	0	905,638	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-14,747	279,145	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-882,293	8,480,480	30.00
31.00	03100	INTENSIVE CARE UNIT	489,015	3,222,918	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-2,238	1,694,370	34.00
43.00	04300	NURSERY	0	467,921	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,055	2,336,977	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,726,041	51.00
51.01	05101	OP ONCOLOGY	-712,807	903,632	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	658,543	52.00
52.02	05201	SUBSTANCE ABUSE	0	599,139	52.02
52.04	05202	DIABETES EDUCATION	0	0	52.04
52.05	05203	PODIATRY	0	0	52.05
52.06	05204	INFUSION CLINIC	0	1,104,341	52.06
53.00	05300	ANESTHESIOLOGY	-2,211,017	342,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-16,617	3,414,492	54.00
56.00	05600	RADIOISOTOPE	-71,031	1,094,080	56.00
59.00	05900	CARDIAC CATHETERIZATION	-18,645	1,290,900	59.00
60.00	06000	LABORATORY	-103,849	4,898,592	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-3,911	1,788,218	65.00
66.00	06600	PHYSICAL THERAPY	-548	1,474,713	66.00
66.01	06601	WOUND CARE	-75,999	826,003	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	243,712	67.00
68.00	06800	SPEECH PATHOLOGY	0	181,027	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,050	876,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	44,580	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,871,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,392,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,054,783	73.00
74.00	07400	RENAL DIALYSIS	-49,523	3,971,601	74.00
76.00	03951	OTHER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	312,115	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	90.01
91.00	09100	EMERGENCY	-280,158	3,875,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-4,780,065	113,344,432	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	342,403	190.00
194.00	07950	OTHER NRCC	0	4,830,712	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 6:12 am
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
194.01	07951	SISTERS RESIDENCE	0	264,976		194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-4,780,065	118,782,523		200.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
5/30/2018 6:12 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,871,171	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
	TOTALS		0	5,871,171	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,064,529	1.00
	TOTALS		0	6,064,529	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,287,422	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,977,705	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
	TOTALS		0	6,265,127	
D - REHAB RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	0	186,377	1.00
2.00	SPEECH PATHOLOGY	68.00	0	180,587	2.00
	TOTALS		0	366,964	
E - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	519,168	139,375	1.00
2.00	NURSERY	43.00	368,890	99,031	2.00
	TOTALS		888,058	238,406	

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
F - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	755,154	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,313,172	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	55,362	3.00
	TOTALS		0	2,123,688	
G - CAFETERIA					
1.00	CAFETERIA	11.00	465,151	940,160	1.00
	TOTALS		465,151	940,160	
J - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,392,714	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
	TOTALS		0	4,392,714	
L - OTHER RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	4,125	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	12,734	3.00
4.00	EMERGENCY	91.00	0	1,300	4.00
	TOTALS		16,500	18,159	
N - IV THERAPY					
1.00	INFUSION CLINIC	52.06	555,932	266,602	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		555,932	266,602	
500.00	Grand Total: Increases		1,925,641	26,547,520	500.00

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - SUPPLIES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,433	0	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,746	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	392,572	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	158,870	0	4.00	
5.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	87,495	0	5.00	
6.00	OPERATING ROOM	50.00	0	3,078,579	0	6.00	
7.00	OP ONCOLOGY	51.01	0	9,734	0	7.00	
8.00	INFUSION CLINIC	52.06	0	7,882	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	126,223	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	1,418,390	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	217,721	0	11.00	
12.00	WOUND CARE	66.01	0	56,841	0	12.00	
13.00	EMERGENCY	91.00	0	260,685	0	13.00	
	TOTALS		0	5,871,171			
B - DRUGS							
1.00	PHARMACY	15.00	0	6,064,529	0	1.00	
	TOTALS		0	6,064,529			
C - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,443	9	1.00	
2.00	OPERATION OF PLANT	7.00	0	1,769,950	9	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	5,217	9	3.00	
4.00	OPERATING ROOM	50.00	0	1,842	9	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,286	9	5.00	
6.00	RADIOISOTOPE	56.00	0	11,891	9	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	14,800	9	7.00	
8.00	LABORATORY	60.00	0	2,472	9	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	4,421	9	9.00	
10.00	RENAL DIALYSIS	74.00	0	7,147	9	10.00	
11.00	OTHER NRCC	194.00	0	353,953	9	11.00	
12.00	ADMINISTRATIVE & GENERAL	5.00	0	1,685,451	9	12.00	
13.00	OPERATION OF PLANT	7.00	0	218,670	9	13.00	
14.00	HOUSEKEEPING	9.00	0	3,169	9	14.00	
15.00	DIETARY	10.00	0	1,668	9	15.00	
16.00	NURSING ADMINISTRATION	13.00	0	189,121	9	16.00	
17.00	PHARMACY	15.00	0	1,311	9	17.00	
18.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,866	9	18.00	
19.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	4,294	9	19.00	
20.00	ADULTS & PEDIATRICS	30.00	0	101,102	9	20.00	
21.00	INTENSIVE CARE UNIT	31.00	0	18,646	9	21.00	
22.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	17,014	9	22.00	
23.00	OPERATING ROOM	50.00	0	327,563	9	23.00	
24.00	RECOVERY ROOM	51.00	0	7,026	9	24.00	
25.00	OP ONCOLOGY	51.01	0	3,661	9	25.00	
26.00	INFUSION CLINIC	52.06	0	324	9	26.00	
27.00	ANESTHESIOLOGY	53.00	0	19,886	9	27.00	
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	262,763	9	28.00	
29.00	RADIOISOTOPE	56.00	0	347,806	9	29.00	
30.00	CARDIAC CATHETERIZATION	59.00	0	296,742	9	30.00	
31.00	LABORATORY	60.00	0	89,638	9	31.00	
32.00	RESPIRATORY THERAPY	65.00	0	42,902	9	32.00	
33.00	PHYSICAL THERAPY	66.00	0	988	9	33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	73,038	9	34.00	
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,989	9	35.00	
36.00	RENAL DIALYSIS	74.00	0	42,831	9	36.00	
37.00	CARDIAC REHABILITATION	76.97	0	6,629	9	37.00	
38.00	WOUND CARE	66.01	0	569	9	38.00	
39.00	EMERGENCY	91.00	0	7,232	9	39.00	
40.00	EMERGENCY	91.00	0	48,496	9	40.00	
41.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	179	9	41.00	
42.00	OTHER NRCC	194.00	0	21,122	9	42.00	
43.00	SISTERS RESIDENCE	194.01	0	663	9	43.00	
44.00	CENTRAL SERVICES & SUPPLY	14.00	0	121,346	0	44.00	
	TOTALS		0	6,265,127			
D - REHAB RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	186,377	0	1.00	
2.00	PHYSICAL THERAPY	66.00	0	180,587	0	2.00	
	TOTALS		0	366,964			
E - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	519,168	139,375	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	368,890	99,031	0	2.00	
	TOTALS		888,058	238,406			

RECLASSIFICATIONS

Provider CCN: 14-0155

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

Worksheet A-6

Date/Time Prepared:
5/30/2018 6:12 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
F - CAPITAL INTEREST						
1.00	INTEREST EXPENSE	113.00	0	755,154	11	1.00
2.00	INTEREST EXPENSE	113.00	0	1,313,172	11	2.00
3.00	INTEREST EXPENSE	113.00	0	55,362	11	3.00
	TOTALS		0	2,123,688		
G - CAFETERIA						
1.00	DIETARY	10.00	465,151	940,160	0	1.00
	TOTALS		465,151	940,160		
J - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,666	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	14,590	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,611	0	3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,228	0	4.00
5.00	OPERATING ROOM	50.00	0	2,474,476	0	5.00
6.00	OP ONCOLOGY	51.01	0	82	0	6.00
7.00	INFUSION CLINIC	52.06	0	29,368	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,670	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,792,508	0	9.00
10.00	WOUND CARE	66.01	0	39,649	0	10.00
11.00	EMERGENCY	91.00	0	11,866	0	11.00
	TOTALS		0	4,392,714		
L - OTHER RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,500	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	4,125	0	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	12,734	0	0	3.00
4.00	EMERGENCY	91.00	1,300	0	0	4.00
	TOTALS		18,159	16,500		
N - IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	498,317	238,973	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	37,650	18,055	0	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	19,965	9,574	0	3.00
	TOTALS		555,932	266,602		
500.00	Grand Total: Decreases		1,927,300	26,545,861		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2018 6:12 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,113,245	0	0	0	0	1.00
2.00	Land Improvements	1,775,991	249,220	0	249,220	0	2.00
3.00	Buildings and Fixtures	86,463,281	826,390	0	826,390	0	3.00
4.00	Building Improvements	36,748	0	0	0	26,103	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	49,184,339	3,619,098	0	3,619,098	3,470,711	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	142,573,604	4,694,708	0	4,694,708	3,496,814	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	142,573,604	4,694,708	0	4,694,708	3,496,814	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,113,245	0				1.00
2.00	Land Improvements	2,025,211	0				2.00
3.00	Buildings and Fixtures	87,289,671	0				3.00
4.00	Building Improvements	10,645	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	49,332,726	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	143,771,498	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	143,771,498	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	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				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0155

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	89,314,882	0	89,314,882	0.644137	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	49,343,370	0	49,343,370	0.355863	0	2.00
3.00	Total (sum of lines 1-2)	138,658,252	0	138,658,252	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,762,094	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,138,006	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,900,100	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	281,621	0	0	0	3,043,715	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	545,086	0	0	0	4,683,092	2.00
3.00	Total (sum of lines 1-2)	826,707	0	0	0	7,726,807	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-473,533	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-823,448	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,634,913				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	2,597,826				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-264,345	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-20	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-300	PARAMED ED PRGM-(SPECIFY)		23.00	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	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		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 EMPLOYEE BENEFITS	B	-216,651	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0155

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

Worksheet A-8

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
34.00 QUALIFIED BENEFIT PLAN	A	-38,111	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
36.00 ACCOUNTING KVDN	B	-684,289	ADULTS & PEDIATRICS	30.00	0	36.00
38.00 VOLUNTERR SERVICES	B	-399,745	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00 ADMINISTRATION	B	-518,832	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 CORPORATE ALLOCATIONS	B	-75,140	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 ENVIRONMENT SERVICES	B	-3,778	HOUSEKEEPING	9.00	0	41.00
42.00 CENTRAL SUPPLY	B	-768	CENTRAL SERVICES & SUPPLY	14.00	0	42.00
42.01 DIALYSIS	B	-399	RENAL DIALYSIS	74.00	0	42.01
42.02 SURGERY	B	-7,055	OPERATING ROOM	50.00	0	42.02
42.03 ONCOLOGY OP	B	-5,565	OP ONCOLOGY	51.01	0	42.03
42.04 RADIOLOGY	B	-11,565	RADIOLOGY-DIAGNOSTIC	54.00	0	42.04
42.30 PHYSICAL THERAPY	B	-548	PHYSICAL THERAPY	66.00	0	42.30
43.00 CONTRIBUTIONS	A	-81,931	ADMINISTRATIVE & GENERAL	5.00	0	43.00
43.01 CBISA	A	-66,528	ADMINISTRATIVE & GENERAL	5.00	0	43.01
43.02 MARKETING AND ADVERTISING	A	-18,610	ADMINISTRATIVE & GENERAL	5.00	0	43.02
43.03 INCOME TAX	A	-133,397	ADMINISTRATIVE & GENERAL	5.00	0	43.03
43.04 REAL ESTATE TAX	A	-28,188	ADMINISTRATIVE & GENERAL	5.00	0	43.04
43.10 WOUND CARE	B	-75,999	WOUND CARE	66.01	0	43.10
43.20 OB-GYN	B	-392	ADULTS & PEDIATRICS	30.00	0	43.20
43.30 EMERGENCY SERVICES	B	-9,436	EMERGENCY	91.00	0	43.30
43.40 ALLOWANCES	B	195,595	ADMINISTRATIVE & GENERAL	5.00	0	43.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,780,065				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: 14-0155 Period: From 01/01/2017 To 12/31/2017 Worksheet A-8-1
 Date/Time Prepared: 5/30/2018 6:12 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	9,387,641	15,655,790 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	474,672	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	1,848,293	0 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	INFORMATION SYSTEMS	2,966,612	0 3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	PURCHASING	375,808	0 3.02
3.03	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY	1,569	0 3.03
3.04	31.00	INTENSIVE CARE UNIT	ICU	491,253	0 3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	354,342	0 3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	ME DEPRECIATION	7,973	0 3.06
3.07	2.00	CAP REL COSTS-MVBLE EQUIP	RENT EXPENSE	152,328	0 3.07
3.08	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,171,273	0 3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE	1,117,747	0 3.09
4.00	60.00	LABORATORY	ALVERNO LABS	4,461,068	4,556,963 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,810,579	20,212,753 5.00

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

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

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

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

6.00	B	0.00	PRESENCE HEALTH	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	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: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/30/2018 6:12 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-6,268,149	0		1.00
2.00	474,672	9		2.00
3.00	1,848,293	0		3.00
3.01	2,966,612	0		3.01
3.02	375,808	0		3.02
3.03	1,569	0		3.03
3.04	491,253	0		3.04
3.05	354,342	0		3.05
3.06	7,973	9		3.06
3.07	152,328	9		3.07
3.08	1,171,273	0		3.08
3.09	1,117,747	0		3.09
4.00	-95,895	0		4.00
5.00	2,597,826			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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0155

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 6:12 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	202,394	17,193	185,201	211,500	1,286	1.00
2.00	30.00	ADULTS & PEDIATRICS	199,791	194,181	5,610	181,300	25	2.00
3.00	59.00	CARDIAC CATHETERIZATION	77,284	0	77,284	246,400	495	3.00
4.00	91.00	EMERGENCY	290,652	263,152	27,500	211,500	196	4.00
5.00	60.00	LABORATORY	48,000	0	48,000	260,300	320	5.00
6.00	51.01	OP ONCOLOGY	747,765	685,815	61,950	271,900	310	6.00
7.00	53.00	ANESTHESIOLOGY	38,993	38,993	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	2,172,024	2,172,024	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	97,830	0	97,830	211,500	479	9.00
10.00	65.00	RESPIRATORY THERAPY	11,131	0	11,131	211,500	71	10.00
11.00	23.00	PARAMED ED PRGM-(SPECIFY)	44,850	0	44,850	211,500	299	11.00
12.00	31.00	INTENSIVE CARE UNIT	12,000	0	12,000	211,500	96	12.00
13.00	34.00	SURGICAL INTENSIVE CARE UNIT	12,000	0	12,000	211,500	96	13.00
14.00	56.00	RADIOISOTOPE	156,000	0	156,000	271,900	650	14.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	19,954	0	19,954	271,900	114	15.00
16.00	69.00	ELECTROCARDIOLOGY	11,100	0	11,100	211,500	89	16.00
200.00			4,141,768	3,371,358	770,410		4,526	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	130,764	6,538	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,179	109	0	0	0	2.00
3.00	59.00	CARDIAC CATHETERIZATION	58,639	2,932	0	0	0	3.00
4.00	91.00	EMERGENCY	19,930	997	0	0	0	4.00
5.00	60.00	LABORATORY	40,046	2,002	0	0	0	5.00
6.00	51.01	OP ONCOLOGY	40,523	2,026	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	48,706	2,435	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	7,220	361	0	0	0	10.00
11.00	23.00	PARAMED ED PRGM-(SPECIFY)	30,403	1,520	0	0	0	11.00
12.00	31.00	INTENSIVE CARE UNIT	9,762	488	0	0	0	12.00
13.00	34.00	SURGICAL INTENSIVE CARE UNIT	9,762	488	0	0	0	13.00
14.00	56.00	RADIOISOTOPE	84,969	4,248	0	0	0	14.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	14,902	745	0	0	0	15.00
16.00	69.00	ELECTROCARDIOLOGY	9,050	453	0	0	0	16.00
200.00			506,855	25,342	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	130,764	54,437	71,630	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	2,179	3,431	197,612	2.00
3.00	59.00	CARDIAC CATHETERIZATION	0	58,639	18,645	18,645	3.00
4.00	91.00	EMERGENCY	0	19,930	7,570	270,722	4.00
5.00	60.00	LABORATORY	0	40,046	7,954	7,954	5.00
6.00	51.01	OP ONCOLOGY	0	40,523	21,427	707,242	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	38,993	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	2,172,024	8.00
9.00	74.00	RENAL DIALYSIS	0	48,706	49,124	49,124	9.00
10.00	65.00	RESPIRATORY THERAPY	0	7,220	3,911	3,911	10.00
11.00	23.00	PARAMED ED PRGM-(SPECIFY)	0	30,403	14,447	14,447	11.00
12.00	31.00	INTENSIVE CARE UNIT	0	9,762	2,238	2,238	12.00
13.00	34.00	SURGICAL INTENSIVE CARE UNIT	0	9,762	2,238	2,238	13.00
14.00	56.00	RADIOISOTOPE	0	84,969	71,031	71,031	14.00
15.00	54.00	RADIOLOGY-DIAGNOSTIC	0	14,902	5,052	5,052	15.00
16.00	69.00	ELECTROCARDIOLOGY	0	9,050	2,050	2,050	16.00
200.00			0	506,855	263,555	3,634,913	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 6:12 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	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	3,043,715	3,043,715				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	4,683,092		4,683,092			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	40,735	36,055	0	76,790		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	28,172,293	134,380	1,984,343	5,366	30,296,382	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	6,271,533	821,716	257,448	2,294	7,352,991	7.00
7.01 00701 BIO MED	0	0	0	0	0	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	373,324	8,749	0	85	382,158	8.00
9.00 00900 HOUSEKEEPING	1,385,736	9,052	3,731	1,690	1,400,209	9.00
10.00 01000 DIETARY	550,489	60,574	553	411	612,027	10.00
11.00 01100 CAFETERIA	1,140,966	33,101	1,409	1,047	1,176,523	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,250,352	4,620	222,659	2,166	1,479,797	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	584,618	114,542	142,865	502	842,527	14.00
14.01 01401 STERILE PROCESSING	0	0	0	0	0	14.01
15.00 01500 PHARMACY	1,310,158	15,399	1,543	2,228	1,329,328	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,204,817	51,931	9,261	56	1,266,065	16.00
17.00 01700 SOCIAL SERVICE	905,638	2,272	0	1,597	909,507	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	279,145	1,515	5,055	393	286,108	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,480,480	343,983	85,770	15,990	8,926,223	30.00
31.00 03100 INTENSIVE CARE UNIT	3,222,918	55,150	21,953	4,853	3,304,874	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	1,694,370	43,932	20,031	3,004	1,761,337	34.00
43.00 04300 NURSERY	467,921	13,445	13,816	830	496,012	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,336,977	88,471	385,651	3,612	2,814,711	50.00
50.01 03330 SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,726,041	32,775	8,272	3,011	1,770,099	51.00
51.01 05101 OP ONCOLOGY	903,632	220,699	4,310	739	1,129,380	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	658,543	15,763	19,445	1,168	694,919	52.00
52.02 05201 SUBSTANCE ABUSE	599,139	37,221	0	938	637,298	52.02
52.04 05202 DIABETES EDUCATION	0	0	0	0	0	52.04
52.05 05203 PODIATRY	0	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	1,104,341	17,921	381	1,737	1,124,380	52.06
53.00 05300 ANESTHESIOLOGY	342,853	2,348	23,412	67	368,680	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,414,492	109,384	309,360	5,333	3,838,569	54.00
56.00 05600 RADIOISOTOPE	1,094,080	13,634	409,484	858	1,518,056	56.00
59.00 05900 CARDIAC CATHETERIZATION	1,290,900	30,563	349,365	2,106	1,672,934	59.00
60.00 06000 LABORATORY	4,898,592	97,348	105,534	0	5,101,474	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	1,788,218	20,951	50,510	2,784	1,862,463	65.00
66.00 06600 PHYSICAL THERAPY	1,474,713	56,370	1,163	0	1,532,246	66.00
66.01 06601 WOUND CARE	826,003	24,928	670	220	851,821	66.01
67.00 06700 OCCUPATIONAL THERAPY	243,712	3,075	0	0	246,787	67.00
68.00 06800 SPEECH PATHOLOGY	181,027	1,818	0	0	182,845	68.00
69.00 06900 ELECTROCARDIOLOGY	876,155	22,981	85,990	943	986,069	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	44,580	6,052	9,406	66	60,104	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,871,171	0	0	0	5,871,171	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,392,714	0	0	0	4,392,714	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,054,783	0	0	0	6,054,783	73.00
74.00 07400 RENAL DIALYSIS	3,971,601	100,931	50,426	3,211	4,126,169	74.00
76.00 03951 OTHER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	312,115	52,242	7,805	560	372,722	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	3,875,750	117,799	65,611	6,073	4,065,233	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	113,344,432	2,823,690	4,657,232	75,938	113,097,695	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	342,403	0	211	270	342,884	190.00
194.00	07950 OTHER NRCC	4,830,712	220,025	24,868	137	5,075,742	194.00
194.01	07951 SISTERS RESIDENCE	264,976	0	781	445	266,202	194.01
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	118,782,523	3,043,715	4,683,092	76,790	118,782,523	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,296,382				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,517,561	0	9,870,552		7.00
7.01	00701	BIO MED	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	130,846	0	42,092	0	555,096
9.00	00900	HOUSEKEEPING	479,412	0	43,549	0	0
10.00	01000	DIETARY	209,549	0	291,434	0	0
11.00	01100	CAFETERIA	402,825	0	159,255	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	506,662	0	22,230	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	288,469	0	551,089	0	0
14.01	01401	STERILE PROCESSING	0	0	0	0	0
15.00	01500	PHARMACY	455,143	0	74,088	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	433,483	0	249,852	0	0
17.00	01700	SOCIAL SERVICE	311,402	0	10,933	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	97,959	0	7,289	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,056,179	0	1,654,979	0	418,991
31.00	03100	INTENSIVE CARE UNIT	1,131,543	0	265,341	0	69,948
34.00	03400	SURGICAL INTENSIVE CARE UNIT	603,057	0	211,369	0	43,843
43.00	04300	NURSERY	169,828	0	64,686	0	19,062
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	963,718	0	425,653	0	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	606,057	0	157,688	0	0
51.01	05101	OP ONCOLOGY	386,684	0	1,061,836	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	237,931	0	75,838	0	0
52.02	05201	SUBSTANCE ABUSE	218,202	0	179,080	0	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	384,972	0	86,224	0	0
53.00	05300	ANESTHESIOLOGY	126,231	0	11,297	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,314,272	0	526,272	0	0
56.00	05600	RADIOISOTOPE	519,761	0	65,597	0	0
59.00	05900	CARDIAC CATHETERIZATION	572,789	0	147,047	0	0
60.00	06000	LABORATORY	1,746,673	0	468,364	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	637,681	0	100,801	0	0
66.00	06600	PHYSICAL THERAPY	524,620	0	271,208	0	0
66.01	06601	WOUND CARE	291,652	0	119,933	0	0
67.00	06700	OCCUPATIONAL THERAPY	84,496	0	14,796	0	0
68.00	06800	SPEECH PATHOLOGY	62,604	0	8,746	0	0
69.00	06900	ELECTROCARDIOLOGY	337,616	0	110,568	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,579	0	29,118	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,010,207	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,504,004	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,073,073	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,412,742	0	485,601	0	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	127,615	0	251,346	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00	09100	EMERGENCY	1,391,879	0	566,760	0	3,252
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,349,976	0	8,811,959	0	555,096
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	117,399	0	0	0	0
194.00	07950	OTHER NRCC	1,737,863	0	1,058,593	0	0
194.01	07951	SISTERS RESIDENCE	91,144	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE	
		5.00	6.00	7.00	7.01	8.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	30,296,382	0	9,870,552	0	555,096	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 6:12 am			
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	1,923,170				9.00
10.00	01000	DIETARY	20,623	1,133,633			10.00
11.00	01100	CAFETERIA	52,489	0	1,791,092		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	34,355	0	33,260	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,351	0	24,543	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	14.01
15.00	01500	PHARMACY	40,591	0	39,297	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,889	0	1,828	0	16.00
17.00	01700	SOCIAL SERVICE	34,093	0	33,006	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	7,313	0	7,080	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	535,437	886,105	518,372	0	30.00
31.00	03100	INTENSIVE CARE UNIT	139,740	147,930	135,286	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	86,566	92,721	83,807	0	34.00
43.00	04300	NURSERY	23,690	0	22,935	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	122,370	0	118,470	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	62,917	0	60,912	0	51.00
51.01	05101	OP ONCOLOGY	15,152	0	14,669	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,341	0	32,278	0	52.00
52.02	05201	SUBSTANCE ABUSE	20,003	0	19,365	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	29,976	0	29,021	0	52.06
53.00	05300	ANESTHESIOLOGY	2,558	0	2,477	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,691	0	128,462	0	54.00
56.00	05600	RADIOISOTOPE	21,289	0	20,610	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	53,925	0	52,207	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	93,922	0	90,928	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	WOUND CARE	6,972	0	6,749	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,109	0	15,596	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,789	0	1,732	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	96,513	0	93,437	0	74.00
76.00	03951	OTHER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,364	0	8,097	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100	EMERGENCY	163,814	6,877	158,593	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				222,549	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,883,842	1,133,633	1,753,017	0	2,076,304
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,851	0	14,378	0	190.00
194.00	07950	OTHER NRCC	3,325	0	3,219	0	194.00
194.01	07951	SISTERS RESIDENCE	21,152	0	20,478	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,923,170	1,133,633	1,791,092	0	2,076,304	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	14.01	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400	1,766,227					14.00
14.01	01401	0	0				14.01
15.00	01500	1,103	0	1,994,695			15.00
16.00	01600	0	0	0	1,955,683		16.00
17.00	01700	204	0	0	0	1,345,462	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	2,851	0	829	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,584	0	26,068	176,107	970,482	30.00
31.00	03100	1,984	0	10,606	67,736	192,670	31.00
34.00	03400	1,813	0	6,275	41,590	120,822	34.00
43.00	04300	732	0	668	5,378	52,473	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	27,163	0	10,059	123,224	0	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	9,213	0	8,142	26,461	0	51.00
51.01	05101	676	0	8,283	11,688	0	51.01
52.00	05200	1,031	0	940	7,397	0	52.00
52.02	05201	715	0	0	6,694	0	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	229	0	4,342	32,711	0	52.06
53.00	05300	14,969	0	3,673	24,329	0	53.00
54.00	05400	3,492	0	20,864	258,895	0	54.00
56.00	05600	1,316	0	45,786	34,054	0	56.00
59.00	05900	1,009	0	24,447	97,272	0	59.00
60.00	06000	54,627	0	17	192,279	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	5,311	0	418	47,696	0	65.00
66.00	06600	2,231	0	0	26,839	0	66.00
66.01	06601	399	0	6,109	20,477	0	66.01
67.00	06700	10	0	0	3,172	0	67.00
68.00	06800	47	0	0	1,178	0	68.00
69.00	06900	1,937	0	35,740	65,281	0	69.00
70.00	07000	351	0	0	1,094	0	70.00
71.00	07100	827,292	0	0	136,167	0	71.00
72.00	07200	618,973	0	0	57,102	0	72.00
73.00	07300	0	0	1,526,283	177,512	0	73.00
74.00	07400	131,746	0	224,414	134,924	0	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	512	0	0	1,670	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	7,048	0	24,481	176,756	9,015	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,728,568	0	1,988,444	1,955,683	1,345,462	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	25,660	0	0	0	0	190.00
194.00	07950	11,929	0	6,251	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	70	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,766,227	0	1,994,695	1,955,683	1,345,462	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

Worksheet B
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					419,365
23.00						23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	39,646
30.00						30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	24,669
31.00						31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.00						34.00
43.00 04300	NURSERY	0	0	0	0	0
43.00						43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	10,572
50.00						50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
50.01						50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	24,669
51.00						51.00
51.01 05101	OP ONCOLOGY	0	0	0	0	0
51.01						51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
52.00						52.00
52.02 05201	SUBSTANCE ABUSE	0	0	0	0	0
52.02						52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.04						52.04
52.05 05203	PODIATRY	0	0	0	0	0
52.05						52.05
52.06 05204	INFUSION CLINIC	0	0	0	0	0
52.06						52.06
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
53.00						53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	12,334
54.00						54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.00						56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	5,286
59.00						59.00
60.00 06000	LABORATORY	0	0	0	0	0
60.00						60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
62.30						62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	10,572
65.00						65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
66.00						66.00
66.01 06601	WOUND CARE	0	0	0	0	0
66.01						66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
67.00						67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
68.00						68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	12,334
69.00						69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.00						70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
71.00						71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
72.00						72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.00						73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	12,334
74.00						74.00
76.00 03951	OTHER	0	0	0	0	0
76.00						76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.97						76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.98						76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.00						90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	0
90.01						90.01
91.00 09100	EMERGENCY	0	0	0	0	266,949
91.00						91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
95.00						95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
113.00						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	419,365
118.00						118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 OTHER NRCC	0	0	0	0	0	194.00
194.01 07951 SISTERS RESIDENCE	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	419,365	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	17,945,586	0	17,945,586	30.00
31.00	03100	5,682,170	0	5,682,170	31.00
34.00	03400	3,170,803	0	3,170,803	34.00
43.00	04300	887,647	0	887,647	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	4,782,185	0	4,782,185	50.00
50.01	03330	0	0	0	50.01
51.00	05100	2,811,634	0	2,811,634	51.00
51.01	05101	2,648,953	0	2,648,953	51.01
52.00	05200	1,128,970	0	1,128,970	52.00
52.02	05201	1,108,531	0	1,108,531	52.02
52.04	05202	0	0	0	52.04
52.05	05203	0	0	0	52.05
52.06	05204	1,732,579	0	1,732,579	52.06
53.00	05300	557,689	0	557,689	53.00
54.00	05400	6,235,851	0	6,235,851	54.00
56.00	05600	2,226,469	0	2,226,469	56.00
59.00	05900	2,700,176	0	2,700,176	59.00
60.00	06000	7,563,434	0	7,563,434	60.00
62.30	06250	0	0	0	62.30
65.00	06500	2,849,792	0	2,849,792	65.00
66.00	06600	2,357,144	0	2,357,144	66.00
66.01	06601	1,313,583	0	1,313,583	66.01
67.00	06700	349,261	0	349,261	67.00
68.00	06800	255,420	0	255,420	68.00
69.00	06900	1,603,135	0	1,603,135	69.00
70.00	07000	117,198	0	117,198	70.00
71.00	07100	8,844,837	0	8,844,837	71.00
72.00	07200	6,572,793	0	6,572,793	72.00
73.00	07300	9,831,651	0	9,831,651	73.00
74.00	07400	6,848,998	-214,087	6,634,911	74.00
76.00	03951	0	0	0	76.00
76.97	07697	781,688	0	781,688	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
91.00	09100	7,063,206	0	7,063,206	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
118.00		109,971,383	0	109,757,296	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0155

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	515,172	0	515,172	190.00
194.00	07950	OTHER NRCC	7,896,922	0	7,896,922	194.00
194.01	07951	SISTERS RESIDENCE	399,046	0	399,046	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	118,782,523	0	118,568,436	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,055	0	36,055	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	134,380	1,984,343	2,118,723	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	821,716	257,448	1,079,164	7.00
7.01 00701	BIO MED	0	0	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	8,749	0	8,749	8.00
9.00 00900	HOUSEKEEPING	0	9,052	3,731	12,783	9.00
10.00 01000	DIETARY	0	60,574	553	61,127	10.00
11.00 01100	CAFETERIA	0	33,101	1,409	34,510	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	4,620	222,659	227,279	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	114,542	142,865	257,407	14.00
14.01 01401	STERILE PROCESSING	0	0	0	0	14.01
15.00 01500	PHARMACY	0	15,399	1,543	16,942	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	51,931	9,261	61,192	16.00
17.00 01700	SOCIAL SERVICE	0	2,272	0	2,272	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	1,515	5,055	6,570	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	343,983	85,770	429,753	30.00
31.00 03100	INTENSIVE CARE UNIT	0	55,150	21,953	77,103	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	43,932	20,031	63,963	34.00
43.00 04300	NURSERY	0	13,445	13,816	27,261	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	88,471	385,651	474,122	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	32,775	8,272	41,047	51.00
51.01 05101	OP ONCOLOGY	0	220,699	4,310	225,009	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	15,763	19,445	35,208	52.00
52.02 05201	SUBSTANCE ABUSE	0	37,221	0	37,221	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	17,921	381	18,302	52.06
53.00 05300	ANESTHESIOLOGY	0	2,348	23,412	25,760	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	109,384	309,360	418,744	54.00
56.00 05600	RADIO SOTOPE	0	13,634	409,484	423,118	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	30,563	349,365	379,928	59.00
60.00 06000	LABORATORY	0	97,348	105,534	202,882	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	20,951	50,510	71,461	65.00
66.00 06600	PHYSICAL THERAPY	0	56,370	1,163	57,533	66.00
66.01 06601	WOUND CARE	0	24,928	670	25,598	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	3,075	0	3,075	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,818	0	1,818	68.00
69.00 06900	ELECTROCARDIOLOGY	0	22,981	85,990	108,971	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	6,052	9,406	15,458	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	100,931	50,426	151,357	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	52,242	7,805	60,047	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	117,799	65,611	183,410	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,823,690	4,657,232	7,480,922	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	2A	4.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	211	211	127	190.00
194.00	07950	OTHER NRCC	0	220,025	24,868	244,893	64	194.00
194.01	07951	SISTERS RESIDENCE	0	0	781	781	209	194.01
200.00		Cross Foot Adjustments			0	0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,043,715	4,683,092	7,726,807	36,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
		5.00	6.00	7.00	7.01	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	2,121,242				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	176,273		1,256,513		7.00	
7.01	00701	BIO MED	0	0	0	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	9,161	0	5,358	0	23,308	8.00
9.00	00900	HOUSEKEEPING	33,567	0	5,544	0	0	9.00
10.00	01000	DIETARY	14,672	0	37,099	0	0	10.00
11.00	01100	CAFETERIA	28,205	0	20,273	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	35,475	0	2,830	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,198	0	70,153	0	0	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	31,868	0	9,431	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,351	0	31,806	0	0	16.00
17.00	01700	SOCIAL SERVICE	21,804	0	1,392	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,859	0	928	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	213,950	0	210,679	0	17,593	30.00
31.00	03100	INTENSIVE CARE UNIT	79,228	0	33,778	0	2,937	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,225	0	26,907	0	1,841	34.00
43.00	04300	NURSERY	11,891	0	8,234	0	800	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,477	0	54,185	0	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	42,435	0	20,074	0	0	51.00
51.01	05101	OP ONCOLOGY	27,075	0	135,171	0	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,659	0	9,654	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	15,278	0	22,797	0	0	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	26,955	0	10,976	0	0	52.06
53.00	05300	ANESTHESIOLOGY	8,838	0	1,438	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,022	0	66,994	0	0	54.00
56.00	05600	RADIOISOTOPE	36,392	0	8,350	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	40,105	0	18,719	0	0	59.00
60.00	06000	LABORATORY	122,298	0	59,622	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	44,649	0	12,832	0	0	65.00
66.00	06600	PHYSICAL THERAPY	36,733	0	34,525	0	0	66.00
66.01	06601	WOUND CARE	20,421	0	15,267	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,916	0	1,883	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,383	0	1,113	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,639	0	14,075	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,441	0	3,707	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	140,750	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	105,307	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,151	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	98,917	0	61,817	0	0	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	8,935	0	31,996	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	97,456	0	72,148	0	137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,984,959	0	1,121,755	0	23,308	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,220	0	0	0	0	190.00
194.00	07950	OTHER NRCC	121,681	0	134,758	0	0	194.00
194.01	07951	SISTERS RESIDENCE	6,382	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	BIO MED	LAUNDRY & LINEN SERVICE		
200.00	Cross Foot Adjustments	5.00	6.00	7.00	7.01	8.00		200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,121,242	0	1,256,513	0	23,308		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	BIO MED						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	52,687					9.00
10.00	01000	DIETARY	565	113,656				10.00
11.00	01100	CAFETERIA	1,438	0	84,917			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	941	0	1,577	0	269,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	695	0	1,164	0	4,439	14.00
14.01	01401	STERILE PROCESSING	0	0	0	0	0	14.01
15.00	01500	PHARMACY	1,112	0	1,863	0	7,148	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52	0	87	0	333	16.00
17.00	01700	SOCIAL SERVICE	934	0	1,565	0	6,003	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	200	0	336	0	1,288	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,671	88,840	24,577	0	94,282	30.00
31.00	03100	INTENSIVE CARE UNIT	3,828	14,831	6,414	0	24,606	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,372	9,296	3,973	0	15,243	34.00
43.00	04300	NURSERY	649	0	1,087	0	4,171	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,352	0	5,617	0	21,548	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,724	0	2,888	0	11,079	51.00
51.01	05101	OP ONCOLOGY	415	0	695	0	2,668	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	913	0	1,530	0	5,871	52.00
52.02	05201	SUBSTANCE ABUSE	548	0	918	0	3,522	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0	0	52.04
52.05	05203	PODIATRY	0	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	821	0	1,376	0	5,278	52.06
53.00	05300	ANESTHESIOLOGY	70	0	117	0	450	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,635	0	6,090	0	0	54.00
56.00	05600	RADIOISOTOPE	583	0	977	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,477	0	2,475	0	9,496	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,573	0	4,311	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	WOUND CARE	191	0	320	0	1,228	66.01
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	441	0	739	0	2,837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49	0	82	0	315	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	2,644	0	4,430	0	16,995	74.00
76.00	03951	OTHER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	229	0	384	0	1,473	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,488	689	7,519	0	28,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	51,610	113,656	83,111	0	269,119	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	407	0	682	0	0	190.00
194.00	07950	OTHER NRCC	91	0	153	0	0	194.00
194.01	07951	SISTERS RESIDENCE	579	0	971	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	52,687	113,656	84,917	0	269,119		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		14.00	14.01	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	BIO MED				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	354,291			14.00
14.01	01401	STERILE PROCESSING	0	0		14.01
15.00	01500	PHARMACY	221	0	69,630	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	41	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	572	0	29	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,922	0	910	11,143
31.00	03100	INTENSIVE CARE UNIT	398	0	370	4,286
34.00	03400	SURGICAL INTENSIVE CARE UNIT	364	0	219	2,632
43.00	04300	NURSERY	147	0	23	340
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,449	0	351	7,797
50.01	03330	SPECIAL PROCEDURES	0	0	0	0
51.00	05100	RECOVERY ROOM	1,848	0	284	1,674
51.01	05101	OP ONCOLOGY	136	0	289	740
52.00	05200	DELIVERY ROOM & LABOR ROOM	207	0	33	468
52.02	05201	SUBSTANCE ABUSE	143	0	0	424
52.04	05202	DIABETES EDUCATION	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0
52.06	05204	INFUSION CLINIC	46	0	152	2,070
53.00	05300	ANESTHESIOLOGY	3,003	0	128	1,539
54.00	05400	RADIOLOGY-DIAGNOSTIC	700	0	728	16,482
56.00	05600	RADIOISOTOPE	264	0	1,598	2,155
59.00	05900	CARDIAC CATHETERIZATION	202	0	853	6,155
60.00	06000	LABORATORY	10,958	0	1	12,166
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,065	0	15	3,018
66.00	06600	PHYSICAL THERAPY	447	0	0	1,698
66.01	06601	WOUND CARE	80	0	213	1,296
67.00	06700	OCCUPATIONAL THERAPY	2	0	0	201
68.00	06800	SPEECH PATHOLOGY	9	0	0	75
69.00	06900	ELECTROCARDIOLOGY	388	0	1,248	4,131
70.00	07000	ELECTROENCEPHALOGRAPHY	70	0	0	69
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	165,951	0	0	8,616
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,160	0	0	3,613
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	53,279	11,232
74.00	07400	RENAL DIALYSIS	26,427	0	7,834	8,537
76.00	03951	OTHER	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	103	0	0	106
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0
91.00	09100	EMERGENCY	1,414	0	855	11,184
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				233
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	346,737	0	69,412	123,847
NONREIMBURSABLE COST CENTERS						
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	5,147	0	0	0
194.00	07950	OTHER NRCC	2,393	0	218	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description			CENTRAL SERVICES & SUPPLY	STERILE PROCESSING	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			14.00	14.01	15.00	16.00	17.00	
194.01	07951	SISTERS RESIDENCE	14	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	354,291	0	69,630	123,847	34,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B
Part II
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					16,967
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 03330	SPECIAL PROCEDURES					50.01
51.00 05100	RECOVERY ROOM					51.00
51.01 05101	OP ONCOLOGY					51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
52.02 05201	SUBSTANCE ABUSE					52.02
52.04 05202	DIABETES EDUCATION					52.04
52.05 05203	PODIATRY					52.05
52.06 05204	INFUSION CLINIC					52.06
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
66.01 06601	WOUND CARE					66.01
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03951	OTHER					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
90.01 09001	OCCUPATIONAL HEALTH					90.01
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES					95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0155

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

Worksheet B
Part II
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 OTHER NRCC						194.00
194.01 07951 SISTERS RESIDENCE						194.01
200.00 Cross Foot Adjustments	0	0	0	0	16,967	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	0	0	16,967	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,140,912	0	1,140,912	30.00
31.00	03100	255,035	0	255,035	31.00
34.00	03400	173,566	0	173,566	34.00
43.00	04300	56,349	0	56,349	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	641,593	0	641,593	50.00
50.01	03330	0	0	0	50.01
51.00	05100	124,466	0	124,466	51.00
51.01	05101	392,545	0	392,545	51.01
52.00	05200	71,091	0	71,091	52.00
52.02	05201	81,291	0	81,291	52.02
52.04	05202	0	0	0	52.04
52.05	05203	0	0	0	52.05
52.06	05204	66,791	0	66,791	52.06
53.00	05300	41,375	0	41,375	53.00
54.00	05400	607,898	0	607,898	54.00
56.00	05600	473,840	0	473,840	56.00
59.00	05900	460,398	0	460,398	59.00
60.00	06000	407,927	0	407,927	60.00
62.30	06250	0	0	0	62.30
65.00	06500	141,231	0	141,231	65.00
66.00	06600	130,936	0	130,936	66.00
66.01	06601	64,717	0	64,717	66.01
67.00	06700	11,077	0	11,077	67.00
68.00	06800	7,398	0	7,398	68.00
69.00	06900	156,912	0	156,912	69.00
70.00	07000	21,222	0	21,222	70.00
71.00	07100	315,317	0	315,317	71.00
72.00	07200	233,080	0	233,080	72.00
73.00	07300	209,662	0	209,662	73.00
74.00	07400	380,465	0	380,465	74.00
76.00	03951	0	0	0	76.00
76.97	07697	103,536	0	103,536	76.97
76.98	07698	0	0	0	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
91.00	09100	411,229	0	411,229	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	0	0	0	113.00
118.00		7,181,859	0	7,181,859	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,794	0	14,794	190.00
194.00	07950	OTHER NRCC	504,251	0	504,251	194.00
194.01	07951	SISTERS RESIDENCE	8,936	0	8,936	194.01
200.00		Cross Foot Adjustments	16,967	0	16,967	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,726,807	0	7,726,807	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	401,835				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,977,705			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,760	0	34,131,715		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,741	1,685,452	2,385,038	-30,296,382	88,486,141
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	108,484	218,670	1,019,411	0	7,352,991
7.01 00701	BIO MED	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,155	0	37,846	0	382,158
9.00 00900	HOUSEKEEPING	1,195	3,169	750,963	0	1,400,209
10.00 01000	DIETARY	7,997	470	182,761	0	612,027
11.00 01100	CAFETERIA	4,370	1,197	465,151	0	1,176,523
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	610	189,121	962,757	0	1,479,797
14.00 01400	CENTRAL SERVICES & SUPPLY	15,122	121,346	222,936	0	842,527
14.01 01401	STERILE PROCESSING	0	0	0	0	0
15.00 01500	PHARMACY	2,033	1,311	990,046	0	1,329,328
16.00 01600	MEDICAL RECORDS & LIBRARY	6,856	7,866	25,073	0	1,266,065
17.00 01700	SOCIAL SERVICE	300	0	709,718	0	909,507
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	200	4,294	174,828	0	286,108
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	45,413	72,851	7,109,548	0	8,926,223
31.00 03100	INTENSIVE CARE UNIT	7,281	18,646	2,156,836	0	3,304,874
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,800	17,014	1,334,910	0	1,761,337
43.00 04300	NURSERY	1,775	11,735	368,890	0	496,012
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,680	327,563	1,605,341	0	2,814,711
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00 05100	RECOVERY ROOM	4,327	7,026	1,338,014	0	1,770,099
51.01 05101	OP ONCOLOGY	29,137	3,661	328,618	0	1,129,380
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,081	16,516	519,168	0	694,919
52.02 05201	SUBSTANCE ABUSE	4,914	0	417,037	0	637,298
52.04 05202	DIABETES EDUCATION	0	0	0	0	0
52.05 05203	PODIATRY	0	0	0	0	0
52.06 05204	INFUSION CLINIC	2,366	324	771,794	0	1,124,380
53.00 05300	ANESTHESIOLOGY	310	19,886	29,954	0	368,680
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,441	262,763	2,370,114	0	3,838,569
56.00 05600	RADIO SOTOPE	1,800	347,806	381,347	0	1,518,056
59.00 05900	CARDIAC CATHETERIZATION	4,035	296,742	935,983	0	1,672,934
60.00 06000	LABORATORY	12,852	89,638	0	0	5,101,474
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,766	42,902	1,237,351	0	1,862,463
66.00 06600	PHYSICAL THERAPY	7,442	988	0	0	1,532,246
66.01 06601	WOUND CARE	3,291	569	97,979	0	851,821
67.00 06700	OCCUPATIONAL THERAPY	406	0	0	0	246,787
68.00 06800	SPEECH PATHOLOGY	240	0	0	0	182,845
69.00 06900	ELECTROCARDIOLOGY	3,034	73,038	419,152	0	986,069
70.00 07000	ELECTROENCEPHALOGRAPHY	799	7,989	29,324	0	60,104
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,871,171
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,392,714
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,054,783
74.00 07400	RENAL DIALYSIS	13,325	42,831	1,427,279	0	4,126,169
76.00 03951	OTHER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	6,897	6,629	248,876	0	372,722
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00 09100	EMERGENCY	15,552	55,728	2,698,891	0	4,065,233
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)				5A	5.00	118.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	179	120,104	0	342,884	190.00
194.00	07950	OTHER NRCC	29,048	21,122	60,707	0	5,075,742	194.00
194.01	07951	SISTERS RESIDENCE	0	663	197,970	0	266,202	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,043,715	4,683,092	76,790		30,296,382	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.574539	1.177335	0.002250		0.342386	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			36,055		2,121,242	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001056		0.023973	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		270,850				7.00
7.01	00701	0	0	0			7.01
8.00	00800	0	1,155	0	24,752		8.00
9.00	00900	0	1,195	0	0	1,490,739	9.00
10.00	01000		7,997	0	0	15,986	10.00
11.00	01100		4,370	0	0	40,687	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		610	0	0	26,630	13.00
14.00	01400		15,122	0	0	19,651	14.00
14.01	01401		0	0	0	0	14.01
15.00	01500		2,033	0	0	31,464	15.00
16.00	01600		6,856	0	0	1,464	16.00
17.00	01700		300	0	0	26,427	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		200	0	0	5,669	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	45,413	0	18,683	415,042	30.00
31.00	03100	0	7,281	0	3,119	108,319	31.00
34.00	03400	0	5,800	0	1,955	67,101	34.00
43.00	04300	0	1,775	0	850	18,363	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,680	0	0	94,855	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	4,327	0	0	48,770	51.00
51.01	05101	0	29,137	0	0	11,745	51.01
52.00	05200	0	2,081	0	0	25,844	52.00
52.02	05201	0	4,914	0	0	15,505	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	2,366	0	0	23,236	52.06
53.00	05300	0	310	0	0	1,983	53.00
54.00	05400	0	14,441	0	0	102,855	54.00
56.00	05600	0	1,800	0	0	16,502	56.00
59.00	05900	0	4,035	0	0	41,800	59.00
60.00	06000	0	12,852	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,766	0	0	72,803	65.00
66.00	06600	0	7,442	0	0	0	66.00
66.01	06601	0	3,291	0	0	5,404	66.01
67.00	06700	0	406	0	0	0	67.00
68.00	06800	0	240	0	0	0	68.00
69.00	06900	0	3,034	0	0	12,487	69.00
70.00	07000	0	799	0	0	1,387	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	13,325	0	0	74,812	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	6,897	0	0	6,483	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	15,552	0	145	126,980	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		0	241,802	0	24,752	1,460,254	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	11,512	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	BIO MED (WORKORDERS)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	7.00	7.01	8.00	9.00	
194.00	07950 OTHER NRCC	0	29,048	0	0	2,577	194.00
194.01	07951 SISTERS RESIDENCE	0	0	0	0	16,396	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	9,870,552	0	555,096	1,923,170	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	36.442872	0.000000	22.426309	1.290078	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,256,513	0	23,308	52,687	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	4.639147	0.000000	0.941661	0.035343	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	87,699					10.00
11.00	01100	0	1,434,066				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	26,630	0	1,184,681		13.00
14.00	01400	0	19,651	0	19,541	12,534,559	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	0	31,464	0	31,464	7,825	15.00
16.00	01600	0	1,464	0	1,464	0	16.00
17.00	01700	0	26,427	0	26,427	1,449	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	5,669	0	5,669	20,235	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	68,550	415,042	0	415,042	68,013	30.00
31.00	03100	11,444	108,319	0	108,319	14,077	31.00
34.00	03400	7,173	67,101	0	67,101	12,868	34.00
43.00	04300	0	18,363	0	18,363	5,197	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	94,855	0	94,855	192,770	50.00
50.01	03330	0	0	0	0	0	50.01
51.00	05100	0	48,770	0	48,770	65,381	51.00
51.01	05101	0	11,745	0	11,745	4,794	51.01
52.00	05200	0	25,844	0	25,844	7,315	52.00
52.02	05201	0	15,505	0	15,505	5,076	52.02
52.04	05202	0	0	0	0	0	52.04
52.05	05203	0	0	0	0	0	52.05
52.06	05204	0	23,236	0	23,236	1,624	52.06
53.00	05300	0	1,983	0	1,983	106,233	53.00
54.00	05400	0	102,855	0	0	24,781	54.00
56.00	05600	0	16,502	0	0	9,336	56.00
59.00	05900	0	41,800	0	41,800	7,159	59.00
60.00	06000	0	0	0	0	387,676	60.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	72,803	0	0	37,689	65.00
66.00	06600	0	0	0	0	15,830	66.00
66.01	06601	0	5,404	0	5,404	2,829	66.01
67.00	06700	0	0	0	0	72	67.00
68.00	06800	0	0	0	0	336	68.00
69.00	06900	0	12,487	0	12,487	13,743	69.00
70.00	07000	0	1,387	0	1,387	2,489	70.00
71.00	07100	0	0	0	0	5,871,171	71.00
72.00	07200	0	0	0	0	4,392,714	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	74,812	0	74,812	934,969	74.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	6,483	0	6,483	3,633	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	532	126,980	0	126,980	50,016	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
		87,699	1,403,581	0	1,184,681	12,267,300	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,512	0	0	182,101	190.00
194.00	07950	OTHER NRCC	0	2,577	0	0	84,659	194.00
194.01	07951	SISTERS RESIDENCE	0	16,396	0	0	499	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,133,633	1,791,092	0	2,076,304	1,766,227	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.926407	1.248961	0.000000	1.752627	0.140909	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	113,656	84,917	0	269,119	354,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.295978	0.059214	0.000000	0.227166	0.028265	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	BIO MED					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
14.01	01401	STERILE PROCESSING	0				14.01
15.00	01500	PHARMACY	0	7,615,566			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	711,056,463		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	10,000	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,165	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	99,527	64,039,069	7,213	0
31.00	03100	INTENSIVE CARE UNIT	0	40,492	24,631,367	1,432	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	23,957	15,123,636	898	0
43.00	04300	NURSERY	0	2,550	1,955,704	390	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	38,403	44,808,807	0	0
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	31,084	9,622,244	0	0
51.01	05101	OP ONCOLOGY	0	31,622	4,250,231	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,588	2,689,900	0	0
52.02	05201	SUBSTANCE ABUSE	0	0	2,434,109	0	0
52.04	05202	DIABETES EDUCATION	0	0	0	0	0
52.05	05203	PODIATRY	0	0	0	0	0
52.06	05204	INFUSION CLINIC	0	16,576	11,894,783	0	0
53.00	05300	ANESTHESIOLOGY	0	14,022	8,847,056	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,658	94,042,559	0	0
56.00	05600	RADIOISOTOPE	0	174,809	12,383,143	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	93,335	35,371,746	0	0
60.00	06000	LABORATORY	0	64	69,919,512	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,594	17,343,835	0	0
66.00	06600	PHYSICAL THERAPY	0	0	9,759,599	0	0
66.01	06601	WOUND CARE	0	23,322	7,446,083	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,153,397	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	428,433	0	0
69.00	06900	ELECTROCARDIOLOGY	0	136,452	23,738,711	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	397,784	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	49,515,248	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,764,404	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,827,217	64,549,671	0	0
74.00	07400	RENAL DIALYSIS	0	856,795	49,063,296	0	0
76.00	03951	OTHER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	607,358	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0
91.00	09100	EMERGENCY	0	93,466	64,274,778	67	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,591,698	711,056,463	10,000	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		STERILE PROCESSING (TIME SERV)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.01	15.00	16.00	17.00	19.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	23,867	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	1	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,994,695	1,955,683	1,345,462	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.261923	0.002750	134.546200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	69,630	123,847	34,760	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.009143	0.000174	3.476000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			22.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	BIO MED					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
14.01 01401	STERILE PROCESSING					14.01
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				4,760	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	450	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	280	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	120	50.00
50.01 03330	SPECIAL PROCEDURES	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	280	51.00
51.01 05101	OP ONCOLOGY	0	0	0	0	51.01
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
52.02 05201	SUBSTANCE ABUSE	0	0	0	0	52.02
52.04 05202	DIABETES EDUCATION	0	0	0	0	52.04
52.05 05203	PODIATRY	0	0	0	0	52.05
52.06 05204	INFUSION CLINIC	0	0	0	0	52.06
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	140	54.00
56.00 05600	RADIOLOGY	0	0	0	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	60	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	120	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01 06601	WOUND CARE	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	140	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	140	74.00
76.00 03951	OTHER	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	3,030	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		20.00	21.00			22.00	23.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					118.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NRCC	0	0	0	0	194.00
194.01	07951	SISTERS RESIDENCE	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	419,365	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	88.101891	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	16,967	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	3.564496	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	207.00

Provider CCN: 14-0155

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

Worksheet B-2
Date/Time Prepared:
5/30/2018 6:12 am

	Description	Worksheet		Amount	
		CODE	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-214,087	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 6:12 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	17,945,586	17,945,586	3,431	17,949,017	30.00
31.00	03100 INTENSIVE CARE UNIT	5,682,170	5,682,170	2,238	5,684,408	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	3,170,803	3,170,803	2,238	3,173,041	34.00
43.00	04300 NURSERY	887,647	887,647	0	887,647	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4,782,185	4,782,185	0	4,782,185	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	2,811,634	2,811,634	0	2,811,634	51.00
51.01	05101 OP ONCOLOGY	2,648,953	2,648,953	21,427	2,670,380	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,128,970	1,128,970	0	1,128,970	52.00
52.02	05201 SUBSTANCE ABUSE	1,108,531	1,108,531	0	1,108,531	52.02
52.04	05202 DIABETES EDUCATION	0	0	0	0	52.04
52.05	05203 PODIATRY	0	0	0	0	52.05
52.06	05204 INFUSION CLINIC	1,732,579	1,732,579	0	1,732,579	52.06
53.00	05300 ANESTHESIOLOGY	557,689	557,689	0	557,689	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,235,851	6,235,851	5,052	6,240,903	54.00
56.00	05600 RADIOISOTOPE	2,226,469	2,226,469	71,031	2,297,500	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,700,176	2,700,176	18,645	2,718,821	59.00
60.00	06000 LABORATORY	7,563,434	7,563,434	7,954	7,571,388	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	2,849,792	2,849,792	3,911	2,853,703	65.00
66.00	06600 PHYSICAL THERAPY	2,357,144	2,357,144	0	2,357,144	66.00
66.01	06601 WOUND CARE	1,313,583	1,313,583	0	1,313,583	66.01
67.00	06700 OCCUPATIONAL THERAPY	349,261	349,261	0	349,261	67.00
68.00	06800 SPEECH PATHOLOGY	255,420	255,420	0	255,420	68.00
69.00	06900 ELECTROCARDIOLOGY	1,603,135	1,603,135	2,050	1,605,185	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	117,198	117,198	0	117,198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,844,837	8,844,837	0	8,844,837	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,572,793	6,572,793	0	6,572,793	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,831,651	9,831,651	0	9,831,651	73.00
74.00	07400 RENAL DIALYSIS	6,634,911	6,634,911	49,124	6,684,035	74.00
76.00	03951 OTHER	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	781,688	781,688	0	781,688	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0	0	0	0	90.01
91.00	09100 EMERGENCY	7,063,206	7,063,206	7,570	7,070,776	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,900,751	2,900,751	0	2,900,751	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	112,658,047	112,658,047	194,671	112,852,718	200.00
201.00	Less Observation Beds	2,900,751	2,900,751		2,900,751	201.00
202.00	Total (see instructions)	109,757,296	109,757,296	194,671	109,951,967	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 6:12 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	56,079,399		56,079,399				30.00
31.00	03100	INTENSIVE CARE UNIT	24,631,367		24,631,367				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	15,123,636		15,123,636				34.00
43.00	04300	NURSERY	1,955,704		1,955,704				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	14,975,250	29,833,557	44,808,807	0.106724	0.000000		50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	2,161,882	7,460,362	9,622,244	0.292201	0.000000		51.00
51.01	05101	OP ONCOLOGY	34,399	4,215,832	4,250,231	0.623249	0.000000		51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,457,379	1,232,521	2,689,900	0.419707	0.000000		52.00
52.02	05201	SUBSTANCE ABUSE	99,872	2,334,237	2,434,109	0.455416	0.000000		52.02
52.04	05202	DIABETES EDUCATION	0	0	0	0.000000	0.000000		52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000		52.05
52.06	05204	INFUSION CLINIC	747,778	11,147,005	11,894,783	0.145659	0.000000		52.06
53.00	05300	ANESTHESIOLOGY	3,414,446	5,432,610	8,847,056	0.063037	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,831,286	73,211,273	94,042,559	0.066309	0.000000		54.00
56.00	05600	RADIOISOTOPE	1,110,878	11,272,265	12,383,143	0.179798	0.000000		56.00
59.00	05900	CARDIAC CATHETERIZATION	12,155,845	23,215,901	35,371,746	0.076337	0.000000		59.00
60.00	06000	LABORATORY	28,474,082	41,445,430	69,919,512	0.108173	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	13,054,207	4,289,628	17,343,835	0.164312	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,624,703	7,134,896	9,759,599	0.241521	0.000000		66.00
66.01	06601	WOUND CARE	68,836	7,377,247	7,446,083	0.176413	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	431,174	722,223	1,153,397	0.302811	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	93,494	334,939	428,433	0.596173	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	5,285,185	18,453,526	23,738,711	0.067533	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	202,687	195,097	397,784	0.294627	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,956,258	25,558,990	49,515,248	0.178629	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,781,784	9,982,620	20,764,404	0.316541	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,175,526	34,374,145	64,549,671	0.152311	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,003,863	48,059,433	49,063,296	0.135232	0.000000		74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	18,629	588,729	607,358	1.287030	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000		90.01
91.00	09100	EMERGENCY	15,742,541	48,532,237	64,274,778	0.109891	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,238,386	5,721,284	7,959,670	0.364431	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	288,930,476	422,125,987	711,056,463				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	288,930,476	422,125,987	711,056,463				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 6:12 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.106724		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.292201		51.00
51.01	05101 OP ONCOLOGY	0.628291		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.419707		52.00
52.02	05201 SUBSTANCE ABUSE	0.455416		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.145659		52.06
53.00	05300 ANESTHESIOLOGY	0.063037		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.066363		54.00
56.00	05600 RADIOISOTOPE	0.185534		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.076864		59.00
60.00	06000 LABORATORY	0.108287		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.164537		65.00
66.00	06600 PHYSICAL THERAPY	0.241521		66.00
66.01	06601 WOUND CARE	0.176413		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.302811		67.00
68.00	06800 SPEECH PATHOLOGY	0.596173		68.00
69.00	06900 ELECTROCARDIOLOGY	0.067619		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294627		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.178629		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.316541		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.152311		73.00
74.00	07400 RENAL DIALYSIS	0.136233		74.00
76.00	03951 OTHER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	1.287030		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100 EMERGENCY	0.110009		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.364431		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 6:12 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		17,945,586	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		5,682,170	0	0	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		3,170,803	0	0	34.00
43.00	04300 NURSERY		887,647	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,782,185	0	0	50.00
50.01	03330 SPECIAL PROCEDURES		0	0	0	50.01
51.00	05100 RECOVERY ROOM		2,811,634	0	0	51.00
51.01	05101 OP ONCOLOGY		2,648,953	0	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,128,970	0	0	52.00
52.02	05201 SUBSTANCE ABUSE		1,108,531	0	0	52.02
52.04	05202 DIABETES EDUCATION		0	0	0	52.04
52.05	05203 PODIATRY		0	0	0	52.05
52.06	05204 INFUSION CLINIC		1,732,579	0	0	52.06
53.00	05300 ANESTHESIOLOGY		557,689	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,235,851	0	0	54.00
56.00	05600 RADIOISOTOPE		2,226,469	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION		2,700,176	0	0	59.00
60.00	06000 LABORATORY		7,563,434	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	2,849,792	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	2,357,144	0	0	66.00
66.01	06601 WOUND CARE	0	1,313,583	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	349,261	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	255,420	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		1,603,135	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		117,198	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		8,844,837	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,572,793	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,831,651	0	0	73.00
74.00	07400 RENAL DIALYSIS		6,634,911	0	0	74.00
76.00	03951 OTHER		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		781,688	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH		0	0	0	90.01
91.00	09100 EMERGENCY		7,063,206	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,900,185	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		112,657,481	0	0	200.00
201.00	Less Observation Beds		2,900,185			201.00
202.00	Total (see instructions)		109,757,296	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 6:12 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,873,595		32,873,595			30.00
31.00	03100	INTENSIVE CARE UNIT	22,823,663		22,823,663			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,255,860		17,255,860			34.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,572,649	27,414,743	40,987,392	0.116675	0.000000	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,177,959	6,699,844	8,877,803	0.316704	0.000000	51.00
51.01	05101	OP ONCOLOGY	0	2,580,551	2,580,551	1.026507	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	72,281	1,812,773	1,885,054	0.588063	0.000000	52.02
52.04	05202	DIABETES EDUCATION	1,615,840	239,576	1,855,416	0.000000	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0.000000	0.000000	52.05
52.06	05204	INFUSION CLINIC	205,741	571,996	777,737	2.227718	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	2,485,501	6,286,565	8,772,066	0.063576	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,952,478	73,821,157	98,773,635	0.063133	0.000000	54.00
56.00	05600	RADIOISOTOPE	1,379,399	9,539,347	10,918,746	0.203913	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	9,767,915	11,257,959	21,025,874	0.128422	0.000000	59.00
60.00	06000	LABORATORY	25,512,423	34,674,860	60,187,283	0.125665	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	8,457,018	3,797,005	12,254,023	0.232560	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,228,344	4,856,185	7,084,529	0.332717	0.000000	66.00
66.01	06601	WOUND CARE	88,372	8,580,906	8,669,278	0.151522	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	701,914	715,186	1,417,100	0.246462	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	135,779	211,337	347,116	0.735835	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,275,591	7,319,433	12,595,024	0.127283	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,776	320,821	519,597	0.225556	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,865,180	18,551,196	41,416,376	0.213559	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,909,802	6,378,492	16,288,294	0.403529	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,196,626	47,864,620	94,061,246	0.104524	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,392,837	35,682,315	37,075,152	0.178958	0.000000	74.00
76.00	03951	OTHER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	6,081	455,440	461,521	1.693721	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	1,344,248	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	9,757,789	37,828,974	47,586,763	0.148428	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,063,077	5,247,034	6,310,111	0.459609	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	262,972,490	354,052,563	617,025,053			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	262,972,490	354,052,563	617,025,053			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 6:12 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03330 SPECIAL PROCEDURES	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
51.01	05101 OP ONCOLOGY	0.000000		51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
52.02	05201 SUBSTANCE ABUSE	0.000000		52.02
52.04	05202 DIABETES EDUCATION	0.000000		52.04
52.05	05203 PODIATRY	0.000000		52.05
52.06	05204 INFUSION CLINIC	0.000000		52.06
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOLOGY	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 WOUND CARE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03951 OTHER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,140,912	0	1,140,912	18,427	61.92	30.00
31.00	INTENSIVE CARE UNIT	255,035		255,035	3,181	80.17	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	173,566		173,566	1,957	88.69	34.00
43.00	NURSERY	56,349		56,349	850	66.29	43.00
200.00	Total (lines 30 through 199)	1,625,862		1,625,862	24,415		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,366	394,183				
31.00	INTENSIVE CARE UNIT	1,575	126,268				
34.00	SURGICAL INTENSIVE CARE UNIT	924	81,950				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	8,865	602,401				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/30/2018 6:12 am
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	641,593	44,808,807	0.014318	5,847,908	83,730	50.00
50.01	03330 SPECIAL PROCEDURES	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	124,466	9,622,244	0.012935	887,717	11,483	51.00
51.01	05101 OP ONCOLOGY	392,545	4,250,231	0.092359	34,399	3,177	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	71,091	2,689,900	0.026429	314	8	52.00
52.02	05201 SUBSTANCE ABUSE	81,291	2,434,109	0.033397	12,052	403	52.02
52.04	05202 DIABETES EDUCATION	0	0	0.000000	0	0	52.04
52.05	05203 PODIATRY	0	0	0.000000	0	0	52.05
52.06	05204 INFUSION CLINIC	66,791	11,894,783	0.005615	113,402	637	52.06
53.00	05300 ANESTHESIOLOGY	41,375	8,847,056	0.004677	1,389,118	6,497	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	607,898	94,042,559	0.006464	10,046,954	64,944	54.00
56.00	05600 RADIOISOTOPE	473,840	12,383,143	0.038265	591,125	22,619	56.00
59.00	05900 CARDIAC CATHETERIZATION	460,398	35,371,746	0.013016	6,253,057	81,390	59.00
60.00	06000 LABORATORY	407,927	69,919,512	0.005834	13,337,093	77,809	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	141,231	17,343,835	0.008143	6,330,773	51,551	65.00
66.00	06600 PHYSICAL THERAPY	130,936	9,759,599	0.013416	1,423,188	19,093	66.00
66.01	06601 WOUND CARE	64,717	7,446,083	0.008691	8,281	72	66.01
67.00	06700 OCCUPATIONAL THERAPY	11,077	1,153,397	0.009604	242,327	2,327	67.00
68.00	06800 SPEECH PATHOLOGY	7,398	428,433	0.017268	62,358	1,077	68.00
69.00	06900 ELECTROCARDIOLOGY	156,912	23,738,711	0.006610	2,683,214	17,736	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	21,222	397,784	0.053351	99,086	5,286	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	315,317	49,515,248	0.006368	11,757,343	74,871	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	233,080	20,764,404	0.011225	4,071,824	45,706	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	209,662	64,549,671	0.003248	13,677,959	44,426	73.00
74.00	07400 RENAL DIALYSIS	380,465	49,063,296	0.007755	650,487	5,045	74.00
76.00	03951 OTHER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	103,536	607,358	0.170469	8,936	1,523	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	411,229	64,274,778	0.006398	6,554,024	41,933	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	184,383	7,959,670	0.023165	1,255,350	29,080	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	5,740,380	613,266,357		87,338,289	692,423	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	39,646	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	24,669	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	64,315	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	39,646	18,427	2.15	6,366	30.00	
31.00	03100	INTENSIVE CARE UNIT		24,669	3,181	7.76	1,575	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,957	0.00	924	34.00	
43.00	04300	NURSERY		0	850	0.00	0	43.00	
200.00		Total (lines 30 through 199)		64,315	24,415		8,865	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	13,687						30.00
31.00	03100	INTENSIVE CARE UNIT	12,222						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	25,909						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	10,572	50.00	
50.01 03330 SPECIAL PROCEDURES	0	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	0	0	0	0	24,669	51.00	
51.01 05101 OP ONCOLOGY	0	0	0	0	0	51.01	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
52.02 05201 SUBSTANCE ABUSE	0	0	0	0	0	52.02	
52.04 05202 DIABETES EDUCATION	0	0	0	0	0	52.04	
52.05 05203 PODIATRY	0	0	0	0	0	52.05	
52.06 05204 INFUSION CLINIC	0	0	0	0	0	52.06	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	12,334	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	5,286	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	10,572	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01 06601 WOUND CARE	0	0	0	0	0	66.01	
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	12,334	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	12,334	74.00	
76.00 03951 OTHER	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 OCCUPATIONAL HEALTH	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	0	0	0	266,949	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	6,393	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	361,443	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	10,572	10,572	44,808,807	0.000236	50.00	
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	24,669	24,669	9,622,244	0.002564	51.00	
51.01	05101	OP ONCOLOGY	0	0	0	4,250,231	0.000000	51.01	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,689,900	0.000000	52.00	
52.02	05201	SUBSTANCE ABUSE	0	0	0	2,434,109	0.000000	52.02	
52.04	05202	DIABETES EDUCATION	0	0	0	0	0.000000	52.04	
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05	
52.06	05204	INFUSION CLINIC	0	0	0	11,894,783	0.000000	52.06	
53.00	05300	ANESTHESIOLOGY	0	0	0	8,847,056	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,334	12,334	94,042,559	0.000131	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	12,383,143	0.000000	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	5,286	5,286	35,371,746	0.000149	59.00	
60.00	06000	LABORATORY	0	0	0	69,919,512	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	10,572	10,572	17,343,835	0.000610	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	9,759,599	0.000000	66.00	
66.01	06601	WOUND CARE	0	0	0	7,446,083	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,153,397	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	428,433	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	12,334	12,334	23,738,711	0.000520	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	397,784	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,515,248	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,764,404	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	64,549,671	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	12,334	12,334	49,063,296	0.000251	74.00	
76.00	03951	OTHER	0	0	0	0	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	607,358	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	90.01	
91.00	09100	EMERGENCY	0	266,949	266,949	64,274,778	0.004153	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,393	6,393	7,959,670	0.000803	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	361,443	361,443	613,266,357		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000236	5,847,908	1,380	9,087,700	2,145	50.00
50.01	03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.002564	887,717	2,276	2,531,425	6,491	51.00
51.01	05101 OP ONCOLOGY	0.000000	34,399	0	1,590,050	0	51.01
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	314	0	0	0	52.00
52.02	05201 SUBSTANCE ABUSE	0.000000	12,052	0	356,405	0	52.02
52.04	05202 DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203 PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204 INFUSION CLINIC	0.000000	113,402	0	1,174,177	0	52.06
53.00	05300 ANESTHESIOLOGY	0.000000	1,389,118	0	1,721,757	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000131	10,046,954	1,316	16,278,377	2,132	54.00
56.00	05600 RADIOISOTOPE	0.000000	591,125	0	5,069,333	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000149	6,253,057	932	11,074,557	1,650	59.00
60.00	06000 LABORATORY	0.000000	13,337,093	0	5,803,517	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000610	6,330,773	3,862	1,036,800	632	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,423,188	0	101,208	0	66.00
66.01	06601 WOUND CARE	0.000000	8,281	0	837,632	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	242,327	0	14,581	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	62,358	0	598	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000520	2,683,214	1,395	7,282,410	3,787	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	99,086	0	65,507	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,757,343	0	9,913,014	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,071,824	0	4,859,436	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	13,677,959	0	16,080,370	0	73.00
74.00	07400 RENAL DIALYSIS	0.000251	650,487	163	43,536	11	74.00
76.00	03951 OTHER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	8,936	0	306,201	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.004153	6,554,024	27,219	7,495,782	31,130	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000803	1,255,350	1,008	5,721,284	4,594	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		87,338,289	39,551	108,445,657	52,572	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 6:12 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.106724	9,087,700	0	73	969,876	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.292201	2,531,425	0	0	739,685	51.00
51.01	05101	OP ONCOLOGY	0.623249	1,590,050	0	5	990,997	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.419707	0	0	0	0	52.00
52.02	05201	SUBSTANCE ABUSE	0.455416	356,405	0	0	162,313	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	0	0	0	52.04
52.05	05203	PODIATRY	0.000000	0	0	0	0	52.05
52.06	05204	INFUSION CLINIC	0.145659	1,174,177	0	49	171,029	52.06
53.00	05300	ANESTHESIOLOGY	0.063037	1,721,757	0	0	108,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.066309	16,278,377	0	1,230	1,079,403	54.00
56.00	05600	RADIOISOTOPE	0.179798	5,069,333	0	2,242	911,456	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076337	11,074,557	0	0	845,398	59.00
60.00	06000	LABORATORY	0.108173	5,803,517	13,583	0	627,784	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.164312	1,036,800	0	0	170,359	65.00
66.00	06600	PHYSICAL THERAPY	0.241521	101,208	0	0	24,444	66.00
66.01	06601	WOUND CARE	0.176413	837,632	0	1,735	147,769	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.302811	14,581	0	0	4,415	67.00
68.00	06800	SPEECH PATHOLOGY	0.596173	598	0	0	357	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067533	7,282,410	0	5,622	491,803	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294627	65,507	0	0	19,300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.178629	9,913,014	0	0	1,770,752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316541	4,859,436	0	0	1,538,211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.152311	16,080,370	370	180,376	2,449,217	73.00
74.00	07400	RENAL DIALYSIS	0.135232	43,536	0	0	5,887	74.00
76.00	03951	OTHER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.287030	306,201	0	0	394,090	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.109891	7,495,782	0	0	823,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.364431	5,721,284	0	0	2,085,013	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		108,445,657	13,953	191,332	16,531,811	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		108,445,657	13,953	191,332	16,531,811	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	8		50.00
50.01 03330 SPECIAL PROCEDURES	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
51.01 05101 OP ONCOLOGY	0	3		51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
52.02 05201 SUBSTANCE ABUSE	0	0		52.02
52.04 05202 DIABETES EDUCATION	0	0		52.04
52.05 05203 PODIATRY	0	0		52.05
52.06 05204 INFUSION CLINIC	0	7		52.06
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	82		54.00
56.00 05600 RADIOISOTOPE	0	403		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,469	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 WOUND CARE	0	306		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	380		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	56	27,473		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 OTHER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	1,525	28,662		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,525	28,662		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,140,912	0	1,140,912	18,427	61.92	30.00	
31.00	INTENSIVE CARE UNIT	255,035		255,035	3,181	80.17	31.00	
34.00	SURGICAL INTENSIVE CARE UNIT	173,566		173,566	1,957	88.69	34.00	
43.00	NURSERY	56,349		56,349	850	66.29	43.00	
200.00	Total (lines 30 through 199)	1,625,862		1,625,862	24,415		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,140	70,589					30.00
31.00	INTENSIVE CARE UNIT	76	6,093					31.00
34.00	SURGICAL INTENSIVE CARE UNIT	60	5,321					34.00
43.00	NURSERY	203	13,457					43.00
200.00	Total (lines 30 through 199)	1,479	95,460					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Title XIX			Hospital	Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	641,593	40,987,392	0.015653	0	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	124,466	8,877,803	0.014020	0	51.00
51.01	05101	OP ONCOLOGY	392,545	2,580,551	0.152117	0	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,091	0	0.000000	0	52.00
52.02	05201	SUBSTANCE ABUSE	81,291	1,885,054	0.043124	0	52.02
52.04	05202	DIABETES EDUCATION	0	1,855,416	0.000000	0	52.04
52.05	05203	PODIATRY	0	0	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	66,791	777,737	0.085879	0	52.06
53.00	05300	ANESTHESIOLOGY	41,375	8,772,066	0.004717	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	607,898	98,773,635	0.006154	0	54.00
56.00	05600	RADIOISOTOPE	473,840	10,918,746	0.043397	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	460,398	21,025,874	0.021897	0	59.00
60.00	06000	LABORATORY	407,927	60,187,283	0.006778	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	141,231	12,254,023	0.011525	0	65.00
66.00	06600	PHYSICAL THERAPY	130,936	7,084,529	0.018482	0	66.00
66.01	06601	WOUND CARE	64,717	8,669,278	0.007465	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	11,077	1,417,100	0.007817	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,398	347,116	0.021313	0	68.00
69.00	06900	ELECTROCARDIOLOGY	156,912	12,595,024	0.012458	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,222	519,597	0.040843	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	315,317	41,416,376	0.007613	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,080	16,288,294	0.014310	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	209,662	94,061,246	0.002229	0	73.00
74.00	07400	RENAL DIALYSIS	380,465	37,075,152	0.010262	0	74.00
76.00	03951	OTHER	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	103,536	461,521	0.224336	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	1,344,248	0.000000	0	90.01
91.00	09100	EMERGENCY	411,229	47,586,763	0.008642	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	184,382	6,310,111	0.029220	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	5,740,379	544,071,935		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	39,646	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	24,669	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	64,315	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	39,646	18,427	2.15	1,140	30.00	
31.00	03100	INTENSIVE CARE UNIT		24,669	3,181	7.76	76	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	1,957	0.00	60	34.00	
43.00	04300	NURSERY		0	850	0.00	203	43.00	
200.00		Total (lines 30 through 199)		64,315	24,415		1,479	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	2,451						30.00
31.00	03100	INTENSIVE CARE UNIT	590						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	3,041						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	10,572	50.00
50.01 03330 SPECIAL PROCEDURES	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	24,669	51.00
51.01 05101 OP ONCOLOGY	0	0	0	0	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
52.02 05201 SUBSTANCE ABUSE	0	0	0	0	0	0	52.02
52.04 05202 DIABETES EDUCATION	0	0	0	0	0	0	52.04
52.05 05203 PODIATRY	0	0	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0	0	0	0	0	0	52.06
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12,334	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	5,286	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	10,572	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 WOUND CARE	0	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	12,334	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	12,334	74.00
76.00 03951 OTHER	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	0	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	266,949	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	355,050	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description		Title XIX			Hospital	Cost		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,572	10,572	40,987,392	0.000258	50.00
50.01	03330	SPECIAL PROCEDURES	0	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	24,669	24,669	8,877,803	0.002779	51.00
51.01	05101	OP ONCOLOGY	0	0	0	2,580,551	0.000000	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
52.02	05201	SUBSTANCE ABUSE	0	0	0	1,885,054	0.000000	52.02
52.04	05202	DIABETES EDUCATION	0	0	0	1,855,416	0.000000	52.04
52.05	05203	PODIATRY	0	0	0	0	0.000000	52.05
52.06	05204	INFUSION CLINIC	0	0	0	777,737	0.000000	52.06
53.00	05300	ANESTHESIOLOGY	0	0	0	8,772,066	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,334	12,334	98,773,635	0.000125	54.00
56.00	05600	RADIOISOTOPE	0	0	0	10,918,746	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,286	5,286	21,025,874	0.000251	59.00
60.00	06000	LABORATORY	0	0	0	60,187,283	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	10,572	10,572	12,254,023	0.000863	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,084,529	0.000000	66.00
66.01	06601	WOUND CARE	0	0	0	8,669,278	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,417,100	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	347,116	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,334	12,334	12,595,024	0.000979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	519,597	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,416,376	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,288,294	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	94,061,246	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	12,334	12,334	37,075,152	0.000333	74.00
76.00	03951	OTHER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	461,521	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OCCUPATIONAL HEALTH	0	0	0	1,344,248	0.000000	90.01
91.00	09100	EMERGENCY	0	266,949	266,949	47,586,763	0.005610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	6,310,111	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	355,050	355,050	544,071,935		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 6:12 am
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Cost Center Description	Title XIX				Hospital		Cost
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.000258	0	0	0	0	0	50.00
50.01 03330 SPECIAL PROCEDURES	0.000000	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.002779	0	0	0	0	0	51.00
51.01 05101 OP ONCOLOGY	0.000000	0	0	0	0	0	51.01
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
52.02 05201 SUBSTANCE ABUSE	0.000000	0	0	0	0	0	52.02
52.04 05202 DIABETES EDUCATION	0.000000	0	0	0	0	0	52.04
52.05 05203 PODIATRY	0.000000	0	0	0	0	0	52.05
52.06 05204 INFUSION CLINIC	0.000000	0	0	0	0	0	52.06
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000125	0	0	0	0	0	54.00
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0.000251	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.000863	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
66.01 06601 WOUND CARE	0.000000	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000979	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000333	0	0	0	0	0	74.00
76.00 03951 OTHER	0.000000	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01 09001 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.005610	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 6:12 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,427	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)		15,449	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)		6,366	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,949,017	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)		17,949,017	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,949,017	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		974.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,200,866	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,200,866	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 6:12 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,684,408	3,181	1,786.99	1,575	2,814,509	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT	3,173,041	1,957	1,621.38	924	1,498,155	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)					12,175,146	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,688,676	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					628,310	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					731,974	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,360,284	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,328,392	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,978	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					974.06	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,900,751	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,140,912	17,949,017	0.063564	2,900,751	184,383	90.00
91.00	Nursing School cost	0	17,949,017	0.000000	2,900,751	0	91.00
92.00	Allied health cost	39,646	17,949,017	0.002209	2,900,751	6,408	92.00
93.00	All other Medical Education	0	17,949,017	0.000000	2,900,751	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/30/2018 6:12 am
		Hospital		Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,427	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)		15,449	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,140	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)		850	15.00
16.00	Nursery days (title V or XIX only)		203	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,945,586	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)		17,945,586	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,945,586	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		973.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,110,212	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,110,212	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 6:12 am		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	887,647	850	1,044.29	203	211,991	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,682,170	3,181	1,786.28	76	135,757	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	3,170,803	1,957	1,620.24	60	97,214	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,555,174	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,978	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					973.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,900,185	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,140,912	17,945,586	0.063576	2,900,185	184,382	90.00
91.00	Nursing School cost	0	17,945,586	0.000000	2,900,185	0	91.00
92.00	Allied health cost	39,646	17,945,586	0.002209	2,900,185	6,407	92.00
93.00	All other Medical Education	0	17,945,586	0.000000	2,900,185	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 6:12 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		24,552,568	30.00
31.00	03100	INTENSIVE CARE UNIT		12,687,106	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,799,128	34.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106724	5,847,908	50.00
50.01	03330	SPECIAL PROCEDURES	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.292201	887,717	51.00
51.01	05101	OP ONCOLOGY	0.628291	34,399	51.01
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.419707	314	52.00
52.02	05201	SUBSTANCE ABUSE	0.455416	12,052	52.02
52.04	05202	DIABETES EDUCATION	0.000000	0	52.04
52.05	05203	PODIATRY	0.000000	0	52.05
52.06	05204	INFUSION CLINIC	0.145659	113,402	52.06
53.00	05300	ANESTHESIOLOGY	0.063037	1,389,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.066363	10,046,954	54.00
56.00	05600	RADIOISOTOPE	0.185534	591,125	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.076864	6,253,057	59.00
60.00	06000	LABORATORY	0.108287	13,337,093	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.164537	6,330,773	65.00
66.00	06600	PHYSICAL THERAPY	0.241521	1,423,188	66.00
66.01	06601	WOUND CARE	0.176413	8,281	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.302811	242,327	67.00
68.00	06800	SPEECH PATHOLOGY	0.596173	62,358	68.00
69.00	06900	ELECTROCARDIOLOGY	0.067619	2,683,214	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.294627	99,086	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.178629	11,757,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.316541	4,071,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.152311	13,677,959	73.00
74.00	07400	RENAL DIALYSIS	0.136233	650,487	74.00
76.00	03951	OTHER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.287030	8,936	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCCUPATIONAL HEALTH	0.000000	0	90.01
91.00	09100	EMERGENCY	0.110009	6,554,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.364431	1,255,350	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		87,338,289	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)		87,338,289	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,090,045	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,070,607	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)		579,160	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		168.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 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)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.53	31.00
32.00	Sum of lines 30 and 31		33.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.61	33.00
34.00	Disproportionate share adjustment (see instructions)		671,071	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 6:12 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,103,698	1,045,536	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		825,505	263,533	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,089,038		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		18,499,921		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		18,499,921		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,429,556		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		40,865		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).		25,909		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		39,551		58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,036,838		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,036,838		61.00
62.00	Deductibles billed to program beneficiaries		1,806,140		62.00
63.00	Coinurance billed to program beneficiaries		45,689		63.00
64.00	Allowable bad debts (see instructions)		767,409		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		498,816		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		631,632		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,683,825		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)			121,010	70.93
70.94	HRR adjustment amount (see instructions)			-95,544	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		18,709,291	71.00
71.01	Sequestration adjustment (see instructions)		374,186	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		17,718,361	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)		616,744	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		101,043	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 6:12 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,090,045	0	12,090,045		12,090,045	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,070,607	0		4,070,607	4,070,607	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	579,160	0	562,575	16,585	579,160	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1661	0.1661	0.1661	0.1661		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	671,071	0	502,039	169,032	671,071	11.00
11.01	Uncompensated care payments	36.00	1,089,038	0	1,443,141	336,633	1,779,774	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,499,921	0	13,907,064	4,592,857	18,499,921	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	18,499,921	0	13,907,064	4,592,857	18,499,921	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,429,556	0	1,074,168	355,388	1,429,556	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0155

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 6:12 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	14,982,268	4,948,245	19,930,513	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,310,322	0	978,732	331,590	1,310,322	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	28,036	0	27,317	719	28,036	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0696	0.0696	0.0696	0.0696		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	91,198	0	68,119	23,079	91,198	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,429,556	0	1,074,168	355,388	1,429,556	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0155

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2018 6:12 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,090,045	12,090,045		12,090,045	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,070,607		4,070,607	4,070,607	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	579,160	562,575	16,585	579,160	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1661	0.1661	0.1661		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	671,071	502,039	169,032	671,071	11.00
11.01	Uncompensated care payments	36.00	1,089,038	825,505	263,533	1,089,038	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,499,921	13,980,164	4,519,757	18,499,921	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	18,499,921	13,980,164	4,519,757	18,499,921	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,429,556	1,074,168	355,388	1,429,556	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			15,055,368	4,875,145	19,930,513	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,310,322	978,732	331,590	1,310,322	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	28,036	27,317	719	28,036	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0696	0.0696	0.0696		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	91,198	68,119	23,079	91,198	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,429,556	1,074,168	355,388	1,429,556	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	121,010	112,596	8,414	121,010	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	-95,544	-93,101	-2,443	-95,544	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: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,187	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,479,239	2.00
3.00	OPPS payments		13,927,489	3.00
4.00	Outlier payment (see instructions)		476,765	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		52,572	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,187	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		205,285	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)		205,285	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		205,285	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		175,098	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)		30,187	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)		14,456,826	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,717	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,533,373	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)		11,950,923	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)		11,950,923	30.00
31.00	Primary payer payments		2,592	31.00
32.00	Subtotal (line 30 minus line 31)		11,948,331	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		8,646	33.00
34.00	Allowable bad debts (see instructions)		721,107	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		468,720	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		561,011	36.00
37.00	Subtotal (see instructions)		12,425,697	37.00
38.00	MSP-LCC reconciliation amount from PS&R		266	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)		12,425,431	40.00
40.01	Sequestration adjustment (see instructions)		248,509	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,944,267	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		232,655	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0155		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 6:12 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		17,499,919		11,634,745		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		229,737		238,636		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	08/03/2017	70,886		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/03/2017	11,295		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)		-11,295		70,886		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)		17,718,361		11,944,267		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		616,744		232,655		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		18,335,105		12,176,922		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: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2018 6:12 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,555,174		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,555,174	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,555,174	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		1,555,174	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		1,555,174	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 14-0155

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

Worksheet G

Date/Time Prepared:
5/30/2018 6:12 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	789,630	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	68,311,172	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-50,443,560	0	0	0	6.00
7.00	Inventory	3,457,682	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,852,870	0	0	0	9.00
10.00	Due from other funds	7,544,142	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	32,511,936	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,113,245	0	0	0	12.00
13.00	Land improvements	2,025,211	0	0	0	13.00
14.00	Accumulated depreciation	-1,331,326	0	0	0	14.00
15.00	Buildings	87,248,221	0	0	0	15.00
16.00	Accumulated depreciation	-62,026,922	0	0	0	16.00
17.00	Leasehold improvements	10,645	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	49,374,175	0	0	0	23.00
24.00	Accumulated depreciation	-35,801,492	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)	44,611,757	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	194,929	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	4,221,734	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,416,663	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	81,540,356	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,250,818	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,500	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	9,160,750	0	0	0	43.00
44.00	Other current liabilities	259,375	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,687,443	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	660,760	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	535,787	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,196,547	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,883,990	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	69,656,366				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)	69,656,366	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	81,540,356	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0155

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

Worksheet G-1

Date/Time Prepared:
5/30/2018 6:12 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		47,208,763		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,314,525			2.00
3.00	Total (sum of line 1 and line 2)		51,523,288		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00	OTHER UNRESTRICTED NET ASSETS	699,325		0		8.00
9.00	NET ASSET TRANSFER	17,433,753		0		9.00
10.00	Total additions (sum of line 4-9)		18,133,078		0	10.00
11.00	Subtotal (line 3 plus line 10)		69,656,366		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNRESTRICTED NET ASSETS	0		0		13.00
14.00	TEMPORARY RESTRICTED NET ASSETS	0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		69,656,366		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00	OTHER UNRESTRICTED NET ASSETS		0			8.00
9.00	NET ASSET TRANSFER		0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	UNRESTRICTED NET ASSETS		0			13.00
14.00	TEMPORARY RESTRICTED NET ASSETS		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: 14-0155

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2018 6:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,035,102		58,035,102	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	58,035,102		58,035,102	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,631,367		24,631,367	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	15,123,636		15,123,636	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	39,755,003		39,755,003	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	97,790,105		97,790,105	17.00
18.00	Ancillary services	173,125,043	367,906,862	541,031,905	18.00
19.00	Outpatient services	18,151,176	54,083,272	72,234,448	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER NON HOSPITAL REVENUE	190	98,753	98,943	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	289,066,514	422,088,887	711,155,401	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		123,562,588		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	RECONCILING ITEM	2			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)		2		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00	RECONCILING ITEM	0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		123,562,590		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0155

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

Worksheet G-3

Date/Time Prepared:
5/30/2018 6:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	711,155,401	1.00
2.00	Less contractual allowances and discounts on patients' accounts	589,457,289	2.00
3.00	Net patient revenues (line 1 minus line 2)	121,698,112	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	123,562,590	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,864,478	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	80,751	6.00
7.00	Income from investments	411,788	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	264,218	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	559,970	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER NON OPERATING INCOME	265,822	24.00
24.01	OTHER OPERATING INCOME	4,596,454	24.01
25.00	Total other income (sum of lines 6-24)	6,179,003	25.00
26.00	Total (line 5 plus line 25)	4,314,525	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)	4,314,525	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0155

Period:

Worksheet I-1

Component CCN: 14-2318

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

Date/Time Prepared:
5/30/2018 6:12 am

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,427,279	HOURS OF SERVICE	74,812.03	35.97	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY		ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,427,279				9.00
10.00	EMPLOYEE BENEFITS	344,482	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	353,825	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	934,969	REQUISITIONS			14.00
15.00	DRUGS	856,795	REQUISITIONS			15.00
16.00	OTHER	54,251	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,971,601				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	100,931	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	50,426	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	3,211	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,412,742	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	582,114	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	12,334				23.00
24.00	CENTRAL SERVICE & SUPPLIES	131,746	REQUISITIONS			24.00
25.00	PHARMACY	224,414	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	359,479	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,848,998				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,848,998				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 14-0155 Component CCN: 14-2318		Period: From 01/01/2017 To 12/31/2017		Worksheet 1-2 Date/Time Prepared: 5/30/2018 6:12 am		
		Renal Dialysis						
		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Buiding	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			5.00
1.00	Total Renal Department Costs	683,045	404,251	1,427,279	0	347,693	867,122	1.00
MAINTENANCE								
2.00	Hemodialysis	538,655	318,824	1,125,657	0	274,220	683,886	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	3,024	1,784	6,296	0	1,534	3,827	6.00
7.00	CCPD	513	293	1,030	0	249	621	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	40,339	23,860	84,248	0	20,523	51,182	10.00
11.00	CCPD	96,516	57,130	201,711	0	49,137	122,544	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	3,998	2,360	8,337	0	2,030	5,062	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						214,087	14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	683,045	404,251	1,427,279	0	347,693	867,122	16.00
17.00	Medical Educational Program Costs							17.00
18.00	Total Renal Costs (line 17 + line 18)							18.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	1,066,715	0	4,796,105	1,826,472	6,622,577		1.00
MAINTENANCE								
2.00	Hemodialysis	841,758	0	3,783,000	1,440,658	5,223,658		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	4,710	0	21,175	8,064	29,239		6.00
7.00	CCPD	765	0	3,471	1,322	4,793		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	62,998	0	283,150	107,830	390,980		10.00
11.00	CCPD	150,832	0	677,870	258,149	936,019		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	5,652	0	27,439	10,449	37,888		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	1,066,715	0	4,796,105	1,826,472	6,622,577		16.00
17.00	Medical Educational Program Costs					12,334		17.00
18.00	Total Renal Costs (line 17 + line 18)					6,634,911		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0155
Component CCN: 14-2318

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

Worksheet 1-3
Date/Time Prepared:
5/30/2018 6:12 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	683,045	404,251	1,427,279	0	347,693	1.00
MAINTENANCE							
2.00	Hemodialysis	10,509	33,780.00	59,003.00	0.00	1,125,673	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	59	189.00	330.00	0.00	6,298	6.00
7.00	CCPD	10	31.00	54.00	0.00	1,023	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	787	2,528.00	4,416.00	0.00	84,245	10.00
11.00	CCPD	1,883	6,053.00	10,573.00	0.00	201,706	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	758	78	250.00	437.00	0.00	8,333
13.00	Method II Home Patient	0	0.00	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	13,326	42,831.00	74,813.00	0.00	1,427,278	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	51.256566	9.438281	19.077954	0.000000	0.243606	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	867,122	1,066,715	0	4,796,105	1,826,472	1.00
MAINTENANCE							
2.00	Hemodialysis	675,741	737,396	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	3,781	4,126	0			6.00
7.00	CCPD	614	670	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	50,572	55,187	0			10.00
11.00	CCPD	121,084	132,132	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	5,002	4,951	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						
15.00							
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	856,794	934,462	0		4,796,105	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.012054	1.141528	0.000000		0.380824	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0155

Period: From 01/01/2017

Worksheet 1-4

Component CCN: 14-2318

To 12/31/2017

Date/Time Prepared: 5/30/2018 6:12 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	12,976	5,223,658	402.56	7,773	3,129,099	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	83	29,239	352.28	38	13,387	5.00
6.00	Training - CCPD	6	4,793	798.83	6	4,793	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	781	390,980	500.61	483	241,795	9.00
10.00	Home Program - CCPD	1,854	936,019	504.86	1,106	558,375	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	13,065	6,584,689		7,817	3,947,449	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	20,970					12.00
		Total Program Payment		Average Payment Rate (col. 6 ÷ col. 4)			
		6.00	7.00				
1.00	Maintenance - Hemodialysis	2,024,264	260.42				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	11,326	298.05				5.00
6.00	Training - CCPD	1,840	306.67				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	151,496	313.66				9.00
10.00	Home Program - CCPD	362,722	327.96				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	2,551,648					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet 1-5 Date/Time Prepared: 5/30/2018 6:12 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,947,449		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	2,551,648	2,471,299	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	2,551,648	2,471,299	2.03
2.04	Outlier payments	76,263		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	2,166	2,098	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	2,166	2,098	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	512,892	496,742	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	512,892	496,742	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	13,733	13,301	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	13,733	13,301	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	8,646		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	485,539	8.00
9.00	Program payment (see instructions)	2,039,586	1,975,361	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	8,646		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	6,798,776		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	6,584,689		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.968511		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0155	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 6:12 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,310,322	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,036	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)		56.89	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.53	8.00
9.00	Sum of lines 7 and 8		33.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.96	10.00
11.00	Disproportionate share adjustment (see instructions)		91,198	11.00
12.00	Total prospective capital payments (see instructions)		1,429,556	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00