

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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 10:34 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/29/2018 Time: 10:34 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE MERCY MEDICAL CENTER (14-0174) 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) KEVIN LARKIN
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER

Title

05/29/2018 10:34:51 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	455,419	260,345	0	0	1.00
2.00 Subprovider - IPF	0	178,942	1,866		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	634,361	262,211	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: 14-0174		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:32 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:							1.00
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE			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 MERCY MEDICAL CENTER	140174	20994	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										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										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			4,267	1,104	0	0	944	400		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 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.			0	0	0	0	0			25.00

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		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
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		46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		48.00	
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 Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00		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.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:32 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			
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	1,675,711		
		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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:32 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: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:			
143.00	City: CHICAGO	State: IL	Zip Code: 60606		
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	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	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	N
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	N
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N
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	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)					
				1.00	0.00
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	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	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	9.99
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	01/01/2017
				2.00	12/31/2017
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					
				1.00	N
				2.00	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 10:32 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.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/11/2018	Y	05/11/2018
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: 14-0174

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2018 10:32 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		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?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
				1.00	2.00	
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.	PATRICK		GILLI LAND		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)813-3718		PATRICK.GILLI LAND@PRESENCEHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 10:32 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.	REIMBURSEMENT DIRECTOR		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: 14-0174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 10:32 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	210	76,650	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)		210	76,650	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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		226	82,490	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	66	24,090		0	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)		292				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 10:32 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)	7,049	2,462	24,160			1.00
2.00 HMO and other (see instructions)	3,578	4,065				2.00
3.00 HMO IPF Subprovider	0	3,036				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)	7,049	2,462	24,160			7.00
8.00 INTENSIVE CARE UNIT	1,061	94	1,155			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		52	150			13.00
14.00 Total (see instructions)	8,110	2,608	25,465	0.00	653.28	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,460	1,852	12,748	0.00	77.95	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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	731.23	27.00
28.00 Observation Bed Days		1,157	5,211			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	42	65			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 10:32 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	1,884	1,675	6,291	1.00
2.00 HMO and other (see instructions)				849	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,884	1,675	6,291	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		346	976	2,074	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: 14-0174

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 10:32 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	47,273,571	0	47,273,571	1,520,948.66	31.08
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,460,679	-348,115	5,112,564	162,159.52	31.53
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,093,900	0	4,093,900	84,810.00	48.27
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		266,709	0	266,709	2,068.00	128.97
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,832,469	0	11,832,469	282,586.00	41.87
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,175,370	0	11,175,370		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,339,586	0	1,339,586		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,175,323	0	3,175,323		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	23,191	0	23,191	1,104.00	21.01
27.00	Administrative & General	5.00	3,944,670	0	3,944,670	143,380.90	27.51

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 10:32 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.)		4,524,069	0	4,524,069	24,401.00	185.41	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,707,183	0	1,707,183	63,036.31	27.08	30.00
31.00	Laundry & Linen Service	8.00	47,557	0	47,557	2,868.20	16.58	31.00
32.00	Housekeeping	9.00	1,252,507	0	1,252,507	81,289.92	15.41	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	858,491	-377,030	481,461	33,291.00	14.46	34.00
35.00	Dietary under contract (see instructions)		638,362	0	638,362	4,161.00	153.42	35.00
36.00	Cafeteria	11.00	0	377,030	377,030	26,070.00	14.46	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,766,349	0	1,766,349	40,204.86	43.93	38.00
39.00	Central Services and Supply	14.00	278,046	0	278,046	13,095.60	21.23	39.00
40.00	Pharmacy	15.00	2,165,767	0	2,165,767	45,477.90	47.62	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2018 10:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,436,002	0	52,436,002	1,549,510.66	33.84	1.00
2.00	Excluded area salaries (see instructions)	5,460,679	-348,115	5,112,564	162,159.52	31.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,975,323	348,115	47,323,438	1,387,351.14	34.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,193,078	0	16,193,078	369,464.00	43.83	4.00
5.00	Subtotal wage-related costs (see inst.)	14,350,693	0	14,350,693	0.00	30.32	5.00
6.00	Total (sum of lines 3 thru 5)	77,519,094	348,115	77,867,209	1,756,815.14	44.32	6.00
7.00	Total overhead cost (see instructions)	17,206,192	0	17,206,192	478,380.69	35.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 10:32 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,917,649 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,671,626 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,392,891 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			125,743 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			27,730 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)			141,980 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			597,990 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,444,782 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			62,929 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			131,636 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,514,956 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 10:32 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		4,093,900	12,514,956
2.00	Hospital		4,093,900	11,175,370
3.00	Subprovider - IPF		0	1,217,065
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	122,521

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 10:32 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)		0.155968	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		37,771,917	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			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		225,755,209	6.00	
7.00	Medicaid cost (line 1 times line 6)		35,210,588	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)		0	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)		0	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)	30,729,355	689,134	31,418,489	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,792,796	689,134	5,481,930	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)	4,792,796	689,134	5,481,930	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)			12,966,385	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,000,028	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,538,503	27.01
28.00	Non-Medicare bad debt expense (see instructions)			11,427,882	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,320,859	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,802,789	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,802,789	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/29/2018 10:32 am		
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		2,483,621	2,483,621	3,252,790	5,736,411	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,457,463	4,457,463	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,191	-428,642	-405,451	-772	-406,223	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,944,670	39,971,223	43,915,893	-1,325,247	42,590,646	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,841,846	1,841,846	-97,141	1,744,705	6.00
7.00	00700	OPERATION OF PLANT	1,707,183	4,885,825	6,593,008	-1,350,088	5,242,920	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,557	422,281	469,838	-136,078	333,760	8.00
9.00	00900	HOUSEKEEPING	1,252,507	820,195	2,072,702	-17,015	2,055,687	9.00
10.00	01000	DIETARY	858,491	1,781,186	2,639,677	-1,186,916	1,452,761	10.00
11.00	01100	CAFETERIA	0	0	0	1,159,288	1,159,288	11.00
13.00	01300	NURSING ADMINISTRATION	1,766,349	758,040	2,524,389	-307,428	2,216,961	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	278,046	683,678	961,724	-308,673	653,051	14.00
15.00	01500	PHARMACY	2,165,767	4,486,178	6,651,945	-3,941,662	2,710,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	251	251	-204	47	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,119,224	3,470,657	13,589,881	-997,523	12,592,358	30.00
31.00	03100	INTENSIVE CARE UNIT	2,625,891	1,544,078	4,169,969	-296,953	3,873,016	31.00
40.00	04000	SUBPROVIDER - I/PF	5,001,469	2,102,206	7,103,675	-815,816	6,287,859	40.00
43.00	04300	NURSERY	222,829	494,638	717,467	-10,359	707,108	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,490,210	7,397,241	8,887,451	-5,666,396	3,221,055	50.00
51.00	05100	RECOVERY ROOM	1,270,723	416,056	1,686,779	-80,393	1,606,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,232,793	1,402,606	2,635,399	-228,437	2,406,962	52.00
53.00	05300	ANESTHESIOLOGY	83,720	1,193,996	1,277,716	-171,866	1,105,850	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,649,234	1,006,804	2,656,038	-441,695	2,214,343	54.00
54.02	03630	ULTRA SOUND	343,749	470,516	814,265	-52,054	762,211	54.02
57.00	05700	CT SCAN	553,250	318,394	871,644	-185,182	686,462	57.00
58.00	05800	MRI	159,082	140,413	299,495	-42,451	257,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,288,272	10,247,725	11,535,997	-9,488,675	2,047,322	59.00
60.00	06000	LABORATORY	91,948	5,019,715	5,111,663	-123,401	4,988,262	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	725,829	725,829	-725,829	0	63.00
65.00	06500	RESPIRATORY THERAPY	922,568	377,501	1,300,069	-126,029	1,174,040	65.00
66.00	06600	PHYSICAL THERAPY	0	1,413,647	1,413,647	-60,968	1,352,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	284,035	284,035	-2,946	281,089	67.00
68.00	06800	SPEECH PATHOLOGY	0	322,177	322,177	-1,955	320,222	68.00
69.00	06900	ELECTROCARDIOLOGY	460,224	174,492	634,716	-48,069	586,647	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	559	559	-511	48	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,536,529	15,536,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,058,997	3,058,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,919,634	3,919,634	73.00
74.00	07400	RENAL DIALYSIS	8,988	722,308	731,296	-370	730,926	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	479,117	121,692	600,809	162,563	763,372	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	221,845	101,873	323,718	-18,732	304,986	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	547,984	534,859	1,082,843	-11,689	1,071,154	90.00
90.01	09001	OUTPATIENT PROCEDURES	943	10,402	11,345	1,044,186	1,055,531	90.01
90.02	09002	PRCC	2,290,715	32,571,437	34,862,152	-823,871	34,038,281	90.02
91.00	09100	EMERGENCY	3,705,822	3,958,048	7,663,870	-974,062	6,689,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,534,709	2,534,709	-2,534,709	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,814,361	136,784,295	183,598,656	-10,715	183,587,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,406	33,406	-5,017	28,389	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	1,375	338	1,713	0	1,713	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	48,516	12,240	60,756	16,509	77,265	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	2,772	2,772	0	2,772	193.05
193.07	19307	PARI SH NURSING	153,099	38,189	191,288	0	191,288	193.07
194.00	07950	OP PHARMACY	256,220	992,090	1,248,310	-777	1,247,533	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	47,273,571	137,863,330	185,136,901	0	185,136,901	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

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

Worksheet A
Date/Time Prepared:
5/29/2018 10:32 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	581,706	6,318,117	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	188,428	4,645,891	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	489,376	83,153	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,414,963	41,175,683	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,744,705	6.00
7.00	00700	OPERATION OF PLANT	-14,607	5,228,313	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	333,760	8.00
9.00	00900	HOUSEKEEPING	-16	2,055,671	9.00
10.00	01000	DIETARY	-477,925	974,836	10.00
11.00	01100	CAFETERIA	0	1,159,288	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,216,961	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	372,897	1,025,948	14.00
15.00	01500	PHARMACY	0	2,710,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,749,101	1,749,148	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-20,311	12,572,047	30.00
31.00	03100	INTENSIVE CARE UNIT	-243,778	3,629,238	31.00
40.00	04000	SUBPROVIDER - IPF	-719,963	5,567,896	40.00
43.00	04300	NURSERY	-416,903	290,205	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-705,999	2,515,056	50.00
51.00	05100	RECOVERY ROOM	-1,249	1,605,137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-900,000	1,506,962	52.00
53.00	05300	ANESTHESIOLOGY	-900,000	205,850	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-456	2,213,887	54.00
54.02	03630	ULTRA SOUND	0	762,211	54.02
57.00	05700	CT SCAN	0	686,462	57.00
58.00	05800	MRI	0	257,044	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,047,322	59.00
60.00	06000	LABORATORY	30,826	5,019,088	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-584	1,173,456	65.00
66.00	06600	PHYSICAL THERAPY	0	1,352,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	281,089	67.00
68.00	06800	SPEECH PATHOLOGY	0	320,222	68.00
69.00	06900	ELECTROCARDIOLOGY	1,528	588,175	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	48	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,536,529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,058,997	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,919,634	73.00
74.00	07400	RENAL DIALYSIS	0	730,926	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-493	762,879	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	304,986	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-4,000	1,067,154	90.00
90.01	09001	OUTPATIENT PROCEDURES	-10,213	1,045,318	90.01
90.02	09002	PRCC	-7,891,261	26,147,020	90.02
91.00	09100	EMERGENCY	-1,718,316	4,971,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,027,175	171,560,766	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,389	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	1,713	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	77,265	193.03
193.04	19304	FOUNDATION	0	0	193.04
193.05	19305	LEASED BLDG	0	2,772	193.05
193.07	19307	PARI SH NURSING	0	191,288	193.07
194.00	07950	OP PHARMACY	-489	1,247,044	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,027,664	173,109,237	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,536,529	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,058,997	2.00
3.00	DIETARY	10.00	0	3,977	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
	O		0	18,599,503	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,919,634	1.00
	O		0	3,919,634	
C - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,546,948	1.00
2.00		0.00	0	0	2.00
	O		0	2,546,948	
D - PSYCH ADMIN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	265,213	256,358	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	82,902	80,134	2.00
3.00	ADOL SCHOOL	193.03	8,395	8,114	3.00
	O		356,510	344,606	
F - CAFETERIA					
1.00	CAFETERIA	11.00	377,030	782,258	1.00
	O		377,030	782,258	
G - OP PROCEDURES					
1.00	OUTPATIENT PROCEDURES	90.01	777,516	266,670	1.00
	O		777,516	266,670	
I - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,457,463	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,189,463	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

Provider CCN: 14-0174

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		
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
	TOTALS		0	7,646,926		
500.00	Grand Total: Increases		1,511,056	34,106,545		500.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 10:32 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - RECLASS SUPPLY COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	575	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	70	0		2.00
3.00	OPERATION OF PLANT	7.00	0	102,616	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	135,897	0		4.00
5.00	HOUSEKEEPING	9.00	0	12,977	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	64,531	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	282,542	0		7.00
8.00	PHARMACY	15.00	0	5,709	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	378,125	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	213,383	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	30,336	0		11.00
12.00	NURSERY	43.00	0	9,512	0		12.00
13.00	OPERATING ROOM	50.00	0	5,415,269	0		13.00
14.00	RECOVERY ROOM	51.00	0	71,252	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	65,278	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	150,211	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	313,279	0		17.00
18.00	ULTRASOUND	54.02	0	22,972	0		18.00
19.00	CT SCAN	57.00	0	122,912	0		19.00
20.00	MRI	58.00	0	13,404	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	9,132,204	0		21.00
22.00	LABORATORY	60.00	0	40,254	0		22.00
23.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	725,829	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	103,216	0		24.00
25.00	PHYSICAL THERAPY	66.00	0	16,149	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	2,734	0		26.00
27.00	SPEECH PATHOLOGY	68.00	0	482	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	7,217	0		28.00
29.00	ELECTROSHOCK THERAPY	70.01	0	511	0		29.00
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	473	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	2,563	0		31.00
32.00	CLINIC	90.00	0	5,392	0		32.00
33.00	PRCC	90.02	0	439,725	0		33.00
34.00	EMERGENCY	91.00	0	711,904	0		34.00
			0	18,599,503			
B - PHARMACY							
1.00	PHARMACY	15.00	0	3,919,634	0		1.00
			0	3,919,634			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,534,709	11		1.00
2.00	PRCC	90.02	0	12,239	0		2.00
			0	2,546,948			
D - PSYCH ADMIN RECLASS							
1.00	SUBPROVIDER - IPF	40.00	356,510	344,606	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
			356,510	344,606			
F - CAFETERIA							
1.00	DIETARY	10.00	377,030	782,258	0		1.00
			377,030	782,258			
G - OP PROCEDURES							
1.00	ADULTS & PEDIATRICS	30.00	777,516	266,670	0		1.00
			777,516	266,670			
I - EQUIP DEPR							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,483,621	9		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	772	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,324,672	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	97,071	0		4.00
5.00	OPERATION OF PLANT	7.00	0	1,247,472	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	181	0		6.00
7.00	HOUSEKEEPING	9.00	0	4,038	0		7.00
8.00	DIETARY	10.00	0	31,605	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	242,897	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	26,131	0		10.00
11.00	PHARMACY	15.00	0	16,319	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	204	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	96,783	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	83,570	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	84,364	0		15.00
16.00	NURSERY	43.00	0	847	0		16.00
17.00	OPERATING ROOM	50.00	0	251,127	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0174

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		
18.00	RECOVERY ROOM	51.00	0	9,141	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	163,159	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	21,655	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	128,416	0		21.00
22.00	ULTRA SOUND	54.02	0	29,082	0		22.00
23.00	CT SCAN	57.00	0	62,270	0		23.00
24.00	MRI	58.00	0	29,047	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	356,471	0		25.00
26.00	LABORATORY	60.00	0	83,147	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	22,813	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	44,819	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	212	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	1,473	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	40,852	0		31.00
32.00	RENAL DIALYSIS	74.00	0	370	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	16,169	0		33.00
34.00	CLINIC	90.00	0	6,297	0		34.00
35.00	PRCC	90.02	0	371,907	0		35.00
36.00	EMERGENCY	91.00	0	262,158	0		36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,017	0		37.00
38.00	OP PHARMACY	194.00	0	777	0		38.00
	TOTALS		0	7,646,926			
500.00	Grand Total: Decreases		1,511,056	34,106,545			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 10:32 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0	0	0	1.00
2.00	Land Improvements	4,522,034	79,750	0	79,750	2.00
3.00	Buildings and Fixtures	122,462,652	1,166,931	0	1,166,931	3.00
4.00	Building Improvements	902,212	0	0	0	4.00
5.00	Fixed Equipment	4,092,804	105,563	0	105,563	5.00
6.00	Movable Equipment	49,199,005	2,741,351	0	2,741,351	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	185,724,473	4,093,595	0	4,093,595	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	185,724,473	4,093,595	0	4,093,595	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,545,766	0			1.00
2.00	Land Improvements	4,601,784	0			2.00
3.00	Buildings and Fixtures	123,629,583	0			3.00
4.00	Building Improvements	891,859	0			4.00
5.00	Fixed Equipment	3,261,194	0			5.00
6.00	Movable Equipment	50,674,280	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	187,604,466	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	187,604,466	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 10:32 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	2,483,621	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)	2,483,621	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	2,483,621				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,483,621				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 10:32 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	136,525,468	0	136,525,468	0.735097	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	49,199,005	0	49,199,005	0.264903	0	2.00
3.00	Total (sum of lines 1-2)	185,724,473	0	185,724,473	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,771,169	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,645,891	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,417,060	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,546,948	0	0	0	6,318,117	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,645,891	2.00
3.00	Total (sum of lines 1-2)	2,546,948	0	0	0	10,964,008	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 10:32 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 #	
			3.00	4.00	
	1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-13,740,900			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,084,015			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-452,138	DIETARY	10.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts		0		0.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines	B	-25,787	DIETARY	10.00	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		0RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	34.00
35.00 MISC A&G INCOME OFFSET	B	-708,575	ADMINISTRATIVE & GENERAL	5.00		0	35.00
37.00 MISC HOUSEKEEPING OFFSET	B	-16	HOUSEKEEPING	9.00		0	37.00
38.00 CAFETERIA AND VENDING SALES		0		0.00		0	38.00
38.01 MISC RADIOLOGY OFFSET	B	-45	RADIOLOGY-DIAGNOSTIC	54.00		0	38.01
39.00 MISC EMERGENCY OFFSET	B	-34,897	EMERGENCY	91.00		0	39.00
40.00 MISC INCOME SUBPROVIDER	B	-86,653	SUBPROVIDER - IPF	40.00		0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0	42.00
43.00 MISC INCOME - CLINIC	B	-4,000	CLINIC	90.00		0	43.00
44.02 INTEREST INCOME OFFSET HOME OFFICE		0		0.00		0	44.02
44.03 PENSION FUNDING AND AVERAGING		0		0.00		0	44.03
44.04 NON-ALLOW DONATIONS, SPONSORSHI	A	-324	ADMINISTRATIVE & GENERAL	5.00		0	44.04
44.05 MISC INCOME NURSING ADMIN	B	-14,607	OPERATION OF PLANT	7.00		0	44.05
44.06 NON-ALLOW DONATIONS, SPONSORSHI	A	-411	RADIOLOGY-DIAGNOSTIC	54.00		0	44.06
45.03 NON-ALLOW DONATIONS, SPONSORSHI	A	-211	EMERGENCY	91.00		0	45.03
45.04 RENT INCOME CARDIO PULMONARY	B	1,528	ELECTROCARDIOLOGY	69.00		0	45.04
45.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0	45.06
45.07 NON ALLOWABLE MARKETING	A	-5,921	ADMINISTRATIVE & GENERAL	5.00		0	45.07
45.13 NON ALLOWABLE MARKETING	A	-10,402	ADULTS & PEDIATRICS	30.00		0	45.13
45.16 NON ALLOWABLE MARKETING	A	-1,249	RECOVERY ROOM	51.00		0	45.16
45.18 NON ALLOWABLE MARKETING	A	-581	PRCC	90.02		0	45.18
45.19 NON ALLOWABLE MARKETING	A	-489	OP PHARMACY	194.00		0	45.19
47.00 OTHER MINISTRY EXPENSES	A	-26,001	ADMINISTRATIVE & GENERAL	5.00		0	47.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,027,664					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: 14-0174

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2018 10:32 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	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL-BLDG & FIXTURES	581,706	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	489,376	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	A&G	22,104,101	22,755,822	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	LAUNDRY	188,428	0	3.01
3.02	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	372,897	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	1,749,101	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	ICU	314,402	0	3.04
3.05	60.00	LABORATORY	LAB	4,834,203	4,794,377	3.05
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			30,634,214	27,550,199	5.00

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

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

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

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

6.00	B	100.00	PRESENCE HEALTH	100.00	6.00
7.00	C	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: 14-0174

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 10:32 am

	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	581,706	9		1.00
2.00	489,376	0		2.00
3.00	-651,721	0		3.00
3.01	188,428	9		3.01
3.02	372,897	0		3.02
3.03	1,749,101	0		3.03
3.04	314,402	0		3.04
3.05	39,826	0		3.05
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
5.00	3,084,015			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 CHAIN		6.00
7.00	LABORATORY		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: 14-0174

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2018 10:32 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	120,036	0	120,036	211,500	960	1.00
2.00	30.00	ADULTS & PEDIATRICS	25,830	0	25,830	179,000	185	2.00
3.00	31.00	INTENSIVE CARE UNIT	565,603	554,887	10,716	211,500	73	3.00
4.00	40.00	SUBPROVIDER - IPF	664,514	617,979	46,535	181,300	358	4.00
5.00	43.00	NURSERY	416,903	416,903	0	0	0	5.00
6.00	50.00	OPERATING ROOM	705,999	705,999	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	900,000	900,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	900,000	900,000	0	0	0	8.00
9.00	60.00	LABORATORY	42,300	9,000	33,300	260,300	290	9.00
10.00	65.00	RESPIRATORY THERAPY	584	584	0	0	0	10.00
11.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,190	130	1,060	181,300	8	11.00
12.00	90.01	OUTPATIENT PROCEDURES	10,213	10,213	0	0	0	12.00
13.00	90.02	PRCC	7,890,680	7,890,680	0	0	0	13.00
14.00	91.00	EMERGENCY	1,703,036	1,673,804	29,232	211,500	195	14.00
200.00			13,946,888	13,680,179	266,709		2,069	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	97,615	4,881	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	15,921	796	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,423	371	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	31,204	1,560	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	36,292	1,815	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	697	35	0	0	0	11.00
12.00	90.01	OUTPATIENT PROCEDURES	0	0	0	0	0	12.00
13.00	90.02	PRCC	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	19,828	991	0	0	0	14.00
200.00			208,980	10,449	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	97,615	22,421	22,421		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	15,921	9,909	9,909		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	7,423	3,293	558,180		3.00
4.00	40.00	SUBPROVIDER - IPF	0	31,204	15,331	633,310		4.00
5.00	43.00	NURSERY	0	0	0	416,903		5.00
6.00	50.00	OPERATING ROOM	0	0	0	705,999		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	900,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	900,000		8.00
9.00	60.00	LABORATORY	0	36,292	0	9,000		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	584		10.00
11.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	697	363	493		11.00
12.00	90.01	OUTPATIENT PROCEDURES	0	0	0	10,213		12.00
13.00	90.02	PRCC	0	0	0	7,890,680		13.00
14.00	91.00	EMERGENCY	0	19,828	9,404	1,683,208		14.00
200.00			0	208,980	60,721	13,740,900		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 10:32 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	6,318,117	6,318,117			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,645,891		4,645,891		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	83,153	47,296	34,778	165,227	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	41,175,683	540,717	397,605	13,795	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,744,705	1,636,892	1,203,648	0	6.00
7.00 00700	OPERATION OF PLANT	5,228,313	14,060	10,339	5,970	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	333,760	7,914	5,820	166	8.00
9.00 00900	HOUSEKEEPING	2,055,671	109,505	80,522	4,380	9.00
10.00 01000	DIETARY	974,836	199,427	146,645	3,002	10.00
11.00 01100	CAFETERIA	1,159,288	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,216,961	58,086	42,712	6,177	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,025,948	186,372	137,045	972	14.00
15.00 01500	PHARMACY	2,710,283	136,315	100,236	7,574	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,749,148	118,666	87,259	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,572,047	885,100	650,839	35,381	30.00
31.00 03100	INTENSIVE CARE UNIT	3,629,238	245,171	180,281	9,183	31.00
40.00 04000	SUBPROVIDER - IPF	5,567,896	475,289	349,494	17,490	40.00
43.00 04300	NURSERY	290,205	14,798	10,882	779	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,515,056	366,230	269,299	5,211	50.00
51.00 05100	RECOVERY ROOM	1,605,137	288,179	211,906	4,444	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,506,962	222,649	163,720	4,311	52.00
53.00 05300	ANESTHESIOLOGY	205,850	8,054	5,923	293	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,213,887	156,063	114,758	5,767	54.00
54.02 03630	ULTRA SOUND	762,211	36,353	26,732	1,202	54.02
57.00 05700	CT SCAN	686,462	17,979	13,221	1,935	57.00
58.00 05800	MRI	257,044	32,510	23,906	556	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,047,322	41,697	30,661	4,505	59.00
60.00 06000	LABORATORY	5,019,088	8,373	6,157	322	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	6,858	5,043	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,173,456	13,322	9,796	3,226	65.00
66.00 06600	PHYSICAL THERAPY	1,352,679	1,743	1,282	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	281,089	1,629	1,198	0	67.00
68.00 06800	SPEECH PATHOLOGY	320,222	3,932	2,891	0	68.00
69.00 06900	ELECTROCARDIOLOGY	588,175	41,290	30,362	1,609	69.00
70.01 03320	ELECTROSHOCK THERAPY	48	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,536,529	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,058,997	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,919,634	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	730,926	6,668	4,903	31	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	762,879	111,579	82,047	1,675	75.01
76.00 03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	304,986	35,742	26,282	776	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,067,154	12,253	9,010	1,916	90.00
90.01 09001	OUTPATIENT PROCEDURES	1,045,318	0	0	3	90.01
90.02 09002	PRCC	26,147,020	0	0	8,011	90.02
91.00 09100	EMERGENCY	4,971,492	206,426	151,791	12,959	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	171,560,766	6,295,137	4,628,993	163,621	171,519,282
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,389	0	0	0	190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	192.01
193.01 19301	MASSAGE THERAPY	1,713	5,077	3,733	5	193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03 19303	ADOL SCHOOL	77,265	0	0	170	193.03
193.04 19304	FOUNDATION	0	8,869	6,521	0	193.04
193.05 19305	LEASED BLDG	2,772	5,408	3,977	0	193.05
193.07 19307	PARI SH NURSING	191,288	3,626	2,667	535	193.07
194.00 07950	OP PHARMACY	1,247,044	0	0	896	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	173,109,237	6,318,117	4,645,891	165,227	173,109,237

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0174		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 10:32 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,127,800					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,474,762	6,060,007				6.00
7.00	00700	OPERATION OF PLANT	1,691,360	20,816	6,970,858			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	111,819	11,717	13,525	484,721		8.00
9.00	00900	HOUSEKEEPING	723,697	162,122	187,133	0	3,323,030	9.00
10.00	01000	DIETARY	425,812	295,252	340,801	0	167,276	10.00
11.00	01100	CAFETERIA	372,864	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	747,452	85,997	99,263	0	48,722	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	434,312	275,924	318,491	0	156,326	14.00
15.00	01500	PHARMACY	950,232	201,814	232,948	0	114,338	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	628,814	175,686	202,789	0	99,535	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,548,959	1,310,391	1,512,546	307,007	742,404	30.00
31.00	03100	INTENSIVE CARE UNIT	1,307,072	362,976	418,972	14,385	205,645	31.00
40.00	04000	SUBPROVIDER - I/PF	2,061,715	703,666	812,220	161,430	398,664	40.00
43.00	04300	NURSERY	101,849	21,909	25,289	1,899	12,413	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,015,005	542,203	625,849	0	307,187	50.00
51.00	05100	RECOVERY ROOM	678,536	426,649	492,468	0	241,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	610,342	329,632	380,484	0	186,754	52.00
53.00	05300	ANESTHESIOLOGY	70,798	11,925	13,764	0	6,756	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	801,016	231,051	266,696	0	130,903	54.00
54.02	03630	ULTRA SOUND	265,828	53,821	62,124	0	30,492	54.02
57.00	05700	CT SCAN	231,445	26,618	30,725	0	15,081	57.00
58.00	05800	MRI	100,998	48,132	55,557	0	27,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	683,206	61,733	71,257	0	34,975	59.00
60.00	06000	LABORATORY	1,619,076	12,396	14,308	0	7,023	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,828	10,154	11,720	0	5,753	63.00
65.00	06500	RESPIRATORY THERAPY	385,894	19,724	22,766	0	11,174	65.00
66.00	06600	PHYSICAL THERAPY	436,038	2,581	2,979	0	1,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,316	2,411	2,783	0	1,366	67.00
68.00	06800	SPEECH PATHOLOGY	105,188	5,821	6,719	0	3,298	68.00
69.00	06900	ELECTROCARDIOLOGY	212,739	61,130	70,561	0	34,633	69.00
70.01	03320	ELECTROSHOCK THERAPY	15	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,997,045	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	983,871	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,260,680	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	238,821	9,871	11,394	0	5,593	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	308,181	165,193	190,677	0	93,590	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	118,292	52,917	61,080	0	29,980	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	350,686	18,141	20,940	0	10,278	90.00
90.01	09001	OUTPATIENT PROCEDURES	336,209	0	0	0	0	90.01
90.02	09002	PRCC	8,412,275	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,718,373	305,613	352,760	0	173,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	41,616,420	6,025,986	6,931,588	484,721	3,303,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,131	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	3,386	7,516	8,676	0	4,258	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	24,906	0	0	0	0	193.03
193.04	19304	FOUNDATION	4,950	13,130	15,156	0	7,439	193.04
193.05	19305	LEASED BLDG	3,910	8,006	9,241	0	4,536	193.05
193.07	19307	PARIISH NURSING	63,720	5,369	6,197	0	3,042	193.07
194.00	07950	OP PHARMACY	401,377	0	0	0	0	194.00
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)	42,127,800	6,060,007	6,970,858	484,721	3,323,030	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,553,051					10.00
11.00	01100	0	1,532,152				11.00
13.00	01300	0	0	3,305,370			13.00
14.00	01400	0	0	432	2,535,822		14.00
15.00	01500	0	0	0	0	4,453,740	15.00
16.00	01600	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,559,742	936,042	1,170,141	0	32,917	30.00
31.00	03100	36,542	21,930	385,072	0	10,595	31.00
40.00	04000	820,145	492,190	459,151	0	217	40.00
43.00	04300	0	0	37,288	0	86	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	128,778	0	11,665	50.00
51.00	05100	0	0	165,536	0	9,461	51.00
52.00	05200	11,143	6,687	163,286	0	1,263	52.00
53.00	05300	0	0	0	0	4,702	53.00
54.00	05400	0	0	1,812	0	5,340	54.00
54.02	03630	0	0	0	0	0	54.02
57.00	05700	0	0	0	0	3,326	57.00
58.00	05800	0	0	0	0	1,310	58.00
59.00	05900	0	0	294	0	29,364	59.00
60.00	06000	0	0	0	0	1,570	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	10,452	0	4,533	69.00
70.01	03320	0	0	0	0	12	70.01
71.00	07100	0	0	0	2,118,676	0	71.00
72.00	07200	0	0	0	417,146	0	72.00
73.00	07300	0	0	0	0	949,774	73.00
74.00	07400	0	0	1,472	0	748	74.00
75.01	03550	0	0	24,560	0	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	24,377	0	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	35,849	0	210	90.00
90.01	09001	0	0	97,527	0	9	90.01
90.02	09002	0	0	146,353	0	3,335,275	90.02
91.00	09100	125,479	75,303	452,990	0	37,701	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,553,051	1,532,152	3,305,370	2,535,822	4,440,078	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	0	13,662	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,553,051	1,532,152	3,305,370	2,535,822	4,453,740	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0174		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/29/2018 10:32 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			16.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,061,897					16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	272,246	26,535,762	0	26,535,762		30.00
31.00	03100	INTENSIVE CARE UNIT	75,020	6,902,082	0	6,902,082		31.00
40.00	04000	SUBPROVIDER - IPF	103,534	12,423,101	0	12,423,101		40.00
43.00	04300	NURSERY	1,637	519,034	0	519,034		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	265,509	6,051,992	0	6,051,992		50.00
51.00	05100	RECOVERY ROOM	81,251	4,205,286	0	4,205,286		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,461	3,595,694	0	3,595,694		52.00
53.00	05300	ANESTHESIOLOGY	29,829	357,894	0	357,894		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,198	4,016,491	0	4,016,491		54.00
54.02	03630	ULTRA SOUND	37,983	1,276,746	0	1,276,746		54.02
57.00	05700	CT SCAN	181,387	1,208,179	0	1,208,179		57.00
58.00	05800	MRI	29,987	577,269	0	577,269		58.00
59.00	05900	CARDIAC CATHETERIZATION	197,885	3,202,899	0	3,202,899		59.00
60.00	06000	LABORATORY	212,040	6,900,353	0	6,900,353		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,529	49,885	0	49,885		63.00
65.00	06500	RESPIRATORY THERAPY	40,405	1,679,763	0	1,679,763		65.00
66.00	06600	PHYSICAL THERAPY	26,048	1,824,812	0	1,824,812		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,560	385,352	0	385,352		67.00
68.00	06800	SPEECH PATHOLOGY	3,662	451,733	0	451,733		68.00
69.00	06900	ELECTROCARDIOLOGY	59,090	1,114,574	0	1,114,574		69.00
70.01	03320	ELECTROSHOCK THERAPY	310	385	0	385		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	182,200	22,834,450	0	22,834,450		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	97,368	4,557,382	0	4,557,382		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	425,736	6,555,824	0	6,555,824		73.00
74.00	07400	RENAL DIALYSIS	14,620	1,025,047	0	1,025,047		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,124	1,751,505	0	1,751,505		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	7,560	661,992	0	661,992		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,965	1,531,402	0	1,531,402		90.00
90.01	09001	OUTPATIENT PROCEDURES	22,571	1,501,637	0	1,501,637		90.01
90.02	09002	PRCC	236,264	38,285,198	0	38,285,198		90.02
91.00	09100	EMERGENCY	333,918	8,917,951	0	8,917,951		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,061,897	170,901,674	0	170,901,674		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,520	0	37,520		190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0		192.01
193.01	19301	MASSAGE THERAPY	0	34,364	0	34,364		193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0		193.02
193.03	19303	ADOL SCHOOL	0	102,341	0	102,341		193.03
193.04	19304	FOUNDATION	0	56,065	0	56,065		193.04
193.05	19305	LEASED BLDG	0	37,850	0	37,850		193.05
193.07	19307	PARISH NURSING	0	276,444	0	276,444		193.07
194.00	07950	OP PHARMACY	0	1,662,979	0	1,662,979		194.00
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	3,061,897	173,109,237	0	173,109,237		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 10:32 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	47,296	34,778	82,074	82,074 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	540,717	397,605	938,322	6,852 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	1,636,892	1,203,648	2,840,540	0 6.00
7.00 00700	OPERATION OF PLANT	0	14,060	10,339	24,399	2,965 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,914	5,820	13,734	83 8.00
9.00 00900	HOUSEKEEPING	0	109,505	80,522	190,027	2,176 9.00
10.00 01000	DIETARY	0	199,427	146,645	346,072	1,491 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	58,086	42,712	100,798	3,068 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	186,372	137,045	323,417	483 14.00
15.00 01500	PHARMACY	0	136,315	100,236	236,551	3,762 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	118,666	87,259	205,925	0 16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	885,100	650,839	1,535,939	17,578 30.00
31.00 03100	INTENSIVE CARE UNIT	0	245,171	180,281	425,452	4,561 31.00
40.00 04000	SUBPROVIDER - I/PF	0	475,289	349,494	824,783	8,688 40.00
43.00 04300	NURSERY	0	14,798	10,882	25,680	387 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	366,230	269,299	635,529	2,588 50.00
51.00 05100	RECOVERY ROOM	0	288,179	211,906	500,085	2,207 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	222,649	163,720	386,369	2,141 52.00
53.00 05300	ANESTHESIOLOGY	0	8,054	5,923	13,977	145 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	156,063	114,758	270,821	2,865 54.00
54.02 03630	ULTRA SOUND	0	36,353	26,732	63,085	597 54.02
57.00 05700	CT SCAN	0	17,979	13,221	31,200	961 57.00
58.00 05800	MRI	0	32,510	23,906	56,416	276 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,697	30,661	72,358	2,238 59.00
60.00 06000	LABORATORY	0	8,373	6,157	14,530	160 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	6,858	5,043	11,901	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	13,322	9,796	23,118	1,603 65.00
66.00 06600	PHYSICAL THERAPY	0	1,743	1,282	3,025	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	1,629	1,198	2,827	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	3,932	2,891	6,823	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	41,290	30,362	71,652	799 69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	6,668	4,903	11,571	16 74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	111,579	82,047	193,626	832 75.01
76.00 03950	OCCUPATIONAL HEALTH	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	35,742	26,282	62,024	385 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	12,253	9,010	21,263	952 90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	2 90.01
90.02 09002	PRCC	0	0	0	0	3,979 90.02
91.00 09100	EMERGENCY	0	206,426	151,791	358,217	6,437 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	6,295,137	4,628,993	10,924,130	81,277 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0 192.01
193.01 19301	MASSAGE THERAPY	0	5,077	3,733	8,810	2 193.01
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0 193.02
193.03 19303	ADOL SCHOOL	0	0	0	0	84 193.03
193.04 19304	FOUNDATION	0	8,869	6,521	15,390	0 193.04
193.05 19305	LEASED BLDG	0	5,408	3,977	9,385	0 193.05
193.07 19307	PARI SH NURSING	0	3,626	2,667	6,293	266 193.07
194.00 07950	OP PHARMACY	0	0	0	0	445 194.00
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	6,318,117	4,645,891	10,964,008	82,074 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 10:32 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	945,174			5.00		
6.00	00600	MAINTENANCE & REPAIRS	33,087	2,873,627		6.00		
7.00	00700	OPERATION OF PLANT	37,947	9,871	75,182	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	2,509	5,556	146	22,028	8.00	
9.00	00900	HOUSEKEEPING	16,237	76,878	2,018	0	287,336	9.00
10.00	01000	DIETARY	9,553	140,007	3,676	0	14,464	10.00
11.00	01100	CAFETERIA	8,365	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	16,770	40,779	1,071	0	4,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,744	130,842	3,435	0	13,517	14.00
15.00	01500	PHARMACY	21,319	95,699	2,512	0	9,887	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,108	83,309	2,187	0	8,607	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,059	621,382	16,313	13,952	64,194	30.00
31.00	03100	INTENSIVE CARE UNIT	29,325	172,121	4,519	654	17,782	31.00
40.00	04000	SUBPROVIDER - IPF	46,256	333,675	8,760	7,336	34,472	40.00
43.00	04300	NURSERY	2,285	10,389	273	86	1,073	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,772	257,110	6,750	0	26,562	50.00
51.00	05100	RECOVERY ROOM	15,223	202,315	5,311	0	20,901	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,693	156,310	4,104	0	16,148	52.00
53.00	05300	ANESTHESIOLOGY	1,588	5,655	148	0	584	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,971	109,563	2,876	0	11,319	54.00
54.02	03630	ULTRA SOUND	5,964	25,522	670	0	2,637	54.02
57.00	05700	CT SCAN	5,193	12,622	331	0	1,304	57.00
58.00	05800	MRI	2,266	22,824	599	0	2,358	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,328	29,274	769	0	3,024	59.00
60.00	06000	LABORATORY	36,325	5,878	154	0	607	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	86	4,815	126	0	497	63.00
65.00	06500	RESPIRATORY THERAPY	8,658	9,353	246	0	966	65.00
66.00	06600	PHYSICAL THERAPY	9,783	1,224	32	0	126	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,049	1,143	30	0	118	67.00
68.00	06800	SPEECH PATHOLOGY	2,360	2,760	72	0	285	68.00
69.00	06900	ELECTROCARDIOLOGY	4,773	28,988	761	0	2,995	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	112,112	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,074	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,284	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,358	4,681	123	0	484	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,914	78,334	2,056	0	8,093	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,654	25,093	659	0	2,592	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	7,868	8,602	226	0	889	90.00
90.01	09001	OUTPATIENT PROCEDURES	7,543	0	0	0	0	90.01
90.02	09002	PRCC	188,744	0	0	0	0	90.02
91.00	09100	EMERGENCY	38,553	144,920	3,805	0	14,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	933,700	2,857,494	74,758	22,028	285,670	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	205	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	76	3,564	94	0	368	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	559	0	0	0	0	193.03
193.04	19304	FOUNDATION	111	6,226	163	0	643	193.04
193.05	19305	LEASED BLDG	88	3,797	100	0	392	193.05
193.07	19307	PARI SH NURSING	1,430	2,546	67	0	263	193.07
194.00	07950	OP PHARMACY	9,005	0	0	0	0	194.00
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)	945,174	2,873,627	75,182	22,028	287,336	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0174		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 10:32 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	515,263					10.00
11.00	01100	CAFETERIA	0	8,365				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	166,699			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	22	481,460		14.00
15.00	01500	PHARMACY	0	0	0	0	369,730	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	314,790	5,110	59,013	0	2,733	30.00
31.00	03100	INTENSIVE CARE UNIT	7,375	120	19,420	0	880	31.00
40.00	04000	SUBPROVIDER - I/PF	165,524	2,687	23,156	0	18	40.00
43.00	04300	NURSERY	0	0	1,881	0	7	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	6,495	0	968	50.00
51.00	05100	RECOVERY ROOM	0	0	8,348	0	785	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,249	37	8,235	0	105	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	91	0	443	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	276	57.00
58.00	05800	MRI	0	0	0	0	109	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	15	0	2,438	59.00
60.00	06000	LABORATORY	0	0	0	0	130	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	527	0	376	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	1	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	402,260	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	79,200	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	78,846	73.00
74.00	07400	RENAL DIALYSIS	0	0	74	0	62	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,239	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,229	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	1,808	0	17	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	4,919	0	1	90.01
90.02	09002	PRCC	0	0	7,381	0	276,881	90.02
91.00	09100	EMERGENCY	25,325	411	22,846	0	3,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	515,263	8,365	166,699	481,460	368,596	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARI SH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	1,134	194.00
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)	515,263	8,365	166,699	481,460	369,730	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 10:32 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	314,136			16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	27,942	2,781,005	0	2,781,005
31.00 03100	INTENSIVE CARE UNIT	7,700	689,909	0	689,909
40.00 04000	SUBPROVIDER - IPF	10,626	1,465,981	0	1,465,981
43.00 04300	NURSERY	168	42,229	0	42,229
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	27,251	986,025	0	986,025
51.00 05100	RECOVERY ROOM	8,339	763,514	0	763,514
52.00 05200	DELIVERY ROOM & LABOR ROOM	868	590,259	0	590,259
53.00 05300	ANESTHESIOLOGY	3,061	25,548	0	25,548
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,155	425,104	0	425,104
54.02 03630	ULTRA SOUND	3,898	102,373	0	102,373
57.00 05700	CT SCAN	18,617	70,504	0	70,504
58.00 05800	MRI	3,078	87,926	0	87,926
59.00 05900	CARDIAC CATHETERIZATION	20,310	145,754	0	145,754
60.00 06000	LABORATORY	21,763	79,547	0	79,547
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	670	18,095	0	18,095
65.00 06500	RESPIRATORY THERAPY	4,147	48,091	0	48,091
66.00 06600	PHYSICAL THERAPY	2,673	16,863	0	16,863
67.00 06700	OCCUPATIONAL THERAPY	365	6,532	0	6,532
68.00 06800	SPEECH PATHOLOGY	376	12,676	0	12,676
69.00 06900	ELECTROCARDIOLOGY	6,065	116,936	0	116,936
70.01 03320	ELECTROSHOCK THERAPY	32	33	0	33
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,700	533,072	0	533,072
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,993	111,267	0	111,267
73.00 07300	DRUGS CHARGED TO PATIENTS	43,572	150,702	0	150,702
74.00 07400	RENAL DIALYSIS	1,501	23,870	0	23,870
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,142	292,236	0	292,236
76.00 03950	OCCUPATIONAL HEALTH	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	776	95,412	0	95,412
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	510	42,135	0	42,135
90.01 09001	OUTPATIENT PROCEDURES	2,317	14,782	0	14,782
90.02 09002	PRCC	24,249	501,234	0	501,234
91.00 09100	EMERGENCY	34,272	652,888	0	652,888
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	314,136	10,892,502	0	10,892,502
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	205	0	205
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0
193.01 19301	MASSAGE THERAPY	0	12,914	0	12,914
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0
193.03 19303	ADOL SCHOOL	0	643	0	643
193.04 19304	FOUNDATION	0	22,533	0	22,533
193.05 19305	LEASED BLDG	0	13,762	0	13,762
193.07 19307	PARISH NURSING	0	10,865	0	10,865
194.00 07950	OP PHARMACY	0	10,584	0	10,584
200.00	Cross Foot Adjustments		0	0	0
201.00	Negative Cost Centers		0	0	0
202.00	TOTAL (sum lines 118 through 201)	314,136	10,964,008	0	10,964,008

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,541				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		496,541			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,717	3,717	47,250,380		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,495	42,495	3,944,670	-42,127,800	130,981,437
6.00 00600	MAINTENANCE & REPAIRS	128,643	128,643	0	0	4,585,245
7.00 00700	OPERATION OF PLANT	1,105	1,105	1,707,183	0	5,258,682
8.00 00800	LAUNDRY & LINEN SERVICE	622	622	47,557	0	347,660
9.00 00900	HOUSEKEEPING	8,606	8,606	1,252,507	0	2,250,078
10.00 01000	DIETARY	15,673	15,673	858,491	0	1,323,910
11.00 01100	CAFETERIA	0	0	0	0	1,159,288
13.00 01300	NURSING ADMINISTRATION	4,565	4,565	1,766,349	0	2,323,936
14.00 01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	278,046	0	1,350,337
15.00 01500	PHARMACY	10,713	10,713	2,165,767	0	2,954,408
16.00 01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	0	1,955,073
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	69,560	69,560	10,119,224	0	14,143,367
31.00 03100	INTENSIVE CARE UNIT	19,268	19,268	2,625,891	0	4,063,873
40.00 04000	SUBPROVIDER - IPF	37,353	37,353	5,001,469	0	6,410,169
43.00 04300	NURSERY	1,163	1,163	222,829	0	316,664
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,782	28,782	1,490,210	0	3,155,796
51.00 05100	RECOVERY ROOM	22,648	22,648	1,270,723	0	2,109,666
52.00 05200	DELIVERY ROOM & LABOR ROOM	17,498	17,498	1,232,793	0	1,897,642
53.00 05300	ANESTHESIOLOGY	633	633	83,720	0	220,120
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	1,649,234	0	2,490,475
54.02 03630	ULTRA SOUND	2,857	2,857	343,749	0	826,498
57.00 05700	CT SCAN	1,413	1,413	553,250	0	719,597
58.00 05800	MRI	2,555	2,555	159,082	0	314,016
59.00 05900	CARDIAC CATHETERIZATION	3,277	3,277	1,288,272	0	2,124,185
60.00 06000	LABORATORY	658	658	91,948	0	5,033,940
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	11,901
65.00 06500	RESPIRATORY THERAPY	1,047	1,047	922,568	0	1,199,800
66.00 06600	PHYSICAL THERAPY	137	137	0	0	1,355,704
67.00 06700	OCCUPATIONAL THERAPY	128	128	0	0	283,916
68.00 06800	SPEECH PATHOLOGY	309	309	0	0	327,045
69.00 06900	ELECTROCARDIOLOGY	3,245	3,245	460,224	0	661,436
70.01 03320	ELECTROSHOCK THERAPY	0	0	0	0	48
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,536,529
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,058,997
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,919,634
74.00 07400	RENAL DIALYSIS	524	524	8,988	0	742,528
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,769	8,769	479,117	0	958,180
76.00 03950	OCCUPATIONAL HEALTH	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	2,809	2,809	221,845	0	367,786
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	963	963	547,984	0	1,090,333
90.01 09001	OUTPATIENT PROCEDURES	0	0	943	0	1,045,321
90.02 09002	PRCC	0	0	2,290,715	0	26,155,031
91.00 09100	EMERGENCY	16,223	16,223	3,705,822	0	5,342,668
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	494,735	494,735	46,791,170	-42,127,800	129,391,482
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	28,389
192.01 19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
193.01 19301	MASSAGE THERAPY	399	399	1,375	0	10,528
193.02 19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0
193.03 19303	ADOL SCHOOL	0	0	48,516	0	77,435
193.04 19304	FOUNDATION	697	697	0	0	15,390
193.05 19305	LEASED BLDG	425	425	0	0	12,157
193.07 19307	PARI SH NURSING	285	285	153,099	0	198,116
194.00 07950	OP PHARMACY	0	0	256,220	0	1,247,940
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,318,117	4,645,891	165,227		42,127,800	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.724260	9.356510	0.003497		0.321632	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			82,074		945,174	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001737		0.007216	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
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	321,686					6.00
7.00	00700	1,105	320,581				7.00
8.00	00800	622	622	38,278			8.00
9.00	00900	8,606	8,606	0	311,353		9.00
10.00	01000	15,673	15,673	0	15,673	99,209	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	4,565	4,565	0	4,565	0	13.00
14.00	01400	14,647	14,647	0	14,647	0	14.00
15.00	01500	10,713	10,713	0	10,713	0	15.00
16.00	01600	9,326	9,326	0	9,326	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,560	69,560	24,244	69,560	60,610	30.00
31.00	03100	19,268	19,268	1,136	19,268	1,420	31.00
40.00	04000	37,353	37,353	12,748	37,353	31,870	40.00
43.00	04300	1,163	1,163	150	1,163	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,782	28,782	0	28,782	0	50.00
51.00	05100	22,648	22,648	0	22,648	0	51.00
52.00	05200	17,498	17,498	0	17,498	433	52.00
53.00	05300	633	633	0	633	0	53.00
54.00	05400	12,265	12,265	0	12,265	0	54.00
54.02	03630	2,857	2,857	0	2,857	0	54.02
57.00	05700	1,413	1,413	0	1,413	0	57.00
58.00	05800	2,555	2,555	0	2,555	0	58.00
59.00	05900	3,277	3,277	0	3,277	0	59.00
60.00	06000	658	658	0	658	0	60.00
63.00	06300	539	539	0	539	0	63.00
65.00	06500	1,047	1,047	0	1,047	0	65.00
66.00	06600	137	137	0	137	0	66.00
67.00	06700	128	128	0	128	0	67.00
68.00	06800	309	309	0	309	0	68.00
69.00	06900	3,245	3,245	0	3,245	0	69.00
70.01	03320	0	0	0	0	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	524	524	0	524	0	74.00
75.01	03550	8,769	8,769	0	8,769	0	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	2,809	2,809	0	2,809	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	963	963	0	963	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	16,223	16,223	0	16,223	4,876	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		319,880	318,775	38,278	309,547	99,209	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	399	399	0	399	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	697	697	0	697	0	193.04
193.05	19305	425	425	0	425	0	193.05
193.07	19307	285	285	0	285	0	193.07
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		6,060,007	6,970,858	484,721	3,323,030	2,553,051	202.00
203.00		18,838,268	21,744,451	12,663,175	10,672,870	25,734,066	203.00
204.00		2,873,627	75,182	22,028	287,336	515,263	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0174			Period: From 01/01/2017 To 12/31/2017		Worksheet B-1 Date/Time Prepared: 5/29/2018 10:32 am	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	8.933019	0.234518	0.575474	0.922862	5.193712	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: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	99,209					11.00
13.00	01300	0	505,361				13.00
14.00	01400	0	66	18,595,526			14.00
15.00	01500	0	0	0	18,460,554		15.00
16.00	01600	0	0	0	0	1,061,751,740	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	60,610	178,904	0	136,439	94,398,821	30.00
31.00	03100	1,420	58,874	0	43,915	26,012,525	31.00
40.00	04000	31,870	70,200	0	898	35,899,427	40.00
43.00	04300	0	5,701	0	358	567,751	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	19,689	0	48,353	92,062,922	50.00
51.00	05100	0	25,309	0	39,215	28,172,993	51.00
52.00	05200	433	24,965	0	5,234	2,933,616	52.00
53.00	05300	0	0	0	19,489	10,342,765	53.00
54.00	05400	0	277	0	22,136	30,928,598	54.00
54.02	03630	0	0	0	0	13,170,197	54.02
57.00	05700	0	0	0	13,786	62,894,326	57.00
58.00	05800	0	0	0	5,428	10,397,866	58.00
59.00	05900	0	45	0	121,714	68,614,778	59.00
60.00	06000	0	0	0	6,507	73,522,808	60.00
63.00	06300	0	0	0	0	2,263,833	63.00
65.00	06500	0	0	0	0	14,010,052	65.00
66.00	06600	0	0	0	0	9,031,997	66.00
67.00	06700	0	0	0	0	1,234,271	67.00
68.00	06800	0	0	0	0	1,269,849	68.00
69.00	06900	0	1,598	0	18,788	20,488,782	69.00
70.01	03320	0	0	0	48	107,380	70.01
71.00	07100	0	0	15,536,529	0	63,175,979	71.00
72.00	07200	0	0	3,058,997	0	33,761,279	72.00
73.00	07300	0	0	0	3,936,774	147,687,972	73.00
74.00	07400	0	225	0	3,102	5,069,510	74.00
75.01	03550	0	3,755	0	0	3,857,002	75.01
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	3,727	0	0	2,621,407	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	5,481	0	869	1,721,585	90.00
90.01	09001	0	14,911	0	37	7,826,183	90.01
90.02	09002	0	22,376	0	13,824,567	81,922,438	90.02
91.00	09100	4,876	69,258	0	156,270	115,782,828	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		99,209	505,361	18,595,526	18,403,927	1,061,751,740	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
193.01	19301	0	0	0	0	0	193.01
193.02	19302	0	0	0	0	0	193.02
193.03	19303	0	0	0	0	0	193.03
193.04	19304	0	0	0	0	0	193.04
193.05	19305	0	0	0	0	0	193.05
193.07	19307	0	0	0	0	0	193.07
194.00	07950	0	0	0	56,627	0	194.00
200.00							200.00
201.00							201.00
202.00		1,532,152	3,305,370	2,535,822	4,453,740	3,061,897	202.00
203.00		15.443680	6.540612	0.136367	0.241257	0.002884	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	8,365	166,699	481,460	369,730	314,136	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.084317	0.329861	0.025891	0.020028	0.000296	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:32 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	26,535,762		26,535,762	9,909	26,545,671	30.00
31.00	03100 INTENSIVE CARE UNIT	6,902,082		6,902,082	3,293	6,905,375	31.00
40.00	04000 SUBPROVIDER - IPF	12,423,101		12,423,101	15,331	12,438,432	40.00
43.00	04300 NURSERY	519,034		519,034	0	519,034	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,051,992		6,051,992	0	6,051,992	50.00
51.00	05100 RECOVERY ROOM	4,205,286		4,205,286	0	4,205,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,595,694		3,595,694	0	3,595,694	52.00
53.00	05300 ANESTHESIOLOGY	357,894		357,894	0	357,894	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,016,491		4,016,491	0	4,016,491	54.00
54.02	03630 ULTRA SOUND	1,276,746		1,276,746	0	1,276,746	54.02
57.00	05700 CT SCAN	1,208,179		1,208,179	0	1,208,179	57.00
58.00	05800 MRI	577,269		577,269	0	577,269	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,202,899		3,202,899	0	3,202,899	59.00
60.00	06000 LABORATORY	6,900,353		6,900,353	0	6,900,353	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	49,885		49,885	0	49,885	63.00
65.00	06500 RESPIRATORY THERAPY	1,679,763	0	1,679,763	0	1,679,763	65.00
66.00	06600 PHYSICAL THERAPY	1,824,812	0	1,824,812	0	1,824,812	66.00
67.00	06700 OCCUPATIONAL THERAPY	385,352	0	385,352	0	385,352	67.00
68.00	06800 SPEECH PATHOLOGY	451,733	0	451,733	0	451,733	68.00
69.00	06900 ELECTROCARDIOLOGY	1,114,574		1,114,574	0	1,114,574	69.00
70.01	03320 ELECTROSHOCK THERAPY	385		385	0	385	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,834,450		22,834,450	0	22,834,450	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,557,382		4,557,382	0	4,557,382	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,555,824		6,555,824	0	6,555,824	73.00
74.00	07400 RENAL DIALYSIS	1,025,047		1,025,047	0	1,025,047	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,751,505		1,751,505	363	1,751,868	75.01
76.00	03950 OCCUPATIONAL HEALTH	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	661,992		661,992	0	661,992	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	1,531,402		1,531,402	0	1,531,402	90.00
90.01	09001 OUTPATIENT PROCEDURES	1,501,637		1,501,637	0	1,501,637	90.01
90.02	09002 PRCC	38,285,198		38,285,198	0	38,285,198	90.02
91.00	09100 EMERGENCY	8,917,951		8,917,951	9,404	8,927,355	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,709,754		4,709,754	0	4,709,754	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	175,611,428	0	175,611,428	38,300	175,649,728	200.00
201.00	Less Observation Beds	4,709,754		4,709,754		4,709,754	201.00
202.00	Total (see instructions)	170,901,674	0	170,901,674	38,300	170,939,974	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 10:32 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	78,023,517		78,023,517		30.00
31.00	03100	INTENSIVE CARE UNIT	26,012,525		26,012,525		31.00
40.00	04000	SUBPROVIDER - IPF	35,899,427		35,899,427		40.00
43.00	04300	NURSERY	567,751		567,751		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,299,049	42,763,873	92,062,922	0.065738	50.00
51.00	05100	RECOVERY ROOM	9,983,090	18,189,903	28,172,993	0.149267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,374,911	558,705	2,933,616	1.225687	52.00
53.00	05300	ANESTHESIOLOGY	3,568,716	6,774,049	10,342,765	0.034603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,250,915	22,677,683	30,928,598	0.129863	54.00
54.02	03630	ULTRA SOUND	3,022,247	10,147,950	13,170,197	0.096942	54.02
57.00	05700	CT SCAN	17,133,908	45,760,418	62,894,326	0.019210	57.00
58.00	05800	MRI	2,790,972	7,606,894	10,397,866	0.055518	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,013,295	47,601,483	68,614,778	0.046679	59.00
60.00	06000	LABORATORY	35,207,992	38,314,816	73,522,808	0.093853	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,465,178	798,655	2,263,833	0.022036	63.00
65.00	06500	RESPIRATORY THERAPY	12,034,011	1,976,041	14,010,052	0.119897	65.00
66.00	06600	PHYSICAL THERAPY	3,424,378	5,607,619	9,031,997	0.202039	66.00
67.00	06700	OCCUPATIONAL THERAPY	481,592	752,679	1,234,271	0.312210	67.00
68.00	06800	SPEECH PATHOLOGY	509,474	760,375	1,269,849	0.355738	68.00
69.00	06900	ELECTROCARDIOLOGY	8,777,959	11,710,823	20,488,782	0.054399	69.00
70.01	03320	ELECTROSHOCK THERAPY	47,320	60,060	107,380	0.003585	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,668,569	37,507,410	63,175,979	0.361442	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,907,125	19,854,154	33,761,279	0.134988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,578,116	95,109,856	147,687,972	0.044390	73.00
74.00	07400	RENAL DIALYSIS	4,684,245	5,069,510	9,753,755	0.105093	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,126	3,857,002	3,864,128	0.453273	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	127	2,621,407	2,621,534	0.252521	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,626	1,721,585	1,727,211	0.886633	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	7,826,183	7,826,183	0.191873	90.01
90.02	09002	PRCC	488	81,922,438	81,922,926	0.467332	90.02
91.00	09100	EMERGENCY	25,558,929	115,782,828	141,341,757	0.063095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,743,082	16,375,304	20,118,386	0.234102	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	446,041,660	649,709,703	1,095,751,363		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	446,041,660	649,709,703	1,095,751,363		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:32 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.065738		50.00
51.00	05100 RECOVERY ROOM	0.149267		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.225687		52.00
53.00	05300 ANESTHESIOLOGY	0.034603		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129863		54.00
54.02	03630 ULTRA SOUND	0.096942		54.02
57.00	05700 CT SCAN	0.019210		57.00
58.00	05800 MRI	0.055518		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046679		59.00
60.00	06000 LABORATORY	0.093853		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.022036		63.00
65.00	06500 RESPIRATORY THERAPY	0.119897		65.00
66.00	06600 PHYSICAL THERAPY	0.202039		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.312210		67.00
68.00	06800 SPEECH PATHOLOGY	0.355738		68.00
69.00	06900 ELECTROCARDIOLOGY	0.054399		69.00
70.01	03320 ELECTROSHOCK THERAPY	0.003585		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.361442		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134988		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.044390		73.00
74.00	07400 RENAL DIALYSIS	0.105093		74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.453367		75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.252521		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.886633		90.00
90.01	09001 OUTPATIENT PROCEDURES	0.191873		90.01
90.02	09002 PRCC	0.467332		90.02
91.00	09100 EMERGENCY	0.063161		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.234102		92.00
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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:32 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	26,535,762		26,535,762	9,909	26,545,671	30.00
31.00	03100 INTENSIVE CARE UNIT	6,902,082		6,902,082	3,293	6,905,375	31.00
40.00	04000 SUBPROVIDER - I/PF	12,423,101		12,423,101	15,331	12,438,432	40.00
43.00	04300 NURSERY	519,034		519,034	0	519,034	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,051,992		6,051,992	0	6,051,992	50.00
51.00	05100 RECOVERY ROOM	4,205,286		4,205,286	0	4,205,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,595,694		3,595,694	0	3,595,694	52.00
53.00	05300 ANESTHESIOLOGY	357,894		357,894	0	357,894	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,016,491		4,016,491	0	4,016,491	54.00
54.02	03630 ULTRA SOUND	1,276,746		1,276,746	0	1,276,746	54.02
57.00	05700 CT SCAN	1,208,179		1,208,179	0	1,208,179	57.00
58.00	05800 MRI	577,269		577,269	0	577,269	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,202,899		3,202,899	0	3,202,899	59.00
60.00	06000 LABORATORY	6,900,353		6,900,353	0	6,900,353	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	49,885		49,885	0	49,885	63.00
65.00	06500 RESPIRATORY THERAPY	1,679,763	0	1,679,763	0	1,679,763	65.00
66.00	06600 PHYSICAL THERAPY	1,824,812	0	1,824,812	0	1,824,812	66.00
67.00	06700 OCCUPATIONAL THERAPY	385,352	0	385,352	0	385,352	67.00
68.00	06800 SPEECH PATHOLOGY	451,733	0	451,733	0	451,733	68.00
69.00	06900 ELECTROCARDIOLOGY	1,114,574		1,114,574	0	1,114,574	69.00
70.01	03320 ELECTROSHOCK THERAPY	385		385	0	385	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,834,450		22,834,450	0	22,834,450	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,557,382		4,557,382	0	4,557,382	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,555,824		6,555,824	0	6,555,824	73.00
74.00	07400 RENAL DIALYSIS	1,025,047		1,025,047	0	1,025,047	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,751,505		1,751,505	363	1,751,868	75.01
76.00	03950 OCCUPATIONAL HEALTH	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	661,992		661,992	0	661,992	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	1,531,402		1,531,402	0	1,531,402	90.00
90.01	09001 OUTPATIENT PROCEDURES	1,501,637		1,501,637	0	1,501,637	90.01
90.02	09002 PRCC	38,285,198		38,285,198	0	38,285,198	90.02
91.00	09100 EMERGENCY	8,917,951		8,917,951	9,404	8,927,355	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,709,754		4,709,754	0	4,709,754	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	175,611,428	0	175,611,428	38,300	175,649,728	200.00
201.00	Less Observation Beds	4,709,754		4,709,754		4,709,754	201.00
202.00	Total (see instructions)	170,901,674	0	170,901,674	38,300	170,939,974	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 10:32 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,023,517		78,023,517		30.00
31.00	03100	INTENSIVE CARE UNIT	26,012,525		26,012,525		31.00
40.00	04000	SUBPROVIDER - IPF	35,899,427		35,899,427		40.00
43.00	04300	NURSERY	567,751		567,751		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,299,049	42,763,873	92,062,922	0.065738	50.00
51.00	05100	RECOVERY ROOM	9,983,090	18,189,903	28,172,993	0.149267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,374,911	558,705	2,933,616	1.225687	52.00
53.00	05300	ANESTHESIOLOGY	3,568,716	6,774,049	10,342,765	0.034603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,250,915	22,677,683	30,928,598	0.129863	54.00
54.02	03630	ULTRA SOUND	3,022,247	10,147,950	13,170,197	0.096942	54.02
57.00	05700	CT SCAN	17,133,908	45,760,418	62,894,326	0.019210	57.00
58.00	05800	MRI	2,790,972	7,606,894	10,397,866	0.055518	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,013,295	47,601,483	68,614,778	0.046679	59.00
60.00	06000	LABORATORY	35,207,992	38,314,816	73,522,808	0.093853	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,465,178	798,655	2,263,833	0.022036	63.00
65.00	06500	RESPIRATORY THERAPY	12,034,011	1,976,041	14,010,052	0.119897	65.00
66.00	06600	PHYSICAL THERAPY	3,424,378	5,607,619	9,031,997	0.202039	66.00
67.00	06700	OCCUPATIONAL THERAPY	481,592	752,679	1,234,271	0.312210	67.00
68.00	06800	SPEECH PATHOLOGY	509,474	760,375	1,269,849	0.355738	68.00
69.00	06900	ELECTROCARDIOLOGY	8,777,959	11,710,823	20,488,782	0.054399	69.00
70.01	03320	ELECTROSHOCK THERAPY	47,320	60,060	107,380	0.003585	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,668,569	37,507,410	63,175,979	0.361442	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,907,125	19,854,154	33,761,279	0.134988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,578,116	95,109,856	147,687,972	0.044390	73.00
74.00	07400	RENAL DIALYSIS	4,684,245	5,069,510	9,753,755	0.105093	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,126	3,857,002	3,864,128	0.453273	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	127	2,621,407	2,621,534	0.252521	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,626	1,721,585	1,727,211	0.886633	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	7,826,183	7,826,183	0.191873	90.01
90.02	09002	PRCC	488	81,922,438	81,922,926	0.467332	90.02
91.00	09100	EMERGENCY	25,558,929	115,782,828	141,341,757	0.063095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,743,082	16,375,304	20,118,386	0.234102	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	446,041,660	649,709,703	1,095,751,363		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	446,041,660	649,709,703	1,095,751,363		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:32 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	03630	ULTRA SOUND	0.000000		54.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 10:32 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,781,005	0	2,781,005	29,371	94.69	30.00	
31.00	INTENSIVE CARE UNIT	689,909		689,909	1,155	597.32	31.00	
40.00	SUBPROVIDER - IPF	1,465,981	0	1,465,981	12,748	115.00	40.00	
43.00	NURSERY	42,229		42,229	150	281.53	43.00	
200.00	Total (lines 30 through 199)	4,979,124		4,979,124	43,424		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	7,049	667,470					30.00
31.00	INTENSIVE CARE UNIT	1,061	633,757					31.00
40.00	SUBPROVIDER - IPF	3,460	397,900					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	11,570	1,699,127					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	986,025	92,062,922	0.010710	16,523,618	176,968	50.00
51.00	05100	RECOVERY ROOM	763,514	28,172,993	0.027101	3,098,073	83,961	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	590,259	2,933,616	0.201205	7,534	1,516	52.00
53.00	05300	ANESTHESIOLOGY	25,548	10,342,765	0.002470	1,136,659	2,808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	425,104	30,928,598	0.013745	3,635,712	49,973	54.00
54.02	03630	ULTRA SOUND	102,373	13,170,197	0.007773	1,139,654	8,859	54.02
57.00	05700	CT SCAN	70,504	62,894,326	0.001121	6,859,931	7,690	57.00
58.00	05800	MRI	87,926	10,397,866	0.008456	1,097,380	9,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	145,754	68,614,778	0.002124	7,664,178	16,279	59.00
60.00	06000	LABORATORY	79,547	73,522,808	0.001082	12,156,800	13,154	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,095	2,263,833	0.007993	605,799	4,842	63.00
65.00	06500	RESPIRATORY THERAPY	48,091	14,010,052	0.003433	5,138,887	17,642	65.00
66.00	06600	PHYSICAL THERAPY	16,863	9,031,997	0.001867	1,561,406	2,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,532	1,234,271	0.005292	231,959	1,228	67.00
68.00	06800	SPEECH PATHOLOGY	12,676	1,269,849	0.009982	252,290	2,518	68.00
69.00	06900	ELECTROCARDIOLOGY	116,936	20,488,782	0.005707	3,870,830	22,091	69.00
70.01	03320	ELECTROSHOCK THERAPY	33	107,380	0.000307	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	533,072	63,175,979	0.008438	9,809,698	82,774	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,267	33,761,279	0.003296	5,145,582	16,960	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,702	147,687,972	0.001020	17,799,934	18,156	73.00
74.00	07400	RENAL DIALYSIS	23,870	9,753,755	0.002447	2,570,791	6,291	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	292,236	3,864,128	0.075628	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	95,412	2,621,534	0.036395	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	42,135	1,727,211	0.024395	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	14,782	7,826,183	0.001889	0	0	90.01
90.02	09002	PRCC	501,234	81,922,926	0.006118	131	1	90.02
91.00	09100	EMERGENCY	652,888	141,341,757	0.004619	9,548,051	44,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	493,408	20,118,386	0.024525	1,419,260	34,807	92.00
200.00		Total (lines 50 through 199)	6,406,786	955,248,143		111,274,157	624,814	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 10:32 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	29,371	0.00	7,049	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,155	0.00	1,061	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	12,748	0.00	3,460	40.00	
43.00	04300	NURSERY	0	0	150	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	43,424		11,570	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:32 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	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.02 03630 ULTRASOUND	0	0	0	0	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	0	75.01
76.00 03950 OCCUPATIONAL HEALTH	0	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	0	0	90.01
90.02 09002 PRCC	0	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0174

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	92,062,922	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,172,993	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,933,616	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,342,765	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,928,598	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	13,170,197	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	62,894,326	0.000000	57.00
58.00	05800	MRI	0	0	0	10,397,866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	68,614,778	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,522,808	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,263,833	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,010,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,031,997	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,234,271	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,269,849	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,488,782	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	107,380	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	63,175,979	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,761,279	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	147,687,972	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,753,755	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,864,128	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,621,534	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	1,727,211	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	7,826,183	0.000000	90.01
90.02	09002	PRCC	0	0	0	81,922,926	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	141,341,757	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,118,386	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	955,248,143		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:32 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	16,523,618	0	9,762,210	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,098,073	0	4,268,960	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	7,534	0	192	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,136,659	0	1,695,479	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,635,712	0	4,275,354	0	54.00
54.02	03630 ULTRA SOUND	0.000000	1,139,654	0	1,037,139	0	54.02
57.00	05700 CT SCAN	0.000000	6,859,931	0	8,492,060	0	57.00
58.00	05800 MRI	0.000000	1,097,380	0	1,834,113	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,664,178	0	16,549,113	0	59.00
60.00	06000 LABORATORY	0.000000	12,156,800	0	5,273,436	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	605,799	0	225,998	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,138,887	0	265,208	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,561,406	0	144,809	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	231,959	0	17,697	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	252,290	0	19,961	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,870,830	0	3,222,917	0	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	0	0	43,680	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,809,698	0	12,257,111	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,145,582	0	8,041,510	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,799,934	0	6,556,641	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,570,791	0	190,603	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	287,116	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	985,959	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	199,695	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002 PRCC	0.000000	131	0	60,790,001	0	90.02
91.00	09100 EMERGENCY	0.000000	9,548,051	0	11,912,141	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,419,260	0	5,841,141	0	92.00
200.00	Total (lines 50 through 199)		111,274,157	0	164,190,244	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:32 am
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.065738	9,762,210	0	266	641,748	50.00
51.00	05100 RECOVERY ROOM	0.149267	4,268,960	0	0	637,215	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.225687	192	0	0	235	52.00
53.00	05300 ANESTHESIOLOGY	0.034603	1,695,479	0	0	58,669	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129863	4,275,354	0	7	555,210	54.00
54.02	03630 ULTRA SOUND	0.096942	1,037,139	0	0	100,542	54.02
57.00	05700 CT SCAN	0.019210	8,492,060	0	0	163,132	57.00
58.00	05800 MRI	0.055518	1,834,113	0	24	101,826	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046679	16,549,113	0	0	772,496	59.00
60.00	06000 LABORATORY	0.093853	5,273,436	131	0	494,928	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.022036	225,998	0	0	4,980	63.00
65.00	06500 RESPIRATORY THERAPY	0.119897	265,208	0	0	31,798	65.00
66.00	06600 PHYSICAL THERAPY	0.202039	144,809	0	0	29,257	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.312210	17,697	0	0	5,525	67.00
68.00	06800 SPEECH PATHOLOGY	0.355738	19,961	0	0	7,101	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054399	3,222,917	0	146	175,323	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.003585	43,680	0	0	157	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.361442	12,257,111	0	32	4,430,235	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134988	8,041,510	0	0	1,085,507	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.044390	6,556,641	0	37,217	291,049	73.00
74.00	07400 RENAL DIALYSIS	0.105093	190,603	0	0	20,031	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.453273	287,116	0	0	130,142	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.252521	985,959	0	0	248,975	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	0.886633	199,695	0	0	177,056	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.191873	0	0	0	0	90.01
90.02	09002 PRCC	0.467332	60,790,001	0	74,570	28,409,113	90.02
91.00	09100 EMERGENCY	0.063095	11,912,141	0	0	751,597	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.234102	5,841,141	0	0	1,367,423	92.00
200.00	Subtotal (see instructions)		164,190,244	131	112,262	40,691,270	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		164,190,244	131	112,262	40,691,270	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:32 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	17	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1	54.00
54.02 03630	ULTRA SOUND	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	1	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	12	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	8	69.00
70.01 03320	ELECTROSHOCK THERAPY	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,652	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.00 03950	OCCUPATIONAL HEALTH	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	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 09001	OUTPATIENT PROCEDURES	0	0	90.01
90.02 09002	PRCC	0	34,849	90.02
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	12	36,540	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	12	36,540	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 10:32 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	986,025	92,062,922	0.010710	1,299	14	50.00
51.00	05100 RECOVERY ROOM	763,514	28,172,993	0.027101	8	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	590,259	2,933,616	0.0201205	0	0	52.00
53.00	05300 ANESTHESIOLOGY	25,548	10,342,765	0.002470	27,531	68	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	425,104	30,928,598	0.013745	48,937	673	54.00
54.02	03630 ULTRA SOUND	102,373	13,170,197	0.007773	22,082	172	54.02
57.00	05700 CT SCAN	70,504	62,894,326	0.001121	189,958	213	57.00
58.00	05800 MRI	87,926	10,397,866	0.008456	26,202	222	58.00
59.00	05900 CARDIAC CATHETERIZATION	145,754	68,614,778	0.002124	12,990	28	59.00
60.00	06000 LABORATORY	79,547	73,522,808	0.001082	628,741	680	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	18,095	2,263,833	0.007993	9,542	76	63.00
65.00	06500 RESPIRATORY THERAPY	48,091	14,010,052	0.003433	20,770	71	65.00
66.00	06600 PHYSICAL THERAPY	16,863	9,031,997	0.001867	56,580	106	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,532	1,234,271	0.005292	1,348	7	67.00
68.00	06800 SPEECH PATHOLOGY	12,676	1,269,849	0.009982	9,933	99	68.00
69.00	06900 ELECTROCARDIOLOGY	116,936	20,488,782	0.005707	33,397	191	69.00
70.01	03320 ELECTROSHOCK THERAPY	33	107,380	0.000307	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	533,072	63,175,979	0.008438	3,987	34	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	111,267	33,761,279	0.003296	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	150,702	147,687,972	0.001020	2,421,794	2,470	73.00
74.00	07400 RENAL DIALYSIS	23,870	9,753,755	0.002447	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	292,236	3,864,128	0.075628	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	95,412	2,621,534	0.036395	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	42,135	1,727,211	0.024395	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	14,782	7,826,183	0.001889	0	0	90.01
90.02	09002 PRCC	501,234	81,922,926	0.006118	1	0	90.02
91.00	09100 EMERGENCY	652,888	141,341,757	0.004619	775,878	3,584	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	20,118,386	0.000000	35,230	0	92.00
200.00	Total (lines 50 through 199)	5,913,378	955,248,143		4,326,208	8,708	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630 ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	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 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002 PRCC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	92,062,922	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	28,172,993	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,933,616	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,342,765	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	30,928,598	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	13,170,197	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	62,894,326	0.000000	57.00
58.00	05800	MRI	0	0	0	10,397,866	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	68,614,778	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,522,808	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,263,833	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	14,010,052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,031,997	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,234,271	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,269,849	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	20,488,782	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	107,380	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	63,175,979	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,761,279	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	147,687,972	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	9,753,755	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,864,128	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,621,534	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	1,727,211	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	7,826,183	0.000000	90.01
90.02	09002	PRCC	0	0	0	81,922,926	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	141,341,757	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	20,118,386	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	955,248,143		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	1,299	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	8	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	27,531	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	48,937	0	612	0	54.00
54.02	03630	ULTRA SOUND	0.000000	22,082	0	0	0	54.02
57.00	05700	CT SCAN	0.000000	189,958	0	0	0	57.00
58.00	05800	MRI	0.000000	26,202	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	12,990	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	628,741	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	9,542	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	20,770	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	56,580	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,348	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	9,933	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	33,397	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,987	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,421,794	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	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	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002	PRCC	0.000000	1	0	540	0	90.02
91.00	09100	EMERGENCY	0.000000	775,878	0	806	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	35,230	0	0	0	92.00
200.00		Total (lines 50 through 199)		4,326,208	0	1,958	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:32 am			
			Title XVIII	Subprovider - IPF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.065738	0	0	12	0	50.00
51.00	05100 RECOVERY ROOM	0.149267	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.225687	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034603	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129863	612	0	0	79	54.00
54.02	03630 ULTRA SOUND	0.096942	0	0	0	0	54.02
57.00	05700 CT SCAN	0.019210	0	0	0	0	57.00
58.00	05800 MRI	0.055518	0	0	1	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046679	0	0	0	0	59.00
60.00	06000 LABORATORY	0.093853	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.022036	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.119897	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.202039	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.312210	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.355738	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054399	0	0	7	0	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.003585	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.361442	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134988	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.044390	0	0	1,883	0	73.00
74.00	07400 RENAL DIALYSIS	0.105093	0	0	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.453273	0	0	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.252521	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.886633	0	0	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.191873	0	0	0	0	90.01
90.02	09002 PRCC	0.467332	540	0	0	252	90.02
91.00	09100 EMERGENCY	0.063095	806	0	0	51	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.234102	0	0	0	0	92.00
200.00	Subtotal (see instructions)		1,958	0	1,903	382	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		1,958	0	1,903	382	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:32 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	1		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 03630 ULTRA SOUND	0	0		54.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 03320 ELECTROSHOCK THERAPY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	84		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00 03950 OCCUPATIONAL HEALTH	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 THOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
90.02 09002 PRCC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	85		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	85		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2018 10:32 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,371	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,371	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)		24,160	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,049	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)		26,545,671	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)		26,545,671	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)		26,545,671	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)		903.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,370,957	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)		6,370,957	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 10:32 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)	
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	6,905,375	1,155	5,978.68	1,061	6,343,379	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,424,877	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,139,213	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,301,227	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					624,814	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,926,041	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,213,172	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)					5,211	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					903.81	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,709,754	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 10:32 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	2,781,005	26,545,671	0.104763	4,709,754	493,408	90.00
91.00	Nursing School cost	0	26,545,671	0.000000	4,709,754	0	91.00
92.00	Allied health cost	0	26,545,671	0.000000	4,709,754	0	92.00
93.00	All other Medical Education	0	26,545,671	0.000000	4,709,754	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 10:32 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,748	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,748	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)		12,748	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)		3,460	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)		12,438,432	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)		12,438,432	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)		12,438,432	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)		975.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,375,991	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)		3,375,991	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 10:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				260,353		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,636,344		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)				397,900		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				8,708		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				406,608		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				3,229,736		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 10:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,465,981	12,438,432	0.117859	0	0	90.00
91.00	Nursing School cost	0	12,438,432	0.000000	0	0	91.00
92.00	Allied health cost	0	12,438,432	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,438,432	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,214,236	30.00
31.00	03100	INTENSIVE CARE UNIT		10,260,508	31.00
40.00	04000	SUBPROVIDER - IPF		340,327	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.065738	16,523,618	50.00
51.00	05100	RECOVERY ROOM	0.149267	3,098,073	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.225687	7,534	52.00
53.00	05300	ANESTHESIOLOGY	0.034603	1,136,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129863	3,635,712	54.00
54.02	03630	ULTRA SOUND	0.096942	1,139,654	54.02
57.00	05700	CT SCAN	0.019210	6,859,931	57.00
58.00	05800	MRI	0.055518	1,097,380	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046679	7,664,178	59.00
60.00	06000	LABORATORY	0.093853	12,156,800	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.022036	605,799	63.00
65.00	06500	RESPIRATORY THERAPY	0.119897	5,138,887	65.00
66.00	06600	PHYSICAL THERAPY	0.202039	1,561,406	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.312210	231,959	67.00
68.00	06800	SPEECH PATHOLOGY	0.355738	252,290	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054399	3,870,830	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.003585	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.361442	9,809,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134988	5,145,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.044390	17,799,934	73.00
74.00	07400	RENAL DIALYSIS	0.105093	2,570,791	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.453367	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.252521	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.886633	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.191873	0	90.01
90.02	09002	PRCC	0.467332	131	90.02
91.00	09100	EMERGENCY	0.063161	9,548,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.234102	1,419,260	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		111,274,157	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)		111,274,157	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 10:32 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		9,648,663		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.065738	1,299	85	50.00
51.00	05100 RECOVERY ROOM	0.149267	8	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.225687	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034603	27,531	953	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129863	48,937	6,355	54.00
54.02	03630 ULTRA SOUND	0.096942	22,082	2,141	54.02
57.00	05700 CT SCAN	0.019210	189,958	3,649	57.00
58.00	05800 MRI	0.055518	26,202	1,455	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046679	12,990	606	59.00
60.00	06000 LABORATORY	0.093853	628,741	59,009	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.022036	9,542	210	63.00
65.00	06500 RESPIRATORY THERAPY	0.119897	20,770	2,490	65.00
66.00	06600 PHYSICAL THERAPY	0.202039	56,580	11,431	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.312210	1,348	421	67.00
68.00	06800 SPEECH PATHOLOGY	0.355738	9,933	3,534	68.00
69.00	06900 ELECTROCARDIOLOGY	0.054399	33,397	1,817	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.003585	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.361442	3,987	1,441	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.134988	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.044390	2,421,794	107,503	73.00
74.00	07400 RENAL DIALYSIS	0.105093	0	0	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.453367	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.252521	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.886633	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.191873	0	0	90.01
90.02	09002 PRCC	0.467332	1	0	90.02
91.00	09100 EMERGENCY	0.063161	775,878	49,005	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.234102	35,230	8,247	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,326,208	260,353	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		4,326,208	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 10:32 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)		13,143,449	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,981,655	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)		301,358	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)		211.72	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)		4.29	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.30	31.00
32.00	Sum of lines 30 and 31		30.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.45	33.00
34.00	Disproportionate share adjustment (see instructions)		654,769	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 10:32 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)		1,381,074	1,474,009	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,032,967	371,531	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,404,498		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)		20,485,729		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)		20,485,729		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,576,786		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		0		53.00
54.00	Special add-on payments for new technologies		7,250		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,069,765		59.00
60.00	Primary payer payments		14,249		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,055,516		61.00
62.00	Deductibles billed to program beneficiaries		1,636,516		62.00
63.00	Coinurance billed to program beneficiaries		69,692		63.00
64.00	Allowable bad debts (see instructions)		539,784		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		350,860		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		447,155		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,700,168		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	NEW TECHNOLOGY		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)		1,242		70.93
70.94	HRR adjustment amount (see instructions)		-59,698		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 10:32 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)		20,641,712	71.00
71.01	Sequestration adjustment (see instructions)		412,834	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		19,773,459	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)		455,419	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		117,293	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: 14-0174

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 10:32 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	13,143,449	0	13,143,449		13,143,449	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,981,655	0		4,981,655	4,981,655	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	301,358	0	240,150	61,208	301,358	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	0.1445	0.1445	0.1445	0.1445		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	654,769	0	474,807	179,962	654,769	11.00
11.01	Uncompensated care payments	36.00	1,404,498	0	1,309,368	364,931	1,674,299	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	20,485,729	0	14,897,973	5,587,756	20,485,729	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	20,485,729	0	14,897,973	5,587,756	20,485,729	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,576,786	0	1,143,989	432,797	1,576,786	16.00
17.00	Special add-on payments for new technologies	54.00	7,250	0	7,250	0	7,250	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: 14-0174

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 10:32 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	16,049,212	6,020,553	22,069,765	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	1,469,812	0	1,064,009	405,803	1,469,812	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	13,053	0	11,990	1,063	13,053	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	0.0639	0.0639	0.0639	0.0639		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,921	0	67,990	25,931	93,921	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,576,786	0	1,143,989	432,797	1,576,786	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: 14-0174		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2018 10:32 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	13,143,449	13,143,449		13,143,449	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,981,655		4,981,655	4,981,655	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	301,358	240,150	61,208	301,358	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	0.1445	0.1445	0.1445		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	654,769	474,807	179,962	654,769	11.00
11.01	Uncompensated care payments	36.00	1,404,498	1,032,967	371,531	1,404,498	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	20,485,729	14,891,373	5,594,356	20,485,729	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	20,485,729	14,891,373	5,594,356	20,485,729	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,576,786	1,143,989	432,797	1,576,786	16.00
17.00	Special add-on payments for new technologies	54.00	7,250	7,250	0	7,250	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			16,042,612	6,027,153	22,069,765	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2018 10:32 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	1,469,812	1,064,009	405,803	1,469,812	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	13,053	11,990	1,063	13,053	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	0.0639	0.0639	0.0639		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	93,921	67,990	25,931	93,921	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,576,786	1,143,989	432,797	1,576,786	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	1,242	17,039	-15,797	1,242	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	-59,698	-40,767	-18,931	-59,698	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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 10:32 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		36,552	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,691,270	2.00
3.00	OPPS payments		25,238,389	3.00
4.00	Outlier payment (see instructions)		545,050	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		36,552	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		112,393	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)		112,393	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)		112,393	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		75,841	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		36,552	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)		25,783,439	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,212,526	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)		21,607,465	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)		21,607,465	30.00
31.00	Primary payer payments		6,619	31.00
32.00	Subtotal (line 30 minus line 31)		21,600,846	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		714,801	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		464,621	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		466,178	36.00
37.00	Subtotal (see instructions)		22,065,467	37.00
38.00	MSP-LCC reconciliation amount from PS&R		259	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)		22,065,208	40.00
40.01	Sequestration adjustment (see instructions)		441,304	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		21,363,559	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		260,345	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 10:32 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		85	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		382	2.00
3.00	OPPS payments		451	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		85	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,903	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)		1,903	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)		1,903	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,818	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)		85	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)		451	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		12	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)		524	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)		524	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		524	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		3,020	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,963	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,487	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,487	40.00
40.01	Sequestration adjustment (see instructions)		50	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		571	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,866	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: 14-0174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 10:32 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		19,515,134		21,136,170	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		276,590		276,739	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/03/2017	18,265	08/03/2017	49,350	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)		-18,265		-49,350	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)		19,773,459		21,363,559	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		455,419		260,345	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,228,878		21,623,904	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0174
Component CCN: 14-S174

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 10:32 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,799,854		571	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,799,854		571	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		178,942		1,866	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,978,796		2,437	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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 10:32 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: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part I Date/Time Prepared: 5/29/2018 10:32 am
		Title XVIII	Hospital	PPS
				1.00
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)			0 1.00
1.01	Nursing and allied health managed care payment (see instructions)			0 1.01
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			0 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5)			0 6.00
7.00	Deductibles			0 7.00
8.00	Subtotal (line 6 minus line 7)			0 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			0 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			0 14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 15.00
16.00	DO NOT USE THIS LINE			0 16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Demonstration payment adjustment amount before sequestration			0 17.99
18.00	Total amount payable to the provider (see instructions)			0 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
18.02	Demonstration payment adjustment amount after sequestration			0 18.02
19.00	Interim payments			0 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 18.02, 19, and 20)			0 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/29/2018 10:32 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,182,627 1.00
2.00	Net IPF PPS Outlier Payments			71,503 2.00
3.00	Net IPF PPS ECT Payments			6,725 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			34.926027 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,260,855 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,260,855 16.00
17.00	Primary payer payments			938 17.00
18.00	Subtotal (line 16 less line 17).			3,259,917 18.00
19.00	Deductibles			272,356 19.00
20.00	Subtotal (line 18 minus line 19)			2,987,561 20.00
21.00	Coinsurance			130,557 21.00
22.00	Subtotal (line 20 minus line 21)			2,857,004 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			280,898 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			182,584 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			218,421 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,039,588 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,039,588 31.00
31.01	Sequestration adjustment (see instructions)			60,792 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,799,854 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			178,942 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			71,503 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 14-0174

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

Worksheet G

Date/Time Prepared:
5/29/2018 10:32 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	1,511,865	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	28,614,659	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,694,930	0	0	0	7.00
8.00	Prepaid expenses	2,668,850	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	6,475,901	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	43,966,205	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,545,766	0	0	0	12.00
13.00	Land improvements	4,601,784	0	0	0	13.00
14.00	Accumulated depreciation	-3,738,731	0	0	0	14.00
15.00	Buildings	123,649,177	0	0	0	15.00
16.00	Accumulated depreciation	-81,835,880	0	0	0	16.00
17.00	Leasehold improvements	891,859	0	0	0	17.00
18.00	Accumulated depreciation	-748,815	0	0	0	18.00
19.00	Fixed equipment	7,377,579	0	0	0	19.00
20.00	Accumulated depreciation	-6,247,643	0	0	0	20.00
21.00	Automobiles and trucks	166,080	0	0	0	21.00
22.00	Accumulated depreciation	-155,689	0	0	0	22.00
23.00	Major movable equipment	47,433,764	0	0	0	23.00
24.00	Accumulated depreciation	-37,251,459	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)	58,687,792	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,915,052	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,915,052	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	109,569,049	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,640,444	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	251,987	0	0	0	40.00
41.00	Deferred income	8,505	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,637,133	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,555,069	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	146,662	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	146,662	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	17,701,731	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	91,867,318	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	91,867,318	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	109,569,049	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0174

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 10:32 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		77,098,092		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,769,226			2.00
3.00	Total (sum of line 1 and line 2)		91,867,318		0	3.00
4.00	ADJUSTMENT	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		91,867,318		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		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)		91,867,318		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	ADJUSTMENT		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0174

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 10:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,023,517		78,023,517	1.00
2.00	SUBPROVIDER - IPF	35,899,427		35,899,427	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)	113,922,944		113,922,944	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,012,525		26,012,525	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,012,525		26,012,525	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	139,935,469		139,935,469	17.00
18.00	Ancillary services	306,106,191	512,853,959	818,960,150	18.00
19.00	Outpatient services	0	102,856,121	102,856,121	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - CONTRACT PHARMACY	0	240,443	240,443	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	446,041,660	615,950,523	1,061,992,183	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,136,901		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		185,136,901		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0174

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

Worksheet G-3

Date/Time Prepared:
5/29/2018 10:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,061,992,183	1.00
2.00	Less contractual allowances and discounts on patients' accounts	870,504,536	2.00
3.00	Net patient revenues (line 1 minus line 2)	191,487,647	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	185,136,901	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,350,746	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	161,218	6.00
7.00	Income from investments	117,456	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	452,138	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,687,668	24.00
25.00	Total other income (sum of lines 6-24)	8,418,480	25.00
26.00	Total (line 5 plus line 25)	14,769,226	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)	14,769,226	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet I-5 Date/Time Prepared: 5/29/2018 10:32 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)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	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)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	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)	0	0	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	0	0	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	0	0	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	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0174	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 10:32 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,469,812	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		13,053	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)		69.53	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)		4.29	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.30	8.00
9.00	Sum of lines 7 and 8		30.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.39	10.00
11.00	Disproportionate share adjustment (see instructions)		93,921	11.00
12.00	Total prospective capital payments (see instructions)		1,576,786	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