

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: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/31/2018 5:48 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: _____ Time: _____

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended

6. Date Received: _____

7. Contractor No. _____

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date: _____

11. Contractor's Vendor Code: _____ 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 SAINTS MARY & ELIZABETH MED (14-0180) 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) _____
Officer or Administrator of Provider(s)

CFO _____
Title

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	1,966,670	-5,563	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-75,723	337		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	8,347	-38		0	7.00
200.00 Total	0	1,899,294	-5,264	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 5:48 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2233 WEST DIVISION STREET			PO Box:							1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60622		County: COOK			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		PRESENCE SAINTS MARY & ELIZABETH MED		140180	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		ST. MARY OF NAZARETH REHAB UNIT		14T180	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF		ST. ELIZABETH'S SNF		145541	16974		01/28/1986	N	P	N	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	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.			31,581	10,839	0	0	8,498	1,326		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			77	0	0	0	768			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 5:48 pm			
		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.		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1		60.01
		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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						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)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000
		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		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	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: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 5:48 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00			
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	6,311,540		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H082		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/31/2018 5:48 pm							
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: PRESENCE CARE TRANSFORMATION CORP	Contractor's Name: NGS		Contractor's Number: 00131				141.00					
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:						142.00					
143.00	City: CHICAGO	State: IL		Zip Code: 60606				143.00					
144.00 Are provider based physicians' costs included in Worksheet A?													
Y													
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.													
N													
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.													
N													
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.													
N													
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.													
N													
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.													
N													
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		N		N		155.00			
156.00	Subprovider - IPF	N		N		N		N		156.00			
157.00	Subprovider - IRF	N		N		N		N		157.00			
158.00	SUBPROVIDER	N		N		N		N		158.00			
159.00	SNF	N		N		N		N		159.00			
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00			
161.00	CMHC	N		N		N		N		161.00			
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.													
N													
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)													
0.00													
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.													
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)													
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)													
0													
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)													
9.99													
								Beginn ing		Endi ng			
								1.00		2.00			
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)													
								01/01/2017		12/31/2017			
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)													
N													
0													

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 5:48 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/11/2018	Y	05/11/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 5:48 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.	MI KE		NI CHOLS	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) 813-3713		KMI CHAEL.NI CHOLS@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/31/2018 5:48 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VP NET REVENUE & REIMBURSEMENT		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

HFS Supplemental Information		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 5/31/2018 5:48 pm	
		Title V 1.00	Title XIX 2.00		
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00	
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00	
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00	
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01	
		Inpatient 1.00	Outpatient 2.00		
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00	
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00	
		Title V 1.00	Title XIX 2.00		
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00	
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00	
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00	
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	359	129,392	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)		359	129,392	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,466	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)		385	138,858	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	30	10,950		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		430				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)		8	2,928			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: 14-0180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	21,511	11,142	87,549			1.00
2.00 HMO and other (see instructions)	9,453	38,608				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	534	768				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,511	11,142	87,549			7.00
8.00 INTENSIVE CARE UNIT	1,485	328	5,769			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		1,646	3,510			13.00
14.00 Total (see instructions)	22,996	13,116	96,828	52.62	1,414.52	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	965	77	2,827	0.00	14.14	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	6,104	0	8,187	0.00	34.64	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				52.62	1,463.30	27.00
28.00 Observation Bed Days		2,346	5,817			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	520	686			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			13			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: 14-0180

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

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,815	2,246	18,188	1.00
2.00 HMO and other (see instructions)			1,664	7,646		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				66		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,815	2,246	18,188	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	82	20	251	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/31/2018 5:48 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	98,564,960	249,073	98,814,033	3,043,662.00	32.47	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		13,104	0	13,104	156.00	84.00	4.00
4.01	Physicians - Part A - Teaching		847,510	0	847,510	9,588.00	88.39	4.01
5.00	Physician and Non-Physician-Part B		2,327,961	0	2,327,961	23,112.00	100.73	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	2,754,897	2,754,897	100,996.00	27.28	7.00
7.01	Contracted interns and residents (in an approved programs)		697,542	0	697,542	16,640.00	41.92	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,651,934	0	2,651,934	72,057.00	36.80	9.00
10.00	Excluded area salaries (see instructions)		1,134,999	21,126	1,156,125	35,542.00	32.53	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		4,909,128	0	4,909,128	148,512.00	33.06	11.00
12.00	Contract labor: Top level management and other management and administrative services		9,682,107	0	9,682,107	200,077.00	48.39	12.00
13.00	Contract Labor: Physician-Part A - Administrative		53,063	0	53,063	150.00	353.75	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		18,273,496	0	18,273,496	423,914.00	43.11	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		23,319,614	0	23,319,614			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		954,813	0	954,813			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		2,259	0	2,259			22.00
22.01	Physician Part A - Teaching		142,120	0	142,120			22.01
23.00	Physician Part B		364,586	0	364,586			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		561,209	0	561,209			25.00
25.50	Home office wage-related (core)		4,858,522	0	4,858,522			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-232,932	249,073	16,141	319.00	50.60	26.00
27.00	Administrative & General	5.00	10,222,490	0	10,222,490	380,922.00	26.84	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0180

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

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2018 5:48 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		6,688,639	0	6,688,639	36,076.00	185.40	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,284,176	-21,126	2,263,050	62,562.00	36.17	30.00
31.00	Laundry & Linen Service	8.00	125,864	0	125,864	9,057.00	13.90	31.00
32.00	Housekeeping	9.00	1,908,520	0	1,908,520	136,505.00	13.98	32.00
33.00	Housekeeping under contract (see instructions)		861,902	0	861,902	28,730.00	30.00	33.00
34.00	Dietary	10.00	2,064,448	-906,219	1,158,229	83,084.00	13.94	34.00
35.00	Dietary under contract (see instructions)		1,107,919	0	1,107,919	18,721.00	59.18	35.00
36.00	Cafeteria	11.00	0	906,219	906,219	65,016.00	13.94	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,123,171	0	2,123,171	46,483.00	45.68	38.00
39.00	Central Services and Supply	14.00	268,341	0	268,341	14,111.00	19.02	39.00
40.00	Pharmacy	15.00	3,998,620	0	3,998,620	97,987.00	40.81	40.00
41.00	Medical Records & Medical Records Library	16.00	46,065	0	46,065	2,080.00	22.15	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: 14-0180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2018 5:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,350,407	-2,505,824	100,844,583	2,976,853.00	33.88	1.00
2.00	Excluded area salaries (see instructions)	3,786,933	21,126	3,808,059	107,599.00	35.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,563,474	-2,526,950	97,036,524	2,869,254.00	33.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,917,794	0	32,917,794	772,653.00	42.60	4.00
5.00	Subtotal wage-related costs (see inst.)	28,180,395	0	28,180,395	0.00	29.04	5.00
6.00	Total (sum of lines 3 thru 5)	160,661,663	-2,526,950	158,134,713	3,641,907.00	43.42	6.00
7.00	Total overhead cost (see instructions)	31,467,223	227,947	31,695,170	981,653.00	32.29	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2018 5:48 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,815,684 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			3,580,602 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)			8,850,065 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			249,661 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			54,737 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)			279,780 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,181,450 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			7,020,877 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			124,727 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			187,019 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			25,344,602 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,909,128	25,344,602	1.00
2.00	Hospital	4,909,128	23,319,614	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	790,135	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,234,853	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:
5/31/2018 5:48 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	9	0	9	3.00
4.00	RUL	13	0	13	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	818	0	818	12.00
13.00	RUB	2,946	0	2,946	13.00
14.00	RUA	1,210	0	1,210	14.00
15.00	RVC	147	0	147	15.00
16.00	RVB	426	0	426	16.00
17.00	RVA	80	0	80	17.00
18.00	RHC	23	0	23	18.00
19.00	RHB	92	0	92	19.00
20.00	RHA	23	0	23	20.00
21.00	RMC	25	0	25	21.00
22.00	RMB	11	0	11	22.00
23.00	RMA	27	0	27	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	6	0	6	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	107	0	107	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	4	0	4	40.00
41.00	LC2	3	0	3	41.00
42.00	LC1	71	0	71	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	9	0	9	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	1	0	1	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	4	0	4	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	39	0	39	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	1	0	1	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0180

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

Worksheet S-7

Date/Time Prepared:
5/31/2018 5:48 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	1	0	1	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	3	0	3	199.00
200.00	TOTAL		6,104	0	6,104	200.00

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

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

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		8,561,360		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/31/2018 5:48 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.187798	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		147,827,226	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		589,508,285	6.00	
7.00	Medicaid cost (line 1 times line 6)		110,708,477	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)	24,101,724	1,718,294	25,820,018	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,526,256	1,718,294	6,244,550	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)	4,526,256	1,718,294	6,244,550	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)			6,401,445	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,366,804	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,102,776	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,298,669	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,543,253	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,787,803	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,787,803	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	11,948,921	11,948,921	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	9,158,382	9,158,382	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-232,932	-805,872	-1,038,804	22,713,833	21,675,029	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,222,490	90,873,550	101,096,040	-15,053,802	86,042,238	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,284,176	8,838,683	11,122,859	-1,148,699	9,974,160	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	125,864	864,166	990,030	-56,586	933,444	8.00
9.00	00900	HOUSEKEEPING	1,908,520	2,143,976	4,052,496	-912,991	3,139,505	9.00
10.00	01000	DIETARY	2,064,448	3,813,846	5,878,294	-3,508,437	2,369,857	10.00
11.00	01100	CAFETERIA	0	827	827	2,579,535	2,580,362	11.00
13.00	01300	NURSING ADMINISTRATION	2,123,171	804,238	2,927,409	-574,334	2,353,075	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	268,341	1,613,055	1,881,396	-1,517,894	363,502	14.00
15.00	01500	PHARMACY	3,998,620	9,583,309	13,581,929	-9,194,268	4,387,661	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,065	93,754	139,819	-34,517	105,302	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	3,452,439	3,452,439	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,575,876	1,740,150	6,316,026	-4,282,045	2,033,981	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	184,615	35,313	219,928	-32,415	187,513	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,308,686	22,301,992	52,610,678	-9,342,989	43,267,689	30.00
31.00	03100	INTENSIVE CARE UNIT	4,984,601	1,630,883	6,615,484	-1,440,116	5,175,368	31.00
41.00	04100	SUBPROVIDER - I&R	942,649	281,440	1,224,089	-234,768	989,321	41.00
43.00	04300	NURSERY	722,233	537,319	1,259,552	-202,120	1,057,432	43.00
44.00	04400	SKILLED NURSING FACILITY	2,651,934	988,133	3,640,067	-728,083	2,911,984	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,421,846	16,596,442	23,018,288	-13,549,819	9,468,469	50.00
51.00	05100	RECOVERY ROOM	819,733	268,132	1,087,865	-261,977	825,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,534,566	138,387	1,672,953	-222,599	1,450,354	52.00
53.00	05300	ANESTHESIOLOGY	111,044	1,240,402	1,351,446	-444,963	906,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,620,315	1,814,303	5,434,618	-1,335,858	4,098,760	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,582,937	7,982,104	9,565,041	-7,025,901	2,539,140	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	222,779	532,352	755,131	-327,951	427,180	55.00
57.00	05700	CT SCAN	622,381	150,738	773,119	-150,605	622,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	297,910	562,082	859,992	-396,776	463,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	544,551	1,098,455	1,643,006	-1,054,220	588,786	59.00
60.00	06000	LABORATORY	0	10,551,732	10,551,732	-186,501	10,365,231	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	60,539	6,163	66,702	-6,142	60,560	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,369	12,369	-1,025	11,344	63.00
65.00	06500	RESPIRATORY THERAPY	1,637,551	784,759	2,422,310	-615,822	1,806,488	65.00
66.00	06600	PHYSICAL THERAPY	2,633,790	603,221	3,237,011	-555,386	2,681,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,138,558	241,261	1,379,819	-231,011	1,148,808	67.00
68.00	06800	SPEECH PATHOLOGY	264,897	53,079	317,976	-52,800	265,176	68.00
69.00	06900	ELECTROCARDIOLOGY	944,516	548,338	1,492,854	-370,614	1,122,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	221,874	915,112	1,136,986	-72,505	1,064,481	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,765,938	12,765,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,677,344	4,677,344	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,389,892	16,389,892	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	3,874,975	3,874,975	-77,168	3,797,807	76.00
76.01	03950	I/P RENAL DIALYSIS	506,942	347,822	854,764	-221,544	633,220	76.01
76.97	07697	CARDIAC REHABILITATION	137,769	28,679	166,448	-28,374	138,074	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,058,521	833,414	1,891,935	-207,147	1,684,788	90.00
91.00	09100	EMERGENCY	6,994,849	4,577,768	11,572,617	-2,488,711	9,083,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,111,428	5,111,428	-5,111,428	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,557,225	204,212,279	302,769,504	425,373	303,194,877	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,735	1,991	9,726	-3,018	6,708	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	0	0	83,314	83,314	194.00
194.01	07951	OUTPATIENT PHARMACY	0	952,361	952,361	-505,669	446,692	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/31/2018 5:48 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.03	07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00	TOTAL (SUM OF LINES 118 through 199)	98,564,960	205,166,631	303,731,591	0	303,731,591	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0180

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

Worksheet A
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,244,000	13,192,921	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	37,804	9,196,186	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,020,345	22,695,374	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,599,865	79,442,373	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	9,974,160	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	933,444	8.00
9.00	00900	HOUSEKEEPING	0	3,139,505	9.00
10.00	01000	DIETARY	0	2,369,857	10.00
11.00	01100	CAFETERIA	-1,166,127	1,414,235	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,353,075	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	363,502	14.00
15.00	01500	PHARMACY	0	4,387,661	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,388,987	2,494,289	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,452,439	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-200	2,033,781	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	-10,500	177,013	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,719,329	37,548,360	30.00
31.00	03100	INTENSIVE CARE UNIT	97,452	5,272,820	31.00
41.00	04100	SUBPROVIDER - IRF	-27,500	961,821	41.00
43.00	04300	NURSERY	-303,238	754,194	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,911,984	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-858,968	8,609,501	50.00
51.00	05100	RECOVERY ROOM	0	825,888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-159,356	1,290,998	52.00
53.00	05300	ANESTHESIOLOGY	-745,395	161,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,267	4,096,493	54.00
54.01	03190	OUTPATIENT ONCOLOGY	-309,254	2,229,886	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	427,180	55.00
57.00	05700	CT SCAN	0	622,514	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	463,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	588,786	59.00
60.00	06000	LABORATORY	157,562	10,522,793	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	60,560	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,344	63.00
65.00	06500	RESPIRATORY THERAPY	-15,984	1,790,504	65.00
66.00	06600	PHYSICAL THERAPY	0	2,681,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,148,808	67.00
68.00	06800	SPEECH PATHOLOGY	0	265,176	68.00
69.00	06900	ELECTROCARDIOLOGY	-108,973	1,013,267	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-834,439	230,042	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,765,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,677,344	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,389,892	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	-25,635	3,772,172	76.00
76.01	03950	IP RENAL DIALYSIS	0	633,220	76.01
76.97	07697	CARDIAC REHABILITATION	-4,393	133,681	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-425,892	1,258,896	90.00
91.00	09100	EMERGENCY	-1,433,986	7,649,920	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
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,805,151	289,389,726	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,708	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	CONVENT	0	83,314	194.00
194.01	07951	OUTPATIENT PHARMACY	0	446,692	194.01
194.02	07952	FUND DEVELOPMENT	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,805,151	289,926,440	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W
				Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-PHARMACY	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	OUTPATIENT ONCOLOGY	03190	CHEMOTHERAPY	54.01
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	MENTAL HEALTH OUTPATIENT	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
76.01	IP RENAL DIALYSIS	03950		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
193.00	NONPAID WORKERS	19300		193.00
194.00	CONVENT	07950		194.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
194.01	OUTPATIENT PHARMACY	07951		194.01
194.02	FUND DEVELOPMENT	07952		194.02
194.03	NURSING EDUC BLD UNUSED SPACE	07953		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
5/31/2018 5:48 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,782,007	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
TOTALS			0	22,782,007	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,389,892	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
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
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
TOTALS			0	16,389,892	

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
5/31/2018 5:48 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,765,938	1.00
2.00	DIETARY	10.00	0	10,064	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
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
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	12,776,002	
D - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,677,344	1.00
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
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
TOTALS			0	4,677,344	
E - BUILDING INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	239,751	1.00
TOTALS			0	239,751	
F - MORTGAGE INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,136,447	1.00
2.00		0.00	0	0	2.00
TOTALS			0	5,136,447	
G - DEPRECIATION1					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,572,723	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6

Date/Time Prepared:
5/31/2018 5:48 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
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
	TOTALS		0	6,572,723		
H - DEPRECIATION2						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,158,382		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
14.00		0.00	0	0		14.00
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
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
	TOTALS		0	9,158,382		
I - PHONE						
1.00	OPERATION OF PLANT	7.00	0	247,881		1.00
2.00	EMERGENCY	91.00	0	47		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	TOTALS		0	247,928		
J - CAFETERIA						
1.00	CAFETERIA	11.00	906,219	1,674,143		1.00
	TOTALS		906,219	1,674,143		
K - INTERNS RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,754,897	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	697,542		2.00
	TOTALS		2,754,897	697,542		
L - CONVENT MAINT						
1.00	CONVENT	194.00	21,126	62,188		1.00
	TOTALS		21,126	62,188		

RECLASSIFICATIONS

Provider CCN: 14-0180

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		
M - RECLASS EHW SALARY ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	249,073	0	1.00	
	TOTALS		249,073	0		
500.00	Grand Total: Increases		3,931,315	80,414,349	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68,009	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,288,345	0		2.00
3.00	OPERATION OF PLANT	7.00	0	492,100	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	56,568	0		4.00
5.00	HOUSEKEEPING	9.00	0	851,649	0		5.00
6.00	DIETARY	10.00	0	929,867	0		6.00
8.00	NURSING ADMINISTRATION	13.00	0	428,750	0		8.00
9.00	PHARMACY	15.00	0	821,715	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,209	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	828,737	0		11.00
12.00	PARAMED ED PRGM-PHARMACY	23.00	0	32,415	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	7,329,075	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	921,514	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	209,653	0		15.00
16.00	NURSERY	43.00	0	148,267	0		16.00
17.00	SKILLED NURSING FACILITY	44.00	0	627,811	0		17.00
18.00	OPERATING ROOM	50.00	0	1,393,618	0		18.00
19.00	RECOVERY ROOM	51.00	0	168,180	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	222,551	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	29,172	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	836,022	0		22.00
23.00	OUTPATIENT ONCOLOGY	54.01	0	321,205	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	48,799	0		24.00
25.00	CT SCAN	57.00	0	138,997	0		25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	57,680	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	109,937	0		27.00
28.00	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	6,142	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	384,863	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	532,940	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	226,623	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	52,800	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	214,787	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	55,226	0		34.00
35.00	IP RENAL DIALYSIS	76.01	0	107,423	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	25,658	0		36.00
37.00	CLINIC	90.00	0	175,004	0		37.00
38.00	EMERGENCY	91.00	0	1,530,266	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,442	0		39.00
40.00	CENTRAL SERVICES & SUPPLY	14.00	0	93,988	0		40.00
TOTALS			0	22,782,007			
B - DRUGS							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,680	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,180	0		3.00
4.00	PHARMACY	15.00	0	8,296,161	0		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,371	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	332,247	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	65,047	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	606	0		8.00
9.00	NURSERY	43.00	0	1,186	0		9.00
10.00	SKILLED NURSING FACILITY	44.00	0	15,489	0		10.00
11.00	OPERATING ROOM	50.00	0	157,314	0		11.00
12.00	RECOVERY ROOM	51.00	0	9,959	0		12.00
14.00	ANESTHESIOLOGY	53.00	0	98,446	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,993	0		15.00
16.00	OUTPATIENT ONCOLOGY	54.01	0	6,228,752	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	155	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	134,036	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	7,697	0		19.00
20.00	LABORATORY	60.00	0	57,955	0		20.00
22.00	RESPIRATORY THERAPY	65.00	0	942	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	317	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	307	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	23,592	0		25.00
26.00	IP RENAL DIALYSIS	76.01	0	6,882	0		26.00
27.00	MENTAL HEALTH OUTPATIENT	76.00	0	77,006	0		27.00
28.00	CLINIC	90.00	0	2,004	0		28.00
29.00	EMERGENCY	91.00	0	317,429	0		29.00
30.00	OUTPATIENT PHARMACY	194.01	0	505,669	0		30.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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		
31.00	CARDIAC REHABILITATION	76.97	0	70	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,400	0		32.00
	TOTALS		0	16,389,892			
C - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	165	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	80,016	0		2.00
3.00	OPERATION OF PLANT	7.00	0	842	0		3.00
4.00	HOUSEKEEPING	9.00	0	58,579	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	18	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	18	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,331,874	0		7.00
8.00	PHARMACY	15.00	0	49,250	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,610	0		9.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,111,492	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	290,582	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	18,057	0		14.00
15.00	NURSERY	43.00	0	49,335	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	72,302	0		16.00
17.00	OPERATING ROOM	50.00	0	7,919,576	0		17.00
18.00	RECOVERY ROOM	51.00	0	23,405	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	48	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	256,519	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	119,251	0		21.00
22.00	OUTPATIENT ONCOLOGY	54.01	0	42,477	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,009	0		23.00
24.00	CT SCAN	57.00	0	9,411	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	86,523	0		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	397,190	0		26.00
27.00	LABORATORY	60.00	0	21,509	0		27.00
29.00	RESPIRATORY THERAPY	65.00	0	196,394	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	8,409	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	3,154	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	11,703	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,320	0		33.00
34.00	IP RENAL DIALYSIS	76.01	0	100,910	0		34.00
35.00	MENTAL HEALTH OUTPATIENT	76.00	0	162	0		35.00
36.00	CARDIAC REHABILITATION	76.97	0	969	0		36.00
37.00	CLINIC	90.00	0	5,534	0		37.00
38.00	EMERGENCY	91.00	0	491,389	0		38.00
	TOTALS		0	12,776,002			
D - IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	278	0		1.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	25	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,759	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	407,687	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	45,896	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	370	0		7.00
8.00	NURSERY	43.00	0	409	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	2,718	0		9.00
10.00	OPERATING ROOM	50.00	0	3,565,325	0		10.00
11.00	RECOVERY ROOM	51.00	0	1,749	0		11.00
13.00	ANESTHESIOLOGY	53.00	0	23,801	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,601	0		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	6,828	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	49	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,728	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	469,813	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	62	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	101	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	138	0		21.00
22.00	IP RENAL DIALYSIS	76.01	0	1,867	0		22.00
23.00	CLINIC	90.00	0	1,295	0		23.00
24.00	EMERGENCY	91.00	0	113,845	0		24.00
	TOTALS		0	4,677,344			
E - BUILDING INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	239,751	12		1.00
	TOTALS		0	239,751			
F - MORTGAGE INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,111,428	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	25,019	0		2.00
	TOTALS		0	5,136,447			

RECLASSIFICATIONS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet A-6 Date/Time Prepared: 5/31/2018 5:48 pm
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
G - DEPRECIATION1							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,085,454	9		1.00
2.00	OPERATION OF PLANT	7.00	0	22,337	0		2.00
3.00	PHARMACY	15.00	0	413	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	7,295	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	87,582	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	135,072	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	115,713	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	5,951	0		8.00
9.00	NURSERY	43.00	0	2,923	0		9.00
10.00	OPERATING ROOM	50.00	0	513,403	0		10.00
11.00	RECOVERY ROOM	51.00	0	58,684	0		11.00
13.00	ANESTHESIOLOGY	53.00	0	37,025	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	314,991	0		14.00
15.00	OUTPATIENT ONCOLOGY	54.01	0	383,063	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	275,216	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	112,809	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	68,746	0		18.00
19.00	LABORATORY	60.00	0	107,037	0		19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,025	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	33,623	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	11,760	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	826	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	118,921	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,970	0		25.00
26.00	IP RENAL DIALYSIS	76.01	0	4,462	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	299	0		27.00
28.00	CLINIC	90.00	0	21,613	0		28.00
29.00	EMERGENCY	91.00	0	35,510	0		29.00
	TOTALS		0	6,572,723			
H - DEPRECIATION2							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,089,153	9		1.00
2.00	OPERATION OF PLANT	7.00	0	797,987	0		2.00
3.00	HOUSEKEEPING	9.00	0	2,763	0		3.00
4.00	DIETARY	10.00	0	7,256	0		4.00
5.00	CAFETERIA	11.00	0	827	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	138,271	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	511	0		7.00
8.00	PHARMACY	15.00	0	26,729	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,302	0		9.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	869	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	27,416	0		12.00
14.00	OPERATING ROOM	50.00	0	583	0		14.00
16.00	OUTPATIENT ONCOLOGY	54.01	0	42,935	0		16.00
17.00	CT SCAN	57.00	0	2,197	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	837	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	1,960	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	1,473	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	1,316	0		21.00
22.00	CLINIC	90.00	0	1,697	0		22.00
23.00	EMERGENCY	91.00	0	319	0		23.00
25.00	INTENSIVE CARE UNIT	31.00	0	1,364	0		25.00
26.00	SUBPROVIDER - IRF	41.00	0	131	0		26.00
27.00	SKILLED NURSING FACILITY	44.00	0	9,763	0		27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	0	723	0		28.00
	TOTALS		0	9,158,382			
I - PHONE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	244,106	0		1.00
2.00	DIETARY	10.00	0	1,016	0		2.00
3.00	OUTPATIENT ONCOLOGY	54.01	0	641	0		3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,989	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	176	0		5.00
	TOTALS		0	247,928			
J - CAFETERIA							
1.00	DIETARY	10.00	906,219	1,674,143	0		1.00
	TOTALS		906,219	1,674,143			
K - INTERNS RESIDENTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,754,897	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	697,542	0		2.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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		
	TOTALS		2,754,897	697,542			
	L - CONVENT MAINT						
1.00	OPERATION OF PLANT	7.00	21,126	62,188	0		1.00
	TOTALS		21,126	62,188			
	M - RECLASS EHW SALARY ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	249,073	0		1.00
	TOTALS		0	249,073			
500.00	Grand Total: Decreases		3,682,242	80,663,422			500.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6
Non-CMS Worksheet
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Increases				Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - EMPLOYEE BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,782,007	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68,009 1.00
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	2,288,345 2.00
3.00		0.00	0		OPERATION OF PLANT	7.00	0	492,100 3.00
4.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	56,568 4.00
5.00		0.00	0		HOUSEKEEPING	9.00	0	851,649 5.00
6.00		0.00	0		DIETARY	10.00	0	929,867 6.00
8.00		0.00	0		NURSING ADMINISTRATION	13.00	0	428,750 8.00
9.00		0.00	0		PHARMACY	15.00	0	821,715 9.00
10.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	14,209 10.00
11.00		0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	828,737 11.00
12.00		0.00	0		PARAMED ED PRGM-PHARMACY	23.00	0	32,415 12.00
13.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	7,329,075 13.00
14.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	921,514 14.00
15.00		0.00	0		SUBPROVIDER - IRF	41.00	0	209,653 15.00
16.00		0.00	0		NURSERY	43.00	0	148,267 16.00
17.00		0.00	0		SKI LLED NURSING FACILITY	44.00	0	627,811 17.00
18.00		0.00	0		OPERATING ROOM	50.00	0	1,393,618 18.00
19.00		0.00	0		RECOVERY ROOM	51.00	0	168,180 19.00
20.00		0.00	0		DELIVERY ROOM & LABOR ROOM	52.00	0	222,551 20.00
21.00		0.00	0		ANESTHESIOLOGY	53.00	0	29,172 21.00
22.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	836,022 22.00
23.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	321,205 23.00
24.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	48,799 24.00
25.00		0.00	0		CT SCAN	57.00	0	138,997 25.00
26.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	57,680 26.00
27.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	109,937 27.00
28.00		0.00	0		BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0	6,142 28.00
29.00		0.00	0		RESPIRATORY THERAPY	65.00	0	384,863 29.00
30.00		0.00	0		PHYSICAL THERAPY	66.00	0	532,940 30.00
31.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	226,623 31.00
32.00		0.00	0		SPEECH PATHOLOGY	68.00	0	52,800 32.00
33.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	214,787 33.00
34.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	55,226 34.00
35.00		0.00	0		IP RENAL DIALYSIS	76.01	0	107,423 35.00
36.00		0.00	0		CARDIAC REHABILITATION	76.97	0	25,658 36.00
37.00		0.00	0		CLINIC	90.00	0	175,004 37.00
38.00		0.00	0		EMERGENCY	91.00	0	1,530,266 38.00
39.00		0.00	0		PHYSICIANS' PRIVATE OFFICES	192.00	0	1,442 39.00
40.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	93,988 40.00
TOTALS			0	22,782,007	TOTALS		0	22,782,007
B - DRUGS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,389,892		0.00	0	0 1.00
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	1,680 2.00
3.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	1,180 3.00
4.00		0.00	0		PHARMACY	15.00	0	8,296,161 4.00
5.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	7,371 5.00
6.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	332,247 6.00
7.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	65,047 7.00
8.00		0.00	0		SUBPROVIDER - IRF	41.00	0	606 8.00
9.00		0.00	0		NURSERY	43.00	0	1,186 9.00
10.00		0.00	0		SKI LLED NURSING FACILITY	44.00	0	15,489 10.00
11.00		0.00	0		OPERATING ROOM	50.00	0	157,314 11.00
12.00		0.00	0		RECOVERY ROOM	51.00	0	9,959 12.00

RECLASSIFICATIONS

Provider CCN: 14-0180

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

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Increases					Decreases					
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
14.00	0.00	0	0	0	ANESTHESIOLOGY	53.00	0	98,446	14.00	
15.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	38,993	15.00	
16.00	0.00	0	0	0	OUTPATIENT ONCOLOGY	54.01	0	6,228,752	16.00	
17.00	0.00	0	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	155	17.00	
18.00	0.00	0	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	134,036	18.00	
19.00	0.00	0	0	0	CARDIAC CATHETERIZATION	59.00	0	7,697	19.00	
20.00	0.00	0	0	0	LABORATORY	60.00	0	57,955	20.00	
22.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	942	22.00	
23.00	0.00	0	0	0	PHYSICAL THERAPY	66.00	0	317	23.00	
24.00	0.00	0	0	0	OCCUPATIONAL THERAPY	67.00	0	307	24.00	
25.00	0.00	0	0	0	ELECTROCARDIOLOGY	69.00	0	23,592	25.00	
26.00	0.00	0	0	0	IP RENAL DIALYSIS	76.01	0	6,882	26.00	
27.00	0.00	0	0	0	MENTAL HEALTH OUTPATIENT	76.00	0	77,006	27.00	
28.00	0.00	0	0	0	CLINIC	90.00	0	2,004	28.00	
29.00	0.00	0	0	0	EMERGENCY	91.00	0	317,429	29.00	
30.00	0.00	0	0	0	OUTPATIENT PHARMACY	194.01	0	505,669	30.00	
31.00	0.00	0	0	0	CARDIAC REHABILITATION	76.97	0	70	31.00	
32.00	0.00	0	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,400	32.00	
TOTALS				0	TOTALS				0	16,389,892
C - SUPPLIES										
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	12,765,938	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	165	1.00	
2.00	DIETARY	10.00	0	10,064	ADMINISTRATIVE & GENERAL	5.00	0	80,016	2.00	
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	842	3.00	
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	58,579	4.00	
5.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	18	5.00	
6.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	18	6.00	
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	1,331,874	7.00	
8.00		0.00	0	0	PHARMACY	15.00	0	49,250	8.00	
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	11,610	9.00	
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,111,492	12.00	
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	290,582	13.00	
14.00		0.00	0	0	SUBPROVIDER - IIRF	41.00	0	18,057	14.00	
15.00		0.00	0	0	NURSERY	43.00	0	49,335	15.00	
16.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	72,302	16.00	
17.00		0.00	0	0	OPERATING ROOM	50.00	0	7,919,576	17.00	
18.00		0.00	0	0	RECOVERY ROOM	51.00	0	23,405	18.00	
19.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	48	19.00	
20.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	256,519	20.00	
21.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	119,251	21.00	
22.00		0.00	0	0	OUTPATIENT ONCOLOGY	54.01	0	42,477	22.00	
23.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,009	23.00	
24.00		0.00	0	0	CT SCAN	57.00	0	9,411	24.00	
25.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	86,523	25.00	
26.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	397,190	26.00	
27.00		0.00	0	0	LABORATORY	60.00	0	21,509	27.00	
29.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	196,394	29.00	
30.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	8,409	30.00	
31.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	3,154	31.00	
32.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	11,703	32.00	
33.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	4,320	33.00	
34.00		0.00	0	0	IP RENAL DIALYSIS	76.01	0	100,910	34.00	
35.00		0.00	0	0	MENTAL HEALTH OUTPATIENT	76.00	0	162	35.00	
36.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	969	36.00	
37.00		0.00	0	0	CLINIC	90.00	0	5,534	37.00	
38.00		0.00	0	0	EMERGENCY	91.00	0	491,389	38.00	
TOTALS				0	TOTALS				0	12,776,002

RECLASSIFICATIONS

Provider CCN: 14-0180

Period:
From 01/01/2017
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Non-CMS Worksheet
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		Increases			Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
D - IMPLANTS										
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,677,344	ADMINISTRATIVE & GENERAL	5.00	0	278	1.00	
3.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	25	3.00	
4.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	2,759	4.00	
5.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	407,687	5.00	
6.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	45,896	6.00	
7.00		0.00	0		SUBPROVIDER - IIRF	41.00	0	370	7.00	
8.00		0.00	0		NURSERY	43.00	0	409	8.00	
9.00		0.00	0		SKILLED NURSING FACILITY	44.00	0	2,718	9.00	
10.00		0.00	0		OPERATING ROOM	50.00	0	3,565,325	10.00	
11.00		0.00	0		RECOVERY ROOM	51.00	0	1,749	11.00	
13.00		0.00	0		ANESTHESIOLOGY	53.00	0	23,801	13.00	
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	26,601	14.00	
15.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	6,828	15.00	
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	49	16.00	
17.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,728	17.00	
18.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	469,813	18.00	
19.00		0.00	0		CARDIAC REHABILITATION	76.97	0	62	19.00	
20.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	101	20.00	
21.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	138	21.00	
22.00		0.00	0		IIP RENAL DIALYSIS	76.01	0	1,867	22.00	
23.00		0.00	0		CLINIC	90.00	0	1,295	23.00	
24.00		0.00	0		EMERGENCY	91.00	0	113,845	24.00	
	TOTALS			4,677,344	TOTALS			4,677,344		
E - BUILDING INSURANCE										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	239,751	ADMINISTRATIVE & GENERAL	5.00	0	239,751	1.00	
	TOTALS			239,751	TOTALS			239,751		
F - MORTGAGE INTEREST										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,136,447	INTEREST EXPENSE	113.00	0	5,111,428	1.00	
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	25,019	2.00	
	TOTALS			5,136,447	TOTALS			5,136,447		
G - DEPRECIATION										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,572,723	ADMINISTRATIVE & GENERAL	5.00	0	4,085,454	1.00	
2.00		0.00	0		OPERATION OF PLANT	7.00	0	22,337	2.00	
3.00		0.00	0		PHARMACY	15.00	0	413	3.00	
4.00		0.00	0		NURSING	13.00	0	7,295	4.00	
5.00		0.00	0		ADMINISTRATIVE & GENERAL	14.00	0	87,582	5.00	
6.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	135,072	6.00	
7.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	115,713	7.00	
8.00		0.00	0		SUBPROVIDER - IIRF	41.00	0	5,951	8.00	
9.00		0.00	0		NURSERY	43.00	0	2,923	9.00	
10.00		0.00	0		OPERATING ROOM	50.00	0	513,403	10.00	
11.00		0.00	0		RECOVERY ROOM	51.00	0	58,684	11.00	
13.00		0.00	0		ANESTHESIOLOGY	53.00	0	37,025	13.00	
14.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	314,991	14.00	
15.00		0.00	0		OUTPATIENT ONCOLOGY	54.01	0	383,063	15.00	
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	275,216	16.00	
17.00		0.00	0		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	112,809	17.00	
18.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	68,746	18.00	
19.00		0.00	0		LABORATORY	60.00	0	107,037	19.00	
20.00		0.00	0		BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,025	20.00	
21.00		0.00	0		RESPIRATORY THERAPY	65.00	0	33,623	21.00	
22.00		0.00	0		PHYSICAL THERAPY	66.00	0	11,760	22.00	
23.00		0.00	0		OCCUPATIONAL THERAPY	67.00	0	826	23.00	
24.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	118,921	24.00	
25.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	10,970	25.00	
26.00		0.00	0		IIP RENAL DIALYSIS	76.01	0	4,462	26.00	

RECLASSIFICATIONS

Provider CCN: 14-0180

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/31/2018 5:48 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
27.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	299	27.00
28.00		0.00	0	0	CLINIC	90.00	0	21,613	28.00
29.00		0.00	0	0	EMERGENCY	91.00	0	35,510	29.00
	TOTALS		0	6,572,723	TOTALS		0	6,572,723	
H - DEPRECIATION2									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,158,382	ADMINISTRATIVE & GENERAL	5.00	0	8,089,153	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	0	797,987	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	2,763	3.00
4.00		0.00	0	0	DIETARY	10.00	0	7,256	4.00
5.00		0.00	0	0	CAFETERIA	11.00	0	827	5.00
6.00		0.00	0	0	NURSING	13.00	0	138,271	6.00
7.00		0.00	0	0	ADMINISTRATION	14.00	0	511	7.00
8.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	15.00	0	26,729	8.00
9.00		0.00	0	0	PHARMACY	16.00	0	1,302	9.00
11.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	22.00	0	869	11.00
12.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	30.00	0	27,416	12.00
14.00		0.00	0	0	ADULTS & PEDIATRICS	50.00	0	583	14.00
16.00		0.00	0	0	OPERATING ROOM	54.01	0	42,935	16.00
17.00		0.00	0	0	OUTPATIENT ONCOLOGY	57.00	0	2,197	17.00
18.00		0.00	0	0	CT SCAN	59.00	0	837	18.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	66.00	0	1,960	19.00
20.00		0.00	0	0	PHYSICAL THERAPY	69.00	0	1,473	20.00
21.00		0.00	0	0	ELECTROCARDIOLOGY	76.97	0	1,316	21.00
22.00		0.00	0	0	CARDIAC REHABILITATION	90.00	0	1,697	22.00
23.00		0.00	0	0	CLINIC	91.00	0	319	23.00
25.00		0.00	0	0	EMERGENCY	31.00	0	1,364	25.00
26.00		0.00	0	0	INTENSIVE CARE UNIT	41.00	0	131	26.00
27.00		0.00	0	0	SUBPROVIDER - I RF	44.00	0	9,763	27.00
28.00		0.00	0	0	SKILLED NURSING FACILITY	55.00	0	723	28.00
	TOTALS		0	9,158,382	TOTALS		0	9,158,382	
I - PHONE									
1.00	OPERATION OF PLANT	7.00	0	247,881	ADMINISTRATIVE & GENERAL	5.00	0	244,106	1.00
2.00	EMERGENCY	91.00	0	47	DIETARY	10.00	0	1,016	2.00
3.00		0.00	0	0	OUTPATIENT ONCOLOGY	54.01	0	641	3.00
4.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	1,989	4.00
5.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	176	5.00
	TOTALS		0	247,928	TOTALS		0	247,928	
J - CAFETERIA									
1.00	CAFETERIA	11.00	906,219	1,674,143	DIETARY	10.00	906,219	1,674,143	1.00
	TOTALS		906,219	1,674,143	TOTALS		906,219	1,674,143	
K - INTERNS RESIDENTS									
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,754,897	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,754,897	0	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	697,542	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	697,542	2.00
	TOTALS		2,754,897	697,542	TOTALS		2,754,897	697,542	
L - CONVENT MAINT									
1.00	CONVENT	194.00	21,126	62,188	OPERATION OF PLANT	7.00	21,126	62,188	1.00
	TOTALS		21,126	62,188	TOTALS		21,126	62,188	
M - RECLASS EHW SALARY ACCRUAL									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	249,073	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	249,073	1.00
	TOTALS		249,073	0	TOTALS		0	249,073	
500.00	Grand Total: Increases		3,931,315	80,414,349	Grand Total: Decreases		3,682,242	80,663,422	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

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

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

	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	5,370,865	0	0	0	1.00
2.00	Land Improvements	1,166,039	32,766	0	32,766	2.00
3.00	Buildings and Fixtures	126,323,282	3,123,360	0	3,123,360	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	88,008,342	4,547,814	0	4,547,814	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	220,868,528	7,703,940	0	7,703,940	8.00
9.00	Reconciling Items	73,884	0	0	0	9.00
10.00	Total (line 8 minus line 9)	220,794,644	7,703,940	0	7,703,940	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,370,865	0			1.00
2.00	Land Improvements	1,198,805	0			2.00
3.00	Buildings and Fixtures	129,440,640	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	89,364,457	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	225,374,767	0			8.00
9.00	Reconciling Items	73,884	0			9.00
10.00	Total (line 8 minus line 9)	225,300,883	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

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

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0180

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

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	135,936,424	0	135,936,424	0.603355	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	89,364,458	0	89,364,458	0.396645	0	2.00
3.00	Total (sum of lines 1-2)	225,300,882	0	225,300,882	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	6,572,723	70,948	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,196,186	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,768,909	70,948	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	3,213,962	239,751	0	3,095,537	13,192,921	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,196,186	2.00
3.00	Total (sum of lines 1-2)	3,213,962	239,751	0	3,095,537	22,389,107	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0180

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

Worksheet A-8

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,277,830				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	1,456,420				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,137,468	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B		OMEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)	B	-10,500	PARAMED ED PRGM-PHARMACY		23.00	0	19.00
20.00 Vending machines	B	-28,659	CAFETERIA		11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Provider CCN: 14-0180
 Period: From 01/01/2017 To 12/31/2017
 Worksheet A-8
 Date/Time Prepared: 5/31/2018 5:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
33.00 MISC REV OFFSET	B	-200	I&R SERVICES-OTHER PRGM	22.00	0 33.00
			COSTS APPRV		
34.00 MISC REV OFFSET	B	-1,658,690	ADMINISTRATIVE & GENERAL	5.00	0 34.00
36.00 MISC REV OFFSET	B		OPERATION OF PLANT	7.00	0 36.00
37.00 MISC REV OFFSET	B	-30	INTENSIVE CARE UNIT	31.00	0 37.00
38.00 MISC REV OFFSET	B	-253,640	OPERATING ROOM	50.00	0 38.00
39.00 MISC REV OFFSET	B	-2,267	RADIOLOGY-DIAGNOSTIC	54.00	0 39.00
41.00 MISC REV OFFSET	B		OUTPATIENT ONCOLOGY	54.01	0 41.00
43.00 MISC REV OFFSET	B	-56	LABORATORY	60.00	0 43.00
44.00 MISC REV OFFSET	B	-25,635	MENTAL HEALTH OUTPATIENT	76.00	0 44.00
45.00 MISC REV OFFSET	B	-4,393	CARDIAC REHABILITATION	76.97	0 45.00
46.00 MISC REV OFFSET	B	-4,116	CLINIC	90.00	0 46.00
47.00 COST OFFSET	A	-857,087	ADMINISTRATIVE & GENERAL	5.00	0 47.00
48.00 OFFSET ALCOHOL EXPENSE	A	-1,000	ADMINISTRATIVE & GENERAL	5.00	0 48.00
48.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 48.01
48.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 48.02
48.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 48.03
48.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 48.04
48.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 48.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,805,151			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: 14-0180

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

Worksheet A-8-1

Date/Time Prepared:
5/31/2018 5:48 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	3,095,537	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	-1,922,485	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	70,948	0
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	37,804	0
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,020,345	0
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	32,804,607	36,887,695
4.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	2,388,987	0
4.04	31.00	INTENSIVE CARE UNIT	HOME OFFICE	648,454	0
4.05	60.00	LABORATORY	ALVERNO	9,655,103	9,455,185
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			47,799,300	46,342,880

* 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		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/31/2018 5:48 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	3,095,537	14		1.00
2.00	-1,922,485	11		2.00
3.00	70,948	10		3.00
4.00	37,804	9		4.00
4.01	1,020,345	0		4.01
4.02	-4,083,088	0		4.02
4.03	2,388,987	0		4.03
4.04	648,454	0		4.04
4.05	199,918	0		4.05
5.00	1,456,420			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	SOLE CORPORATE MEMBER		6.00
7.00			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: 14-0180

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

Worksheet A-8-2

Date/Time Prepared:
5/31/2018 5:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	5,732,433	5,719,329	13,104	211,500	156	1.00
2.00	31.00	INTENSIVE CARE UNIT	550,972	550,972	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	27,500	27,500	0	0	0	3.00
4.00	43.00	NURSERY	303,238	303,238	0	0	0	4.00
5.00	50.00	OPERATING ROOM	605,328	605,328	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	159,356	159,356	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	745,395	745,395	0	0	0	7.00
8.00	54.01	OUTPATIENT ONCOLOGY	309,254	309,254	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	108,973	108,973	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	834,439	834,439	0	0	0	10.00
11.00	90.00	CLINIC	421,776	421,776	0	0	0	11.00
12.00	91.00	EMERGENCY	1,433,986	1,433,986	0	0	0	12.00
13.00	60.00	LABORATORY	42,300	42,300	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	15,984	15,984	0	0	0	14.00
200.00			11,290,934	11,277,830	13,104		156	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	30.00	ADULTS & PEDIATRICS	15,863	793	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.01	OUTPATIENT ONCOLOGY	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	60.00	LABORATORY	0	0	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	14.00
200.00			15,863	793	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	30.00	ADULTS & PEDIATRICS	0	15,863	0	5,719,329		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	550,972		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	27,500		3.00
4.00	43.00	NURSERY	0	0	0	303,238		4.00
5.00	50.00	OPERATING ROOM	0	0	0	605,328		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	159,356		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	745,395		7.00
8.00	54.01	OUTPATIENT ONCOLOGY	0	0	0	309,254		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	108,973		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	834,439		10.00
11.00	90.00	CLINIC	0	0	0	421,776		11.00
12.00	91.00	EMERGENCY	0	0	0	1,433,986		12.00
13.00	60.00	LABORATORY	0	0	0	42,300		13.00
14.00	65.00	RESPIRATORY THERAPY	0	0	0	15,984		14.00
200.00			0	15,863	0	11,277,830		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 5: 48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	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	13,192,921	13,192,921			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,196,186		9,196,186		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,695,374	91,630	63,871	22,850,875	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	79,442,373	787,876	549,192	2,364,349	83,143,790
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	9,974,160	1,609,735	1,122,073	523,419	13,229,387
8.00 00800	LAUNDRY & LINEN SERVICE	933,444	55,379	38,602	29,111	1,056,536
9.00 00900	HOUSEKEEPING	3,139,505	166,571	116,109	441,420	3,863,605
10.00 01000	DIETARY	2,369,857	330,689	230,509	267,886	3,198,941
11.00 01100	CAFETERIA	1,414,235	49,460	34,476	209,598	1,707,769
13.00 01300	NURSING ADMINISTRATION	2,353,075	253,521	176,718	491,066	3,274,380
14.00 01400	CENTRAL SERVICES & SUPPLY	363,502	248,511	173,226	62,064	847,303
15.00 01500	PHARMACY	4,387,661	89,626	62,474	924,837	5,464,598
16.00 01600	MEDICAL RECORDS & LIBRARY	2,494,289	155,669	108,510	10,654	2,769,122
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,452,439	0	0	637,177	4,089,616
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,033,781	28,566	19,912	421,172	2,503,431
23.00 02300	PARAMED ED PRGM-PHARMACY	177,013	0	0	42,699	219,712
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,548,360	2,555,532	1,781,345	7,010,078	48,895,315
31.00 03100	INTENSIVE CARE UNIT	5,272,820	132,877	92,622	1,152,883	6,651,202
41.00 04100	SUBPROVIDER - I RF	961,821	109,188	76,110	218,024	1,365,143
43.00 04300	NURSERY	754,194	24,400	17,008	167,045	962,647
44.00 04400	SKILLED NURSING FACILITY	2,911,984	122,516	85,400	613,363	3,733,263
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,609,501	702,797	489,888	1,485,302	11,287,488
51.00 05100	RECOVERY ROOM	825,888	46,059	32,105	189,595	1,093,647
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,290,998	322,292	224,655	354,928	2,192,873
53.00 05300	ANESTHESIOLOGY	161,088	6,776	4,723	25,683	198,270
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,096,493	277,407	193,368	837,339	5,404,607
54.01 03190	OUTPATIENT ONCOLOGY	2,229,886	2,979	2,077	366,116	2,601,058
55.00 05500	RADIOLOGY-THERAPEUTIC	427,180	17,005	11,853	51,526	507,564
57.00 05700	CT SCAN	622,514	28,421	19,811	143,950	814,696
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	463,216	10,467	7,296	68,903	549,882
59.00 05900	CARDIAC CATHETERIZATION	588,786	72,384	50,455	125,949	837,574
60.00 06000	LABORATORY	10,522,793	248,485	173,208	0	10,944,486
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	60,560	0	0	14,002	74,562
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	11,344	20,630	14,380	0	46,354
65.00 06500	RESPIRATORY THERAPY	1,790,504	14,922	10,402	378,748	2,194,576
66.00 06600	PHYSICAL THERAPY	2,681,625	117,810	82,120	609,167	3,490,722
67.00 06700	OCCUPATIONAL THERAPY	1,148,808	12,681	8,840	263,336	1,433,665
68.00 06800	SPEECH PATHOLOGY	265,176	0	0	61,268	326,444
69.00 06900	ELECTROCARDIOLOGY	1,013,267	104,258	72,674	218,456	1,408,655
70.00 07000	ELECTROENCEPHALOGRAPHY	230,042	28,263	19,701	51,317	329,323
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,765,938	0	0	0	12,765,938
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,677,344	0	0	0	4,677,344
73.00 07300	DRUGS CHARGED TO PATIENTS	16,389,892	0	0	0	16,389,892
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03550	MENTAL HEALTH OUTPATIENT	3,772,172	159,110	110,908	0	4,042,190
76.01 03950	IP RENAL DIALYSIS	633,220	8,002	5,578	117,250	764,050
76.97 07697	CARDIAC REHABILITATION	133,681	46,520	32,427	31,864	244,492
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	1,258,896	346,020	241,195	244,824	2,090,935
91.00 09100	EMERGENCY	7,649,920	2,091,914	1,458,179	1,617,832	12,817,845
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	289,389,726	11,496,948	8,014,000	22,844,200	286,504,892
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	9,003	6,276	0	15,279
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,708	1,566,840	1,092,173	1,789	2,667,510
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	CONVENT	83,314	109,307	76,193	4,886	273,700

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

Worksheet B
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.01 07951 OUTPATIENT PHARMACY	446,692	7,211	5,026	0	458,929	194.01
194.02 07952 FUND DEVELOPMENT	0	3,612	2,518	0	6,130	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	289,926,440	13,192,921	9,196,186	22,850,875	289,926,440	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 5:48 pm				
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	83,143,790			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	5,319,312	0	18,548,699	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	424,815	0	95,967	1,577,318	8.00	
9.00	00900	HOUSEKEEPING	1,553,490	0	288,655	82,716	5,788,466	9.00
10.00	01000	DIETARY	1,286,240	0	573,061	0	182,621	10.00
11.00	01100	CAFETERIA	686,665	0	85,710	0	27,314	11.00
13.00	01300	NURSING ADMINISTRATION	1,316,573	0	439,333	0	140,005	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	340,686	0	430,652	1,541	137,239	14.00
15.00	01500	PHARMACY	2,197,222	0	155,315	0	49,495	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,113,417	0	269,763	0	85,967	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,644,365	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,006,587	0	49,503	0	15,775	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	88,342	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,659,975	0	4,428,553	611,094	1,411,277	30.00
31.00	03100	INTENSIVE CARE UNIT	2,674,335	0	230,266	49,738	73,380	31.00
41.00	04100	SUBPROVIDER - I RF	548,901	0	189,216	57,284	60,299	41.00
43.00	04300	NURSERY	387,064	0	42,284	0	13,475	43.00
44.00	04400	SKILLED NURSING FACILITY	1,501,082	0	212,311	53,279	67,658	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,538,507	0	1,217,897	189,198	388,115	50.00
51.00	05100	RECOVERY ROOM	439,737	0	79,816	34,110	25,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	881,717	0	558,509	14,764	177,984	52.00
53.00	05300	ANESTHESIOLOGY	79,721	0	11,742	0	3,742	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,173,101	0	480,726	115,869	153,196	54.00
54.01	03190	OUTPATIENT ONCOLOGY	1,045,841	0	5,163	16,342	1,645	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	204,083	0	29,469	0	9,391	55.00
57.00	05700	CT SCAN	327,575	0	49,251	0	15,695	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	221,098	0	18,138	0	5,780	58.00
59.00	05900	CARDIAC CATHETERIZATION	336,774	0	125,436	8,329	39,973	59.00
60.00	06000	LABORATORY	4,400,592	0	430,606	0	137,224	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	29,980	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,638	0	35,751	0	11,393	63.00
65.00	06500	RESPIRATORY THERAPY	882,402	0	25,859	0	8,241	65.00
66.00	06600	PHYSICAL THERAPY	1,403,560	0	204,155	42,274	65,060	66.00
67.00	06700	OCCUPATIONAL THERAPY	576,452	0	21,976	0	7,003	67.00
68.00	06800	SPEECH PATHOLOGY	131,258	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	566,396	0	180,672	21,006	57,576	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	132,415	0	48,977	109	15,608	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,132,967	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,880,681	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,590,097	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	1,625,296	0	275,725	0	87,867	76.00
76.01	03950	IP RENAL DIALYSIS	307,212	0	13,866	5,996	4,419	76.01
76.97	07697	CARDIAC REHABILITATION	98,306	0	80,616	297	25,690	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	840,729	0	599,628	6,476	191,087	90.00
91.00	09100	EMERGENCY	5,153,838	0	3,625,135	265,900	1,155,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	81,768,044	0	15,609,702	1,576,322	4,851,876	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	6,143	0	15,602	0	4,972	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,072,560	0	2,715,219	996	865,277	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	110,050	0	189,421	0	60,364	194.00
194.01	07951	OUTPATIENT PHARMACY	184,528	0	12,496	0	3,982	194.01
194.02	07952	FUND DEVELOPMENT	2,465	0	6,259	0	1,995	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0180			Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 5:48 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
202.00	TOTAL (sum lines 118 through 201)	83,143,790	0	18,548,699	1,577,318	5,788,466	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/31/2018 5:48 pm	
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	5,240,863					10.00
11.00	01100	CAFETERIA	0	2,507,458				11.00
13.00	01300	NURSING ADMINISTRATION	0	64,755	5,235,046			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,184	0	1,765,605		14.00
15.00	01500	PHARMACY	0	121,954	0	0	7,988,584	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,405	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	84,022	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	55,538	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	5,631	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,397,883	924,411	2,501,755	572,443	2,589,713	30.00
31.00	03100	INTENSIVE CARE UNIT	289,716	152,025	496,240	66,869	302,571	31.00
41.00	04100	SUBPROVIDER - IRF	141,995	28,750	96,029	16,370	74,072	41.00
43.00	04300	NURSEY	0	22,027	94,989	18,138	82,073	43.00
44.00	04400	SKILLED NURSING FACILITY	411,269	80,881	179,712	18,612	84,218	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	195,860	424,142	104,638	473,471	50.00
51.00	05100	RECOVERY ROOM	0	25,001	89,901	22,483	101,734	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	46,803	415,317	22,172	100,325	52.00
53.00	05300	ANESTHESIOLOGY	0	3,387	0	24,447	110,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,416	4,422	33,061	149,594	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	48,278	60,108	58	264	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,795	0	368	1,665	55.00
57.00	05700	CT SCAN	0	18,982	333	44,170	199,862	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,086	0	10,966	49,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,608	39,523	27,476	124,322	59.00
60.00	06000	LABORATORY	0	0	0	185,898	841,157	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	1,846	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,824	48,976	63.00
65.00	06500	RESPIRATORY THERAPY	0	49,944	0	51,800	234,385	65.00
66.00	06600	PHYSICAL THERAPY	0	80,328	0	24,039	108,775	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	34,725	0	17,416	78,806	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,079	0	3,006	13,602	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,807	8,682	45,126	204,190	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,767	2,779	792	3,583	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	63,796	288,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,049	154,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	251,369	1,137,404	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	14	62	76.00
76.01	03950	IP RENAL DIALYSIS	0	15,461	43,868	12,396	56,088	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,202	2,684	185	838	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	32,284	36,169	32	144	90.00
91.00	09100	EMERGENCY	0	213,336	738,393	82,592	373,715	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,240,863	2,506,578	5,235,046	1,765,605	7,988,584	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	236	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	644	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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

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Cost Center Description		DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,240,863	2,507,458	5,235,046	1,765,605	7,988,584	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
From 01/01/2017
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
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	4,239,674				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		5,818,003	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			3,630,834
22.00		0	0			22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,441,946	0	0	5,260,465	3,282,892
31.00 03100	INTENSIVE CARE UNIT	226,743	0	0	346,636	216,325
41.00 04100	SUBPROVIDER - I&R	111,131	0	0	0	0
43.00 04300	NURSERY	137,980	0	0	210,902	131,617
44.00 04400	SKILLED NURSING FACILITY	321,874	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0
76.01 03950	IP RENAL DIALYSIS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,239,674	0	0	5,818,003	3,630,834
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	CONVENT	0	0	0	0	0
194.01 07951	OUTPATIENT PHARMACY	0	0	0	0	0
194.02 07952	FUND DEVELOPMENT	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

Period:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS			
						SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,239,674	0	0	5,818,003	3,630,834		202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	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				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	313,685			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	97,977,722	-8,543,357	89,434,365
31.00	03100	INTENSIVE CARE UNIT	0	11,776,046	-562,961	11,213,085
41.00	04100	SUBPROVIDER - I&R	0	2,689,190	0	2,689,190
43.00	04300	NURSERY	0	2,103,196	-342,519	1,760,677
44.00	04400	SKILLED NURSING FACILITY	0	6,664,159	0	6,664,159
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	18,819,316	0	18,819,316
51.00	05100	RECOVERY ROOM	0	1,911,865	0	1,911,865
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,410,464	0	4,410,464
53.00	05300	ANESTHESIOLOGY	0	431,929	0	431,929
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,624,992	0	8,624,992
54.01	03190	OUTPATIENT ONCOLOGY	0	3,778,757	0	3,778,757
55.00	05500	RADIOLOGY-THERAPEUTIC	0	759,335	0	759,335
57.00	05700	CT SCAN	0	1,470,564	0	1,470,564
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	864,570	0	864,570
59.00	05900	CARDIAC CATHETERIZATION	0	1,556,015	0	1,556,015
60.00	06000	LABORATORY	0	16,939,963	0	16,939,963
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	106,388	0	106,388
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	171,936	0	171,936
65.00	06500	RESPIRATORY THERAPY	0	3,447,207	0	3,447,207
66.00	06600	PHYSICAL THERAPY	0	5,418,913	0	5,418,913
67.00	06700	OCCUPATIONAL THERAPY	0	2,170,043	0	2,170,043
68.00	06800	SPEECH PATHOLOGY	0	482,389	0	482,389
69.00	06900	ELECTROCARDIOLOGY	0	2,521,110	0	2,521,110
70.00	07000	ELECTROENCEPHALOGRAPHY	0	540,353	0	540,353
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,251,368	0	18,251,368
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,746,142	0	6,746,142
73.00	07300	DRUGS CHARGED TO PATIENTS	313,685	24,682,447	0	24,682,447
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT	0	6,031,154	0	6,031,154
76.01	03950	IP RENAL DIALYSIS	0	1,223,356	0	1,223,356
76.97	07697	CARDIAC REHABILITATION	0	457,310	0	457,310
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,797,484	0	3,797,484
91.00	09100	EMERGENCY	0	24,426,000	0	24,426,000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	313,685	281,251,683	-9,448,837	271,802,846
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	41,996	0	41,996
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	7,321,798	0	7,321,798
193.00	19300	NONPAID WORKERS	0	0	0	0
194.00	07950	CONVENT	0	634,179	0	634,179
194.01	07951	OUTPATIENT PHARMACY	0	659,935	0	659,935
194.02	07952	FUND DEVELOPMENT	0	16,849	0	16,849

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0180

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Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	194.03
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)	313,685	289,926,440	-9,448,837	280,477,603	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0180

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

Worksheet Non-CMS W
Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	5	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARIES	11.00
13.00	NURSING ADMINISTRATION	7	NURSING HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	I	INPATIENT REVENUE	14.00
15.00	PHARMACY	I	INPATIENT REVENUE	15.00
16.00	MEDICAL RECORDS & LIBRARY	6	PATIENT DAYS	16.00
17.00	SOCIAL SERVICE	99	DAYS	17.00
20.00	NURSING SCHOOL	9	PATIENT DAYS	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	10	PATIENT DAYS	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	10	PATIENT DAYS	22.00
23.00	PARAMEDICAL PRGM-PHARMACY	18	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	120	91,630	63,871	155,621	155,621 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	64,430	787,876	549,192	1,401,498	16,100 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	6,430	1,609,735	1,122,073	2,738,238	3,564 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	148	55,379	38,602	94,129	198 8.00
9.00 00900	HOUSEKEEPING	44	166,571	116,109	282,724	3,006 9.00
10.00 01000	DIETARY	9,919	330,689	230,509	571,117	1,824 10.00
11.00 01100	CAFETERIA	0	49,460	34,476	83,936	1,427 11.00
13.00 01300	NURSING ADMINISTRATION	11,733	253,521	176,718	441,972	3,344 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	49,910	248,511	173,226	471,647	423 14.00
15.00 01500	PHARMACY	8,674	89,626	62,474	160,774	6,298 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,935	155,669	108,510	269,114	73 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4,339 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	309	28,566	19,912	48,787	2,868 22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0	0	0	291 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	79,171	2,555,532	1,781,345	4,416,048	47,752 30.00
31.00 03100	INTENSIVE CARE UNIT	5,578	132,877	92,622	231,077	7,851 31.00
41.00 04100	SUBPROVIDER - IRF	5,375	109,188	76,110	190,673	1,485 41.00
43.00 04300	NURSERY	298	24,400	17,008	41,706	1,138 43.00
44.00 04400	SKILLED NURSING FACILITY	44,002	122,516	85,400	251,918	4,177 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	593,133	702,797	489,888	1,785,818	10,114 50.00
51.00 05100	RECOVERY ROOM	67	46,059	32,105	78,231	1,291 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	322,292	224,655	546,947	2,417 52.00
53.00 05300	ANESTHESIOLOGY	300	6,776	4,723	11,799	175 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	67,254	277,407	193,368	538,029	5,702 54.00
54.01 03190	OUTPATIENT ONCOLOGY	545,646	2,979	2,077	550,702	2,493 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	630	17,005	11,853	29,488	351 55.00
57.00 05700	CT SCAN	0	28,421	19,811	48,232	980 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,467	7,296	17,763	469 58.00
59.00 05900	CARDIAC CATHETERIZATION	2,019	72,384	50,455	124,858	858 59.00
60.00 06000	LABORATORY	11,737	248,485	173,208	433,430	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	21	0	0	21	95 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	927	20,630	14,380	35,937	0 63.00
65.00 06500	RESPIRATORY THERAPY	118,877	14,922	10,402	144,201	2,579 65.00
66.00 06600	PHYSICAL THERAPY	5,807	117,810	82,120	205,737	4,148 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,130	12,681	8,840	23,651	1,793 67.00
68.00 06800	SPEECH PATHOLOGY	45	0	0	45	417 68.00
69.00 06900	ELECTROCARDIOLOGY	10,615	104,258	72,674	187,547	1,488 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	923	28,263	19,701	48,887	349 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	159,110	110,908	270,018	0 76.00
76.01 03950	IP RENAL DIALYSIS	149	8,002	5,578	13,729	798 76.01
76.97 07697	CARDIAC REHABILITATION	0	46,520	32,427	78,947	217 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LI THOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	24,119	346,020	241,195	611,334	1,667 90.00
91.00 09100	EMERGENCY	17,048	2,091,914	1,458,179	3,567,141	11,017 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,692,523	11,496,948	8,014,000	21,203,471	155,576 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	9,003	6,276	15,279	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,566,840	1,092,173	2,659,013	12 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	CONVENT	0	109,307	76,193	185,500	33 194.00
194.01 07951	OUTPATIENT PHARMACY	0	7,211	5,026	12,237	0 194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.02 07952 FUND DEVELOPMENT	0	3,612	2,518	6,130		0 194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0		0 194.03
200.00 Cross Foot Adjustments				0		0 200.00
201.00 Negative Cost Centers				0		0 201.00
202.00 TOTAL (sum lines 118 through 201)	1,692,523	13,192,921	9,196,186	24,081,630	155,621	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm		
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	1,417,598				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	90,687	0	2,832,489		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,243	0	14,655	116,225	8.00
9.00	00900	HOUSEKEEPING	26,485	0	44,079	6,095	362,389
10.00	01000	DIETARY	21,929	0	87,510	0	11,433
11.00	01100	CAFETERIA	11,707	0	13,088	0	1,710
13.00	01300	NURSING ADMINISTRATION	22,446	0	67,089	0	8,765
14.00	01400	CENTRAL SERVICES & SUPPLY	5,808	0	65,763	114	8,592
15.00	01500	PHARMACY	37,460	0	23,718	0	3,099
16.00	01600	MEDICAL RECORDS & LIBRARY	18,982	0	41,194	0	5,382
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	28,034	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,161	0	7,559	0	988
23.00	02300	PARAMED ED PRGM-PHARMACY	1,506	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	335,279	0	676,264	45,028	88,352
31.00	03100	INTENSIVE CARE UNIT	45,594	0	35,163	3,665	4,594
41.00	04100	SUBPROVIDER - I&R	9,358	0	28,894	4,221	3,775
43.00	04300	NURSERY	6,599	0	6,457	0	844
44.00	04400	SKILLED NURSING FACILITY	25,592	0	32,421	3,926	4,236
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	77,376	0	185,980	13,941	24,298
51.00	05100	RECOVERY ROOM	7,497	0	12,188	2,513	1,592
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,032	0	85,287	1,088	11,143
53.00	05300	ANESTHESIOLOGY	1,359	0	1,793	0	234
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,049	0	73,409	8,538	9,591
54.01	03190	OUTPATIENT ONCOLOGY	17,830	0	788	1,204	103
55.00	05500	RADIOLOGY-THERAPEUTIC	3,479	0	4,500	0	588
57.00	05700	CT SCAN	5,585	0	7,521	0	983
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,769	0	2,770	0	362
59.00	05900	CARDIAC CATHETERIZATION	5,742	0	19,155	614	2,503
60.00	06000	LABORATORY	75,024	0	65,756	0	8,591
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	511	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	318	0	5,459	0	713
65.00	06500	RESPIRATORY THERAPY	15,044	0	3,949	0	516
66.00	06600	PHYSICAL THERAPY	23,929	0	31,176	3,115	4,073
67.00	06700	OCCUPATIONAL THERAPY	9,828	0	3,356	0	438
68.00	06800	SPEECH PATHOLOGY	2,238	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,656	0	27,590	1,548	3,605
70.00	07000	ELECTROENCEPHALOGRAPHY	2,258	0	7,479	8	977
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	87,511	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,063	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	112,353	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT	27,709	0	42,105	0	5,501
76.01	03950	IP RENAL DIALYSIS	5,238	0	2,117	442	277
76.97	07697	CARDIAC REHABILITATION	1,676	0	12,310	22	1,608
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	14,333	0	91,567	477	11,963
91.00	09100	EMERGENCY	87,866	0	553,578	19,593	72,325
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,394,143	0	2,383,687	116,152	303,754
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	105	0	2,383	0	311
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,286	0	414,629	73	54,171
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	CONVENT	1,876	0	28,926	0	3,779
194.01	07951	OUTPATIENT PHARMACY	3,146	0	1,908	0	249
194.02	07952	FUND DEVELOPMENT	42	0	956	0	125
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0180			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
202.00	TOTAL (sum lines 118 through 201)	5.00 1,417,598	6.00 0	7.00 2,832,489	8.00 116,225	9.00 362,389		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm	
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	693,813					10.00
11.00	01100	CAFETERIA	0	111,868				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,890	546,506			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	365	0	552,712		14.00
15.00	01500	PHARMACY	0	5,442	0	0	236,791	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	63	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,749	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,478	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY	0	251	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	582,215	41,225	261,166	178,955	76,532	30.00
31.00	03100	INTENSIVE CARE UNIT	38,354	6,784	51,804	20,947	8,981	31.00
41.00	04100	SUBPROVIDER - IRF	18,798	1,283	10,025	5,128	2,199	41.00
43.00	04300	NURSERY	0	983	9,916	5,682	2,436	43.00
44.00	04400	SKILLED NURSING FACILITY	54,446	3,609	18,761	5,830	2,500	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,740	44,278	32,778	14,054	50.00
51.00	05100	RECOVERY ROOM	0	1,116	9,385	7,043	3,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,089	43,357	6,945	2,978	52.00
53.00	05300	ANESTHESIOLOGY	0	151	0	7,658	3,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,927	462	10,356	4,441	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	2,154	6,275	18	8	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	303	0	115	49	55.00
57.00	05700	CT SCAN	0	847	35	13,836	5,933	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	405	0	3,435	1,473	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	741	4,126	8,607	3,690	59.00
60.00	06000	LABORATORY	0	0	0	58,232	24,969	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	82	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,391	1,454	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,229	0	16,226	6,957	65.00
66.00	06600	PHYSICAL THERAPY	0	3,585	0	7,530	3,229	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,550	0	5,456	2,339	67.00
68.00	06800	SPEECH PATHOLOGY	0	361	0	942	404	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,285	906	14,136	6,061	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	302	290	248	106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,984	8,569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,666	4,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	78,741	33,763	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	4	2	76.00
76.01	03950	IP RENAL DIALYSIS	0	690	4,580	3,883	1,665	76.01
76.97	07697	CARDIAC REHABILITATION	0	188	280	58	25	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	1,441	3,776	10	4	90.00
91.00	09100	EMERGENCY	0	9,520	77,084	25,872	11,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	693,813	111,828	546,506	552,712	236,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CONVENT	0	29	0	0	0	194.00
194.01	07951	OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02	07952	FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	693,813	111,868	546,506	552,712	236,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
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	334,808				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		36,122	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			79,841
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	271,812	0			30.00
31.00 03100	INTENSIVE CARE UNIT	17,906	0			31.00
41.00 04100	SUBPROVIDER - I&R	8,776	0			41.00
43.00 04300	NURSERY	10,896	0			43.00
44.00 04400	SKILLED NURSING FACILITY	25,418	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00 05300	ANESTHESIOLOGY	0	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01 03190	OUTPATIENT ONCOLOGY	0	0			54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00 05700	CT SCAN	0	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000	LABORATORY	0	0			60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00 07400	RENAL DIALYSIS	0	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	0			76.00
76.01 03950	IP RENAL DIALYSIS	0	0			76.01
76.97 07697	CARDIAC REHABILITATION	0	0			76.97
76.98 07698	HYPERBARIIC OXYGEN THERAPY	0	0			76.98
76.99 07699	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0			90.00
91.00 09100	EMERGENCY	0	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	334,808	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.00 19300	NONPAID WORKERS	0	0			193.00
194.00 07950	CONVENT	0	0			194.00
194.01 07951	OUTPATIENT PHARMACY	0	0			194.01
194.02 07952	FUND DEVELOPMENT	0	0			194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0180

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

Worksheet B
Part II
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			16.00	17.00	20.00	21.00	22.00	
194.03	07953	NURSING EDUC BLD UNUSED SPACE	0	0				194.03
200.00		Cross Foot Adjustments			0	36,122	79,841	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	334,808	0	0	36,122	79,841	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.00	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				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	2,048			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,020,628	0	7,020,628
31.00	03100	INTENSIVE CARE UNIT		472,720	0	472,720
41.00	04100	SUBPROVIDER - I&R		284,615	0	284,615
43.00	04300	NURSERY		86,657	0	86,657
44.00	04400	SKILLED NURSING FACILITY		432,834	0	432,834
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		2,197,377	0	2,197,377
51.00	05100	RECOVERY ROOM		123,876	0	123,876
52.00	05200	DELIVERY ROOM & LABOR ROOM		717,283	0	717,283
53.00	05300	ANESTHESIOLOGY		26,453	0	26,453
54.00	05400	RADIOLOGY-DIAGNOSTIC		692,504	0	692,504
54.01	03190	OUTPATIENT ONCOLOGY		581,575	0	581,575
55.00	05500	RADIOLOGY-THERAPEUTIC		38,873	0	38,873
57.00	05700	CT SCAN		83,952	0	83,952
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		30,446	0	30,446
59.00	05900	CARDIAC CATHETERIZATION		170,894	0	170,894
60.00	06000	LABORATORY		666,002	0	666,002
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		709	0	709
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		47,272	0	47,272
65.00	06500	RESPIRATORY THERAPY		191,701	0	191,701
66.00	06600	PHYSICAL THERAPY		286,522	0	286,522
67.00	06700	OCCUPATIONAL THERAPY		48,411	0	48,411
68.00	06800	SPEECH PATHOLOGY		4,407	0	4,407
69.00	06900	ELECTROCARDIOLOGY		253,822	0	253,822
70.00	07000	ELECTROENCEPHALOGRAPHY		60,904	0	60,904
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		116,064	0	116,064
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		47,302	0	47,302
73.00	07300	DRUGS CHARGED TO PATIENTS		224,857	0	224,857
74.00	07400	RENAL DIALYSIS		0	0	0
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0
76.00	03550	MENTAL HEALTH OUTPATIENT		345,339	0	345,339
76.01	03950	IP RENAL DIALYSIS		33,419	0	33,419
76.97	07697	CARDIAC REHABILITATION		95,331	0	95,331
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0
76.99	07699	LITHOTRIPSY		0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		736,572	0	736,572
91.00	09100	EMERGENCY		4,435,089	0	4,435,089
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	20,554,410	0	20,554,410
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		18,078	0	18,078
192.00	19200	PHYSICIANS' PRIVATE OFFICES		3,146,195	0	3,146,195
193.00	19300	NONPAID WORKERS		0	0	0
194.00	07950	CONVENT		220,143	0	220,143
194.01	07951	OUTPATIENT PHARMACY		17,540	0	17,540
194.02	07952	FUND DEVELOPMENT		7,253	0	7,253

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/31/2018 5:48 pm	
Cost Center Description			PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
194.03	07953	NURSING EDUC BLD UNUSED SPACE		0	0	0		194.03
200.00		Cross Foot Adjustments	2,048	118,011	0	118,011		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	2,048	24,081,630	0	24,081,630		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

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	1,000,811				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,000,811			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,951	6,951	98,797,892		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,768	59,768	10,222,490	-83,143,790	206,782,650
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	122,114	122,114	2,263,050	0	13,229,387
8.00 00800	LAUNDRY & LINEN SERVICE	4,201	4,201	125,864	0	1,056,536
9.00 00900	HOUSEKEEPING	12,636	12,636	1,908,520	0	3,863,605
10.00 01000	DIETARY	25,086	25,086	1,158,229	0	3,198,941
11.00 01100	CAFETERIA	3,752	3,752	906,219	0	1,707,769
13.00 01300	NURSING ADMINISTRATION	19,232	19,232	2,123,171	0	3,274,380
14.00 01400	CENTRAL SERVICES & SUPPLY	18,852	18,852	268,341	0	847,303
15.00 01500	PHARMACY	6,799	6,799	3,998,620	0	5,464,598
16.00 01600	MEDICAL RECORDS & LIBRARY	11,809	11,809	46,065	0	2,769,122
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,754,897	0	4,089,616
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,167	2,167	1,820,979	0	2,503,431
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0	184,615	0	219,712
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	193,862	193,862	30,308,686	0	48,895,315
31.00 03100	INTENSIVE CARE UNIT	10,080	10,080	4,984,601	0	6,651,202
41.00 04100	SUBPROVIDER - I&R	8,283	8,283	942,649	0	1,365,143
43.00 04300	NURSERY	1,851	1,851	722,233	0	962,647
44.00 04400	SKILLED NURSING FACILITY	9,294	9,294	2,651,934	0	3,733,263
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	53,314	53,314	6,421,846	0	11,287,488
51.00 05100	RECOVERY ROOM	3,494	3,494	819,733	0	1,093,647
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,449	24,449	1,534,566	0	2,192,873
53.00 05300	ANESTHESIOLOGY	514	514	111,044	0	198,270
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,044	21,044	3,620,315	0	5,404,607
54.01 03190	OUTPATIENT ONCOLOGY	226	226	1,582,937	0	2,601,058
55.00 05500	RADIOLOGY-THERAPEUTIC	1,290	1,290	222,779	0	507,564
57.00 05700	CT SCAN	2,156	2,156	622,381	0	814,696
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	794	794	297,910	0	549,882
59.00 05900	CARDIAC CATHETERIZATION	5,491	5,491	544,551	0	837,574
60.00 06000	LABORATORY	18,850	18,850	0	0	10,944,486
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	60,539	0	74,562
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,565	1,565	0	0	46,354
65.00 06500	RESPIRATORY THERAPY	1,132	1,132	1,637,551	0	2,194,576
66.00 06600	PHYSICAL THERAPY	8,937	8,937	2,633,790	0	3,490,722
67.00 06700	OCCUPATIONAL THERAPY	962	962	1,138,558	0	1,433,665
68.00 06800	SPEECH PATHOLOGY	0	0	264,897	0	326,444
69.00 06900	ELECTROCARDIOLOGY	7,909	7,909	944,516	0	1,408,655
70.00 07000	ELECTROENCEPHALOGRAPHY	2,144	2,144	221,874	0	329,323
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,765,938
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,677,344
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,389,892
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03550	MENTAL HEALTH OUTPATIENT	12,070	12,070	0	0	4,042,190
76.01 03950	IP RENAL DIALYSIS	607	607	506,942	0	764,050
76.97 07697	CARDIAC REHABILITATION	3,529	3,529	137,769	0	244,492
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	26,249	26,249	1,058,521	0	2,090,935
91.00 09100	EMERGENCY	158,692	158,692	6,994,849	0	12,817,845
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVENUE-SNF					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	872,155	872,155	98,769,031	-83,143,790	203,361,102
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	683	683	0	0	15,279
192.00 19200	PHYSICIANS' PRIVATE OFFICES	118,860	118,860	7,735	0	2,667,510
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	CONVENT	8,292	8,292	21,126	0	273,700

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

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				
194.01 07951 OUTPATIENT PHARMACY	547	547	0	0	458,929	194.01
194.02 07952 FUND DEVELOPMENT	274	274	0	0	6,130	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,192,921	9,196,186	22,850,875		83,143,790	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.182230	9.188734	0.231289		0.402083	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			155,621		1,417,598	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001575		0.006855	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		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	0					6.00
7.00	00700		811,978				7.00
8.00	00800		4,201	1,466,839			8.00
9.00	00900	0	12,636	76,922	795,141		9.00
10.00	01000	0	25,086	0	25,086	104,341	10.00
11.00	01100	0	3,752	0	3,752	0	11.00
13.00	01300	0	19,232	0	19,232	0	13.00
14.00	01400	0	18,852	1,433	18,852	0	14.00
15.00	01500	0	6,799	0	6,799	0	15.00
16.00	01600	0	11,809	0	11,809	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	2,167	0	2,167	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	193,862	568,293	193,862	87,558	30.00
31.00	03100	0	10,080	46,254	10,080	5,768	31.00
41.00	04100	0	8,283	53,272	8,283	2,827	41.00
43.00	04300	0	1,851	0	1,851	0	43.00
44.00	04400	0	9,294	49,547	9,294	8,188	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	53,314	175,946	53,314	0	50.00
51.00	05100	0	3,494	31,721	3,494	0	51.00
52.00	05200	0	24,449	13,730	24,449	0	52.00
53.00	05300	0	514	0	514	0	53.00
54.00	05400	0	21,044	107,753	21,044	0	54.00
54.01	03190	0	226	15,197	226	0	54.01
55.00	05500	0	1,290	0	1,290	0	55.00
57.00	05700	0	2,156	0	2,156	0	57.00
58.00	05800	0	794	0	794	0	58.00
59.00	05900	0	5,491	7,746	5,491	0	59.00
60.00	06000	0	18,850	0	18,850	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	1,565	0	1,565	0	63.00
65.00	06500	0	1,132	0	1,132	0	65.00
66.00	06600	0	8,937	39,313	8,937	0	66.00
67.00	06700	0	962	0	962	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	7,909	19,535	7,909	0	69.00
70.00	07000	0	2,144	101	2,144	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03550	0	12,070	0	12,070	0	76.00
76.01	03950	0	607	5,576	607	0	76.01
76.97	07697	0	3,529	276	3,529	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	26,249	6,022	26,249	0	90.00
91.00	09100	0	158,692	247,276	158,692	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
114.00	11400	0	0	0	0	0	114.00
118.00		0	683,322	1,465,913	666,485	104,341	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	683	0	683	0	190.00
192.00	19200	0	118,860	926	118,860	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	8,292	0	8,292	0	194.00
194.01	07951	0	547	0	547	0	194.01
194.02	07952	0	274	0	274	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	18,548,699	1,577,318	5,788,466	5,240,863	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	22.843844	1.075318	7.279798	50.228223	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,832,489	116,225	362,389	693,813	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	3.488381	0.079235	0.455754	6.649476	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		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	82,213,520					11.00
13.00	01300	2,123,171	1,979,566				13.00
14.00	01400	268,341	0	812,096,101			14.00
15.00	01500	3,998,620	0	0	812,096,101		15.00
16.00	01600	46,065	0	0	0	107,851	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	2,754,897	0	0	0	0	21.00
22.00	02200	1,820,979	0	0	0	0	22.00
23.00	02300	184,615	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,308,686	946,006	263,263,053	263,263,053	87,558	30.00
31.00	03100	4,984,601	187,647	30,758,494	30,758,494	5,768	31.00
41.00	04100	942,649	36,312	7,529,981	7,529,981	2,827	41.00
43.00	04300	722,233	35,919	8,343,311	8,343,311	3,510	43.00
44.00	04400	2,651,934	67,956	8,561,360	8,561,360	8,188	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,421,846	160,384	48,131,658	48,131,658	0	50.00
51.00	05100	819,733	33,995	10,341,992	10,341,992	0	51.00
52.00	05200	1,534,566	157,047	10,198,738	10,198,738	0	52.00
53.00	05300	111,044	0	11,245,295	11,245,295	0	53.00
54.00	05400	3,620,315	1,672	15,207,237	15,207,237	0	54.00
54.01	03190	1,582,937	22,729	26,788	26,788	0	54.01
55.00	05500	222,779	0	169,264	169,264	0	55.00
57.00	05700	622,381	126	20,317,328	20,317,328	0	57.00
58.00	05800	297,910	0	5,044,218	5,044,218	0	58.00
59.00	05900	544,551	14,945	12,638,242	12,638,242	0	59.00
60.00	06000	0	0	85,509,510	85,509,510	0	60.00
62.30	06250	60,539	0	0	0	0	62.30
63.00	06300	0	0	4,978,766	4,978,766	0	63.00
65.00	06500	1,637,551	0	23,826,879	23,826,879	0	65.00
66.00	06600	2,633,790	0	11,057,716	11,057,716	0	66.00
67.00	06700	1,138,558	0	8,011,135	8,011,135	0	67.00
68.00	06800	264,897	0	1,382,768	1,382,768	0	68.00
69.00	06900	944,516	3,283	20,757,336	20,757,336	0	69.00
70.00	07000	221,874	1,051	364,256	364,256	0	70.00
71.00	07100	0	0	29,345,011	29,345,011	0	71.00
72.00	07200	0	0	15,662,113	15,662,113	0	72.00
73.00	07300	0	0	115,625,050	115,625,050	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03550	0	0	6,291	6,291	0	76.00
76.01	03950	506,942	16,588	5,701,724	5,701,724	0	76.01
76.97	07697	137,769	1,015	85,224	85,224	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	1,058,521	13,677	14,650	14,650	0	90.00
91.00	09100	6,994,849	279,214	37,990,713	37,990,713	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		82,184,659	1,979,566	812,096,101	812,096,101	107,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	7,735	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	21,126	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING HO URS)	CENTRAL SERVICES & SUPPLY (INPATIENT REVENUE)	PHARMACY (INPATIENT REVENUE)	MEDICAL RECORDS & LIBRARY (PATIENT DA YS)	
		11.00	13.00	14.00	15.00	16.00	
194.03	07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,507,458	5,235,046	1,765,605	7,988,584	4,239,674	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.030499	2.644542	0.002174	0.009837	39.310475	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	111,868	546,506	552,712	236,791	334,808	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001361	0.276074	0.000681	0.000292	3.104357	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: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	0				17.00
20.00 02000	NURSING SCHOOL	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		96,828		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			96,828	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0				100 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	87,549	87,549	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	5,769	5,769	0 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
43.00 04300	NURSERY	0	0	3,510	3,510	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
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
54.01 03190	OUTPATIENT ONCOLOGY	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0 76.00
76.01 03950	IP RENAL DIALYSIS	0	0	0	0	0 76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	96,828	96,828	100 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	CONVENT	0	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0180

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

Worksheet B-1

Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	NURSING SCHOOL (PATIENT DAYS)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
			17.00	20.00		
194.01 07951 OUTPATIENT PHARMACY	0	0	0	0	0	194.01
194.02 07952 FUND DEVELOPMENT	0	0	0	0	0	194.02
194.03 07953 NURSING EDUC BLD UNUSED SPACE	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	5,818,003	3,630,834	313,685	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	60.085957	37.497769	3,136.850000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	36,122	79,841	2,048	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.373053	0.824565	20.480000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 5:48 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	89,434,365		89,434,365	0	89,434,365	30.00
31.00	03100 INTENSIVE CARE UNIT	11,213,085		11,213,085	0	11,213,085	31.00
41.00	04100 SUBPROVIDER - IRF	2,689,190		2,689,190	0	2,689,190	41.00
43.00	04300 NURSERY	1,760,677		1,760,677	0	1,760,677	43.00
44.00	04400 SKILLED NURSING FACILITY	6,664,159		6,664,159	0	6,664,159	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,819,316		18,819,316	0	18,819,316	50.00
51.00	05100 RECOVERY ROOM	1,911,865		1,911,865	0	1,911,865	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,410,464		4,410,464	0	4,410,464	52.00
53.00	05300 ANESTHESIOLOGY	431,929		431,929	0	431,929	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,624,992		8,624,992	0	8,624,992	54.00
54.01	03190 OUTPATIENT ONCOLOGY	3,778,757		3,778,757	0	3,778,757	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	759,335		759,335	0	759,335	55.00
57.00	05700 CT SCAN	1,470,564		1,470,564	0	1,470,564	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	864,570		864,570	0	864,570	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,556,015		1,556,015	0	1,556,015	59.00
60.00	06000 LABORATORY	16,939,963		16,939,963	0	16,939,963	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	106,388		106,388	0	106,388	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	171,936		171,936	0	171,936	63.00
65.00	06500 RESPIRATORY THERAPY	3,447,207	0	3,447,207	0	3,447,207	65.00
66.00	06600 PHYSICAL THERAPY	5,418,913	0	5,418,913	0	5,418,913	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,170,043	0	2,170,043	0	2,170,043	67.00
68.00	06800 SPEECH PATHOLOGY	482,389	0	482,389	0	482,389	68.00
69.00	06900 ELECTROCARDIOLOGY	2,521,110		2,521,110	0	2,521,110	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	540,353		540,353	0	540,353	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	18,251,368		18,251,368	0	18,251,368	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	6,746,142		6,746,142	0	6,746,142	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	24,682,447		24,682,447	0	24,682,447	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	6,031,154		6,031,154	0	6,031,154	76.00
76.01	03950 IP RENAL DIALYSIS	1,223,356		1,223,356	0	1,223,356	76.01
76.97	07697 CARDIAC REHABILITATION	457,310		457,310	0	457,310	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,797,484		3,797,484	0	3,797,484	90.00
91.00	09100 EMERGENCY	24,426,000		24,426,000	0	24,426,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,572,046		5,572,046	0	5,572,046	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
200.00	Subtotal (see instructions)	277,374,892	0	277,374,892	0	277,374,892	200.00
201.00	Less Observation Beds	5,572,046		5,572,046		5,572,046	201.00
202.00	Total (see instructions)	271,802,846	0	271,802,846	0	271,802,846	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/31/2018 5:48 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	260,036,535		260,036,535			30.00
31.00	03100	INTENSIVE CARE UNIT	30,758,494		30,758,494			31.00
41.00	04100	SUBPROVIDER - IRF	7,529,981		7,529,981			41.00
43.00	04300	NURSERY	8,343,311		8,343,311			43.00
44.00	04400	SKILLED NURSING FACILITY	8,561,360		8,561,360			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,131,658	76,090,852	124,222,510	0.151497	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,341,992	11,348,617	21,690,609	0.088143	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,198,738	0	10,198,738	0.432452	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,245,295	16,153,353	27,398,648	0.015765	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,207,237	59,616,780	74,824,017	0.115270	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	26,788	71,697,300	71,724,088	0.052685	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	169,264	10,509,278	10,678,542	0.071108	0.000000	55.00
57.00	05700	CT SCAN	20,317,328	36,266,480	56,583,808	0.025989	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,044,218	13,886,727	18,930,945	0.045670	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,638,242	5,927,650	18,565,892	0.083810	0.000000	59.00
60.00	06000	LABORATORY	85,509,510	57,576,643	143,086,153	0.118390	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	98,229	98,229	1.083061	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,978,766	762,284	5,741,050	0.029949	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	23,826,879	3,314,661	27,141,540	0.127009	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,057,716	14,553,158	25,610,874	0.211586	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,011,135	4,563,658	12,574,793	0.172571	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,382,768	98,926	1,481,694	0.325566	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,757,336	24,727,988	45,485,324	0.055427	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	364,256	709,801	1,074,057	0.503095	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,345,011	12,388,854	41,733,865	0.437328	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,662,113	10,468,822	26,130,935	0.258167	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,625,050	66,534,367	182,159,417	0.135499	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	6,291	10,481,549	10,487,840	0.575062	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	5,701,724	413,366	6,115,090	0.200055	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	85,224	249,312	334,536	1.366998	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,650	6,105,956	6,120,606	0.620442	0.000000	90.00
91.00	09100	EMERGENCY	37,990,713	96,899,703	134,890,416	0.181080	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,226,518	23,772,244	26,998,762	0.206382	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
200.00		Subtotal (see instructions)	812,096,101	635,216,558	1,447,312,659			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	812,096,101	635,216,558	1,447,312,659			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.151497		50.00
51.00	05100 RECOVERY ROOM	0.088143		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.432452		52.00
53.00	05300 ANESTHESIOLOGY	0.015765		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115270		54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.052685		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.071108		55.00
57.00	05700 CT SCAN	0.025989		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045670		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083810		59.00
60.00	06000 LABORATORY	0.118390		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	1.083061		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029949		63.00
65.00	06500 RESPIRATORY THERAPY	0.127009		65.00
66.00	06600 PHYSICAL THERAPY	0.211586		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.172571		67.00
68.00	06800 SPEECH PATHOLOGY	0.325566		68.00
69.00	06900 ELECTROCARDIOLOGY	0.055427		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.503095		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.258167		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135499		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.575062		76.00
76.01	03950 IP RENAL DIALYSIS	0.200055		76.01
76.97	07697 CARDIAC REHABILITATION	1.366998		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.620442		90.00
91.00	09100 EMERGENCY	0.181080		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206382		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/31/2018 5:48 pm
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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	7,020,628	0	7,020,628	93,366	75.19	30.00
31.00	INTENSIVE CARE UNIT	472,720	0	472,720	5,769	81.94	31.00
41.00	SUBPROVIDER - IRF	284,615	0	284,615	2,827	100.68	41.00
43.00	NURSERY	86,657		86,657	3,510	24.69	43.00
44.00	SKILLED NURSING FACILITY	432,834		432,834	8,187	52.87	44.00
200.00	Total (lines 30 through 199)	8,297,454		8,297,454	113,659		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	21,511	1,617,412				
31.00	INTENSIVE CARE UNIT	1,485	121,681				
41.00	SUBPROVIDER - IRF	965	97,156				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	6,104	322,718				
200.00	Total (lines 30 through 199)	30,065	2,158,967				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/31/2018 5:48 pm
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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	2,197,377	124,222,510	0.017689	13,454,702	238,000	50.00
51.00	05100	RECOVERY ROOM	123,876	21,690,609	0.005711	2,791,206	15,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	717,283	10,198,738	0.070331	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,453	27,398,648	0.000965	3,001,683	2,897	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	692,504	74,824,017	0.009255	5,177,882	47,921	54.00
54.01	03190	OUTPATIENT ONCOLOGY	581,575	71,724,088	0.008109	22,354	181	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38,873	10,678,542	0.003640	84,911	309	55.00
57.00	05700	CT SCAN	83,952	56,583,808	0.001484	6,056,134	8,987	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,446	18,930,945	0.001608	1,448,169	2,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,894	18,565,892	0.009205	4,562,770	42,000	59.00
60.00	06000	LABORATORY	666,002	143,086,153	0.004655	24,112,495	112,244	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	709	98,229	0.007218	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,272	5,741,050	0.008234	1,460,472	12,026	63.00
65.00	06500	RESPIRATORY THERAPY	191,701	27,141,540	0.007063	7,911,227	55,877	65.00
66.00	06600	PHYSICAL THERAPY	286,522	25,610,874	0.011188	1,513,696	16,935	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,411	12,574,793	0.003850	866,694	3,337	67.00
68.00	06800	SPEECH PATHOLOGY	4,407	1,481,694	0.002974	391,723	1,165	68.00
69.00	06900	ELECTROCARDIOLOGY	253,822	45,485,324	0.005580	6,985,516	38,979	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,904	1,074,057	0.056705	111,928	6,347	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,064	41,733,865	0.002781	8,804,146	24,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,302	26,130,935	0.001810	4,739,912	8,579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	224,857	182,159,417	0.001234	31,912,727	39,380	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	345,339	10,487,840	0.032928	5,595	184	76.00
76.01	03950	IP RENAL DIALYSIS	33,419	6,115,090	0.005465	2,410,631	13,174	76.01
76.97	07697	CARDIAC REHABILITATION	95,331	334,536	0.284965	22,472	6,404	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	736,572	6,120,606	0.120343	7,020	845	90.00
91.00	09100	EMERGENCY	4,435,089	134,890,416	0.032879	10,055,948	330,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	437,406	26,998,762	0.016201	1,116,941	18,096	92.00
200.00		Total (lines 50 through 199)	12,694,362	1,132,082,978		139,028,954	1,047,251	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	93,366	0.00	21,511	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,769	0.00	1,485	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,827	0.00	965	41.00
43.00	04300	NURSERY	0	0	3,510	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	8,187	0.00	6,104	44.00
200.00		Total (lines 30 through 199)	0	0	113,659	0.00	30,065	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	313,685	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.01	03950	I/P RENAL DIALYSIS	0	0	0	0	0	76.01
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
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	313,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	124,222,510	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,690,609	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,198,738	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,398,648	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	74,824,017	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	71,724,088	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,678,542	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,583,808	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,930,945	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	18,565,892	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	143,086,153	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	98,229	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,741,050	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,141,540	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,610,874	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,574,793	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,481,694	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,485,324	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,074,057	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,733,865	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,130,935	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,685	313,685	182,159,417	0.001722	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	10,487,840	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	6,115,090	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	334,536	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	6,120,606	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	134,890,416	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	26,998,762	0.000000	92.00
200.00		Total (lines 50 through 199)	0	313,685	313,685	1,132,082,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	13,454,702	0	15,671,542	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	2,791,206	0	2,236,533	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	3,001,683	0	3,391,008	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,177,882	0	9,409,549	0	54.00	
54.01	03190 OUTPATIENT ONCOLOGY	0.000000	22,354	0	22,823,548	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	84,911	0	3,124,212	0	55.00	
57.00	05700 CT SCAN	0.000000	6,056,134	0	7,446,346	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,448,169	0	2,865,374	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,562,770	0	2,166,420	0	59.00	
60.00	06000 LABORATORY	0.000000	24,112,495	0	9,250,497	0	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	32,466	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,460,472	0	117,672	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	7,911,227	0	471,986	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	1,513,696	0	79,319	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	866,694	0	48,405	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	391,723	0	9,734	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,985,516	0	5,928,083	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	111,928	0	142,277	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,804,146	0	2,552,289	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,739,912	0	3,227,255	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001722	31,912,727	54,954	15,092,004	25,988	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00	03550 MENTAL HEALTH OUTPATIENT	0.000000	5,595	0	2,134,991	0	76.00	
76.01	03950 IP RENAL DIALYSIS	0.000000	2,410,631	0	156,018	0	76.01	
76.97	07697 CARDIAC REHABILITATION	0.000000	22,472	0	65,932	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	7,020	0	1,216,746	0	90.00	
91.00	09100 EMERGENCY	0.000000	10,055,948	0	10,940,486	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,116,941	0	5,458,639	0	92.00	
200.00	Total (lines 50 through 199)		139,028,954	54,954	126,059,331	25,988	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
Title XVIII Hospital PPS				
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0	0	76.01
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
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.151497	15,671,542	1	0	2,374,192	50.00	
51.00 05100 RECOVERY ROOM	0.088143	2,236,533	0	0	197,135	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.432452	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.015765	3,391,008	0	0	53,459	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.115270	9,409,549	0	0	1,084,639	54.00	
54.01 03190 OUTPATIENT ONCOLOGY	0.052685	22,823,548	303	69,674	1,202,459	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.071108	3,124,212	0	0	222,156	55.00	
57.00 05700 CT SCAN	0.025989	7,446,346	0	0	193,523	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045670	2,865,374	0	0	130,862	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.083810	2,166,420	0	0	181,568	59.00	
60.00 06000 LABORATORY	0.118390	9,250,497	679	0	1,095,166	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	1.083061	32,466	2	0	35,163	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.029949	117,672	42	0	3,524	63.00	
65.00 06500 RESPIRATORY THERAPY	0.127009	471,986	0	0	59,946	65.00	
66.00 06600 PHYSICAL THERAPY	0.211586	79,319	0	0	16,783	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.172571	48,405	0	0	8,353	67.00	
68.00 06800 SPEECH PATHOLOGY	0.325566	9,734	0	0	3,169	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.055427	5,928,083	0	0	328,576	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.503095	142,277	0	0	71,579	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328	2,552,289	0	0	1,116,187	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.258167	3,227,255	0	0	833,171	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.135499	15,092,004	151	167,742	2,044,951	73.00	
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00 03550 MENTAL HEALTH OUTPATIENT	0.575062	2,134,991	0	0	1,227,752	76.00	
76.01 03950 IP RENAL DIALYSIS	0.200055	156,018	0	0	31,212	76.01	
76.97 07697 CARDIAC REHABILITATION	1.366998	65,932	0	0	90,129	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	0.620442	1,216,746	0	0	754,920	90.00	
91.00 09100 EMERGENCY	0.181080	10,940,486	2	73	1,981,103	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206382	5,458,639	0	23	1,126,565	92.00	
200.00		Subtotal (see instructions)	126,059,331	1,180	237,512	16,468,242	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	126,059,331	1,180	237,512	16,468,242	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 5:48 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
54.01 03190 OUTPATIENT ONCOLOGY	16	3,671		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	80	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	2	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1	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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	20	22,729		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0		76.00
76.01 03950 IP RENAL DIALYSIS	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	13		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5		92.00
200.00 Subtotal (see instructions)	119	26,418		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	119	26,418		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0180 Component CCN: 14-T180		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/31/2018 5:48 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,197,377	124,222,510	0.017689	6,250	111	50.00
51.00	05100	RECOVERY ROOM	123,876	21,690,609	0.005711	5	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	717,283	10,198,738	0.070331	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,453	27,398,648	0.000965	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	692,504	74,824,017	0.009255	36,188	335	54.00
54.01	03190	OUTPATIENT ONCOLOGY	581,575	71,724,088	0.008109	3	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	38,873	10,678,542	0.003640	0	0	55.00
57.00	05700	CT SCAN	83,952	56,583,808	0.001484	33,726	50	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	30,446	18,930,945	0.001608	12,151	20	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,894	18,565,892	0.009205	2,152	20	59.00
60.00	06000	LABORATORY	666,002	143,086,153	0.004655	391,251	1,821	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	709	98,229	0.007218	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,272	5,741,050	0.008234	11,306	93	63.00
65.00	06500	RESPIRATORY THERAPY	191,701	27,141,540	0.007063	107,795	761	65.00
66.00	06600	PHYSICAL THERAPY	286,522	25,610,874	0.011188	992,906	11,109	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,411	12,574,793	0.003850	686,776	2,644	67.00
68.00	06800	SPEECH PATHOLOGY	4,407	1,481,694	0.002974	126,902	377	68.00
69.00	06900	ELECTROCARDIOLOGY	253,822	45,485,324	0.005580	15,786	88	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,904	1,074,057	0.056705	921	52	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,064	41,733,865	0.002781	193,639	539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	47,302	26,130,935	0.001810	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	224,857	182,159,417	0.001234	560,958	692	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	345,339	10,487,840	0.032928	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	33,419	6,115,090	0.005465	63,682	348	76.01
76.97	07697	CARDIAC REHABILITATION	95,331	334,536	0.284965	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	736,572	6,120,606	0.120343	60	7	90.00
91.00	09100	EMERGENCY	4,435,089	134,890,416	0.032879	1,382	45	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	26,998,762	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	12,256,956	1,132,082,978		3,243,839	19,112	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
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
54.01 03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	313,685	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.01 03950 IP RENAL DIALYSIS	0	0	0	0	0	76.01
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
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	313,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	124,222,510	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,690,609	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,198,738	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,398,648	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	74,824,017	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	71,724,088	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,678,542	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,583,808	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,930,945	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	18,565,892	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	143,086,153	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	98,229	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,741,050	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,141,540	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,610,874	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,574,793	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,481,694	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,485,324	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,074,057	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,733,865	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,130,935	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,685	313,685	182,159,417	0.001722	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	10,487,840	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	6,115,090	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	334,536	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,120,606	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	134,890,416	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	26,998,762	0.000000	92.00
200.00		Total (lines 50 through 199)	0	313,685	313,685	1,132,082,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,250	0	1	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	5	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	36,188	0	5,141	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.000000	3	0	8,325	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	33,726	0	11,064	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	12,151	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,152	0	7	0	59.00
60.00	06000 LABORATORY	0.000000	391,251	0	265	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	2	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	11,306	0	193	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	107,795	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	992,906	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	686,776	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	126,902	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	15,786	0	6,961	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	921	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	193,639	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	0.001722	560,958	966	5,144	9	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.000000	0	0	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.000000	63,682	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	60	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	1,382	0	73	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,243,839	966	37,176	9	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
			21.00	24.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	76.01
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
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 5:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.151497	1	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0.088143	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.432452	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.015765	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.115270	5,141	0	0	593	54.00	
54.01 03190 OUTPATIENT ONCOLOGY	0.052685	8,325	0	0	439	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.071108	0	0	0	0	55.00	
57.00 05700 CT SCAN	0.025989	11,064	0	0	288	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045670	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.083810	7	0	0	1	59.00	
60.00 06000 LABORATORY	0.118390	265	0	0	31	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	1.083061	2	0	0	2	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.029949	193	0	0	6	63.00	
65.00 06500 RESPIRATORY THERAPY	0.127009	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0.211586	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.172571	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.325566	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.055427	6,961	0	0	386	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.503095	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.258167	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.135499	5,144	0	2,631	697	73.00	
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
76.00 03550 MENTAL HEALTH OUTPATIENT	0.575062	0	0	0	0	76.00	
76.01 03950 IP RENAL DIALYSIS	0.200055	0	0	0	0	76.01	
76.97 07697 CARDIAC REHABILITATION	1.366998	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.620442	0	0	0	0	90.00	
91.00 09100 EMERGENCY	0.181080	73	0	0	13	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206382	0	0	0	0	92.00	
200.00	Subtotal (see instructions)		37,176	0	2,631	2,456	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		37,176	0	2,631	2,456	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 5:48 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	356	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.01 03950 IP RENAL DIALYSIS	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
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	356	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	356	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
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
54.01	03190 OUTPATIENT ONCOLOGY	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	313,685	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	0	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0	0	0	0	0	76.01
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
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	313,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	124,222,510	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,690,609	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,198,738	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	27,398,648	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	74,824,017	0.000000	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0	0	0	71,724,088	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,678,542	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	56,583,808	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,930,945	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	18,565,892	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	143,086,153	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	98,229	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,741,050	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,141,540	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	25,610,874	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,574,793	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,481,694	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	45,485,324	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,074,057	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,733,865	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,130,935	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,685	313,685	182,159,417	0.001722	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0	0	0	10,487,840	0.000000	76.00
76.01	03950	IP RENAL DIALYSIS	0	0	0	6,115,090	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	334,536	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	6,120,606	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	134,890,416	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	26,998,762	0.000000	92.00
200.00		Total (lines 50 through 199)	0	313,685	313,685	1,132,082,978		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	34,780	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	43	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,227	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	160,371	0	0	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.000000	49	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	51,136	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	19,311	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	6,307	0	0	59.00
60.00	06000	LABORATORY	0.000000	2,514,675	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	49,908	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,853,556	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	3,113,510	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,922,362	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	150,957	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	64,970	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	9,000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,625,205	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001722	4,946,751	8,518	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.000000	0	0	0	76.00
76.01	03950	IP RENAL DIALYSIS	0.000000	674,507	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	598	0	0	90.00
91.00	09100	EMERGENCY	0.000000	13,771	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,475	0	0	92.00
200.00		Total (lines 50 through 199)		18,221,469	8,518	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.151497	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.088143	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.432452	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.015765	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.115270	0	0	0	0	54.00
54.01 03190 OUTPATIENT ONCOLOGY	0.052685	0	0	1	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.071108	0	0	0	0	55.00
57.00 05700 CT SCAN	0.025989	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045670	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083810	0	0	0	0	59.00
60.00 06000 LABORATORY	0.118390	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	1.083061	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.029949	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.127009	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.211586	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.172571	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.325566	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.055427	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.503095	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.258167	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.135499	0	65	8,379	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0.575062	0	0	0	0	76.00
76.01 03950 IP RENAL DIALYSIS	0.200055	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	1.366998	0	0	0	0	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.620442	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.181080	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206382	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	65	8,380	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		65	8,380	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/31/2018 5:48 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
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
54.01 03190 OUTPATIENT ONCOLOGY	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9	1,135	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03550 MENTAL HEALTH OUTPATIENT	0	0	76.00
76.01 03950 IP RENAL DIALYSIS	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
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)	9	1,135	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	9	1,135	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2018 5:48 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		93,366	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		93,366	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)		87,549	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)		21,511	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)		89,434,365	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)		89,434,365	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)		89,434,365	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)		957.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,605,172	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)		20,605,172	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1		
Title XVIII			Hospital		PPS				
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
			1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00		
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT	11,213,085	5,769	1,943.68	1,485	2,886,365	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)						20,455,918	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						43,947,455	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)						1,739,093	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,102,205	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,841,298	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						41,106,157	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)						5,817	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						957.89	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)						5,572,046	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 5:48 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,020,628	89,434,365	0.078500	5,572,046	437,406	90.00
91.00	Nursing School cost	0	89,434,365	0.000000	5,572,046	0	91.00
92.00	Allied health cost	0	89,434,365	0.000000	5,572,046	0	92.00
93.00	All other Medical Education	0	89,434,365	0.000000	5,572,046	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Subprovider - IRF	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)		2,827	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,827	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)		2,827	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)		965	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)		2,689,190	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)		2,689,190	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)		2,689,190	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)		951.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		917,956	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)		917,956	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 14-T180		Date/Time Prepared: 5/31/2018 5:48 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	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)						612,056	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,530,012	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)						97,156	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						20,078	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						117,234	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,412,778	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: 14-0180 Component CCN: 14-T180		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	284,615	2,689,190	0.105837	0	0	90.00
91.00	Nursing School cost	0	2,689,190	0.000000	0	0	91.00
92.00	Allied health cost	0	2,689,190	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,689,190	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Skilled Nursing Facility	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)		8,187	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,187	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)		8,187	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,104	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)		6,664,159	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)		6,664,159	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)		6,664,159	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0180 Component CCN: 14-5541		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 5:48 pm		
		Title XVIII		Skilled Nursing Facility		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							54.00
55.00	Target amount per discharge							55.00
56.00	Target amount (line 54 x line 55)							56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57.00
58.00	Bonus payment (see instructions)							58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61.00
62.00	Relief payment (see instructions)							62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							6,664,159 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							813.99 71.00
72.00	Program routine service cost (line 9 x line 71)							4,968,595 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							4,968,595 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)							0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							0 80.00
81.00	Inpatient routine service cost per diem limitation							0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)							4,968,595 83.00
84.00	Program inpatient ancillary services (see instructions)							3,301,329 84.00
85.00	Utilization review - physician compensation (see instructions)							0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							8,269,924 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: 14-0180 Component CCN: 14-5541		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180	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		67,752,268	30.00
31.00	03100	INTENSIVE CARE UNIT		11,835,245	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151497	13,454,702	50.00
51.00	05100	RECOVERY ROOM	0.088143	2,791,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.432452	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015765	3,001,683	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115270	5,177,882	54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.052685	22,354	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.071108	84,911	55.00
57.00	05700	CT SCAN	0.025989	6,056,134	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045670	1,448,169	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083810	4,562,770	59.00
60.00	06000	LABORATORY	0.118390	24,112,495	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	1.083061	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.029949	1,460,472	63.00
65.00	06500	RESPIRATORY THERAPY	0.127009	7,911,227	65.00
66.00	06600	PHYSICAL THERAPY	0.211586	1,513,696	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.172571	866,694	67.00
68.00	06800	SPEECH PATHOLOGY	0.325566	391,723	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055427	6,985,516	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.503095	111,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328	8,804,146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258167	4,739,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135499	31,912,727	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.575062	5,595	76.00
76.01	03950	IP RENAL DIALYSIS	0.200055	2,410,631	76.01
76.97	07697	CARDIAC REHABILITATION	1.366998	22,472	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	0.620442	7,020	90.00
91.00	09100	EMERGENCY	0.181080	10,055,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206382	1,116,941	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		139,028,954	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)		139,028,954	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		2,564,311		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.151497	6,250	947	50.00
51.00	05100 RECOVERY ROOM	0.088143	5	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.432452	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.015765	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.115270	36,188	4,171	54.00
54.01	03190 OUTPATIENT ONCOLOGY	0.052685	3	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.071108	0	0	55.00
57.00	05700 CT SCAN	0.025989	33,726	877	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045670	12,151	555	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083810	2,152	180	59.00
60.00	06000 LABORATORY	0.118390	391,251	46,320	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	1.083061	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.029949	11,306	339	63.00
65.00	06500 RESPIRATORY THERAPY	0.127009	107,795	13,691	65.00
66.00	06600 PHYSICAL THERAPY	0.211586	992,906	210,085	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.172571	686,776	118,518	67.00
68.00	06800 SPEECH PATHOLOGY	0.325566	126,902	41,315	68.00
69.00	06900 ELECTROCARDIOLOGY	0.055427	15,786	875	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.503095	921	463	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328	193,639	84,684	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.258167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.135499	560,958	76,009	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 MENTAL HEALTH OUTPATIENT	0.575062	0	0	76.00
76.01	03950 IP RENAL DIALYSIS	0.200055	63,682	12,740	76.01
76.97	07697 CARDIAC REHABILITATION	1.366998	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRIpsy	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.620442	60	37	90.00
91.00	09100 EMERGENCY	0.181080	1,382	250	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206382	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,243,839	612,056	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)		3,243,839		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.151497	34,780	5,269 50.00
51.00	05100	RECOVERY ROOM	0.088143	43	4 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.432452	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.015765	5,227	82 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.115270	160,371	18,486 54.00
54.01	03190	OUTPATIENT ONCOLOGY	0.052685	49	3 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.071108	0	0 55.00
57.00	05700	CT SCAN	0.025989	51,136	1,329 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045670	19,311	882 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083810	6,307	529 59.00
60.00	06000	LABORATORY	0.118390	2,514,675	297,712 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	1.083061	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.029949	49,908	1,495 63.00
65.00	06500	RESPIRATORY THERAPY	0.127009	1,853,556	235,418 65.00
66.00	06600	PHYSICAL THERAPY	0.211586	3,113,510	658,775 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.172571	2,922,362	504,315 67.00
68.00	06800	SPEECH PATHOLOGY	0.325566	150,957	49,146 68.00
69.00	06900	ELECTROCARDIOLOGY	0.055427	64,970	3,601 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.503095	9,000	4,528 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.437328	1,625,205	710,748 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.258167	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.135499	4,946,751	670,280 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03550	MENTAL HEALTH OUTPATIENT	0.575062	0	0 76.00
76.01	03950	IP RENAL DIALYSIS	0.200055	674,507	134,938 76.01
76.97	07697	CARDIAC REHABILITATION	1.366998	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LI THOTRIpsy	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.620442	598	371 90.00
91.00	09100	EMERGENCY	0.181080	13,771	2,494 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206382	4,475	924 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		18,221,469	3,301,329 200.00
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)		18,221,469	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		24,125,665	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,368,395	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)		747,860	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		13,973,393	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		372.48	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)		40.45	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)		1.50	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).		5.53	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)		44.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		49.62	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.00	11.00
12.00	Current year allowable FTE (see instructions)		47.48	12.00
13.00	Total allowable FTE count for the prior year.		44.41	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.		49.49	14.00
15.00	Sum of lines 12 through 14 divided by 3.		47.13	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		47.13	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.126530	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.118275	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.118275	21.00
22.00	IME payment adjustment (see instructions)		1,969,135	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		873,672	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)		5.14	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,969,135	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		873,672	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		19.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)		53.58	31.00
32.00	Sum of lines 30 and 31		73.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		49.59	33.00
34.00	Disproportionate share adjustment (see instructions)		3,904,476	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.001525795	0.001262411	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	9,120,413	8,542,347	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	6,821,567	2,153,141	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,974,708		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)	47,090,239		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)		47,963,911	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,168,422	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).		1,507,836	52.00
53.00	Nursing and Allied Health Managed Care payment		1	53.00
54.00	Special add-on payments for new technologies		1,036	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		54,954	58.00
59.00	Total (sum of amounts on lines 49 through 58)		52,696,160	59.00
60.00	Primary payer payments		6,104	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		52,690,056	61.00
62.00	Deductibles billed to program beneficiaries		3,145,380	62.00
63.00	Coinurance billed to program beneficiaries		545,636	63.00
64.00	Allowable bad debts (see instructions)		1,522,248	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		989,461	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		847,461	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,988,501	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		224,810	70.93
70.94	HRR adjustment amount (see instructions)		-71,704	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			50,141,607	71.00
71.01	Sequestration adjustment (see instructions)			1,002,832	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			47,172,105	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			1,966,670	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			528,630	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	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	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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/31/2018 5:48 pm	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	19.60	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	53.58	0.00			53.58	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	73.18	0.00			53.58	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	372.48	0.00			372.48	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	49.59	0.00			33.42	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	19.60	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	7.95	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	31,581	0			31,581	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	10,839	0			10,839	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	8,498	0			8,498	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	1,326	0			1,326	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	52,244	0			52,244	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	96,828	0			96,828	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	686	0			686	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	97,514	0			97,514	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	53.58	0.00			53.58	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	49.59		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		49.59		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		49.59		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet DSH Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	33.42		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	33.42		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	33.42		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2018 5:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,125,665	0	24,125,665		24,125,665	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,368,395	0		7,368,395	7,368,395	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	747,860	0	643,183	104,678	747,861	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	13,973,393	0	10,484,922	3,488,472	13,973,394	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.118275	0.118275	0.118275	0.118275		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,969,135	0	1,508,433	460,702	1,969,135	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	873,672	0	873,672	0	873,672	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	1,969,135	0	1,508,433	460,702	1,969,135	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	873,672	0	873,672	0	873,672	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4959	0.4959	0.4959	0.4959		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,904,476	0	2,990,979	913,497	3,904,476	11.00
11.01	Uncompensated care payments	36.00	8,974,708	0	9,138,092	2,298,846	11,436,938	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	47,090,239	0	35,944,121	11,146,118	47,090,239	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	47,963,911	0	36,817,793	11,146,118	47,963,911	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,168,422	0	2,434,034	734,388	3,168,422	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	0	1,036	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0180

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2018 5:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	39,252,863	11,880,506	51,133,369	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,552,838	0	1,952,719	600,119	2,552,838	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	72,596	0	65,972	6,624	72,596	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	0.0530	0.0530	0.0530	0.0530		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	135,300	0	103,494	31,806	135,300	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1597	0.1597	0.1597	0.1597		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	407,688	0	311,849	95,839	407,688	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,168,422	0	2,434,034	734,388	3,168,422	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0180		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,125,665	24,125,665		24,125,665	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,368,395		7,368,395	7,368,395	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	747,860	643,183	104,678	747,861	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	13,973,393	10,484,922	3,488,472	13,973,394	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.118275	0.118275	0.118275		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,969,135	1,508,433	460,702	1,969,135	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	873,672	655,559	218,113	873,672	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	1,969,135	1,508,433	460,702	1,969,135	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	873,672	655,559	218,113	873,672	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4959	0.4959	0.4959		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,904,476	2,990,979	913,497	3,904,476	11.00
11.01	Uncompensated care payments	36.00	8,974,708	6,821,567	2,153,141	8,974,708	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	47,090,239	36,089,826	11,000,413	47,090,239	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	47,963,911	36,745,385	11,218,526	47,963,911	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,168,422	2,434,034	734,388	3,168,422	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	0	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			39,180,455	11,952,914	51,133,369	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,552,838	1,952,719	600,119	2,552,838	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	72,596	65,972	6,624	72,596	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	0.0530	0.0530	0.0530		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	135,300	103,494	31,806	135,300	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1597	0.1597	0.1597		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	407,688	311,849	95,839	407,688	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,168,422	2,434,034	734,388	3,168,422	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	224,810	216,526	8,284	224,810	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	-71,704	-55,495	-16,209	-71,704	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: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,537	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,442,254	2.00
3.00	OPPS payments		17,314,742	3.00
4.00	Outlier payment (see instructions)		118,792	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		25,988	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,537	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		238,692	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)		238,692	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)		238,692	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		212,155	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)		26,537	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)		17,459,522	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,368,756	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)		14,117,303	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		460,893	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)		14,578,196	30.00
31.00	Primary payer payments		2,029	31.00
32.00	Subtotal (line 30 minus line 31)		14,576,167	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)		579,240	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		376,506	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		176,684	36.00
37.00	Subtotal (see instructions)		14,952,673	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-67	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)		14,952,740	40.00
40.01	Sequestration adjustment (see instructions)		299,055	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14,659,248	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5,563	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: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		356	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,447	2.00
3.00	OPPS payments		1,948	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		9	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		356	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,631	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)		2,631	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)		2,631	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,275	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		356	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,957	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)		383	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,930	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,930	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,930	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,930	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,930	40.00
40.01	Sequestration adjustment (see instructions)		39	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,554	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		337	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: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 5:48 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,144	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		1,144	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,445	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)		8,445	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)		8,445	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,301	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)		1,144	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		13	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,131	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,131	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,131	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,131	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,131	40.00
40.01	Sequestration adjustment (see instructions)		23	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,146	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-38	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/31/2018 5:48 pm
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,306,064		13,792,103	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		2,372,252		1,000,082	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	07/27/2017	388,378	07/27/2017	126,317	3.50	
3.51		12/07/2017	117,833	12/07/2017	6,620	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)		-506,211		-132,937	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)		47,172,105		14,659,248	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		1,966,670		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		5,563	6.02	
7.00	Total Medicare program liability (see instructions)		49,138,775		14,653,685	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: 14-0180
Component CCN: 14-T180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2018 5:48 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,678,718		1,554	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)		1,678,718		1,554	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		0		337	6.01
6.02	SETTLEMENT TO PROGRAM		75,723		0	6.02
7.00	Total Medicare program liability (see instructions)		1,602,995		1,891	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: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,084,217		1,146
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		3,084,217		1,146
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		8,347		0
6.02	SETTLEMENT TO PROGRAM		0		38
7.00	Total Medicare program liability (see instructions)		3,092,564		1,108
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & 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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-T180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,467,840 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0795 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			157,499 3.00
4.00	Outlier Payments			15,147 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.745205 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,640,486 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,640,486 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,640,486 19.00
20.00	Deductibles			3,948 20.00
21.00	Subtotal (line 19 minus line 20)			1,636,538 21.00
22.00	Coinsurance			2,632 22.00
23.00	Subtotal (line 21 minus line 22)			1,633,906 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,288 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			837 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,634,743 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			966 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,635,709 32.00
32.01	Sequestration adjustment (see instructions)			32,714 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			1,678,718 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-75,723 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			7,101 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			15,147 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0180 Component CCN: 14-5541	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VI Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,521,478	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		8,518	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,529,996	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		374,318	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		3,155,678	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		3,155,678	15.00
15.01	Sequestration adjustment (see instructions)		63,114	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		3,084,217	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		8,347	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 5:48 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			41.12	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			2.82	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			4.98	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			43.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			49.62	6.00
7.00	Enter the lesser of line 5 or line 6			43.28	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	48.56	1.06	49.62	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	42.36	0.92	43.28	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	42.36	3.92		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	41.20	3.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	45.42	3.99		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	42.99	3.64		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	42.99	3.64		17.00
18.00	Per resident amount	125,649.26	125,649.26		18.00
19.00	Approved amount for resident costs	5,401,662	457,363	5,859,025	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.34	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,859,025	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	23,961	9,987		26.00
27.00	Total Inpatient Days (see instructions)	96,831	96,831		27.00
28.00	Ratio of inpatient days to total inpatient days	0.247452	0.103138		28.00
29.00	Program direct GME amount	1,449,827	604,288		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		85,386		30.00
31.00	Net Program direct GME amount			1,968,729	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		53,976,058	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		6,104	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		53,969,954	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		16,498,735	42.00
43.00	Primary payer payments (see instructions)		2,029	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,496,706	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		70,466,660	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.765893	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.234107	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,968,729	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,507,836	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		460,893	50.00

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

Provider CCN: 14-0180

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

Worksheet G

Date/Time Prepared:
5/31/2018 5:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,759,448	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	172,878,494	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-117,696,695	0	0	0	6.00
7.00	Inventory	5,725,292	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	5,650,980	0	0	0	9.00
10.00	Due from other funds	18,022,933	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	87,340,452	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,370,865	0	0	0	12.00
13.00	Land improvements	1,198,804	0	0	0	13.00
14.00	Accumulated depreciation	-937,898	0	0	0	14.00
15.00	Buildings	129,366,755	0	0	0	15.00
16.00	Accumulated depreciation	-58,937,602	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	89,364,458	0	0	0	23.00
24.00	Accumulated depreciation	-56,345,519	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)	109,079,863	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	196,420,315	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	65,717	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,868,055	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	26,759,427	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,693,199	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	11,044	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,044	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	28,704,243	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	167,716,072				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	167,716,072	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	196,420,315	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0180

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

Worksheet G-1

Date/Time Prepared:
5/31/2018 5:48 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		124,517,091		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		33,230,465			2.00
3.00	Total (sum of line 1 and line 2)		157,747,556		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET ASSET TRANSFERS	9,968,516		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)		9,968,516		0	10.00
11.00	Subtotal (line 3 plus line 10)		167,716,072		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)		167,716,072		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	NET ASSET TRANSFERS		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: 14-0180

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2018 5:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	278,579,270		278,579,270	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,529,981		7,529,981	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	8,561,360		8,561,360	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)	294,670,611		294,670,611	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,758,494		30,758,494	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)	30,758,494		30,758,494	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	325,429,105		325,429,105	17.00
18.00	Ancillary services	486,667,682	635,216,558	1,121,884,240	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES AND 340B	0	3,194,992	3,194,992	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	812,096,787	638,411,550	1,450,508,337	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		303,731,591		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	ADD (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)		303,731,591		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/31/2018 5:48 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,450,508,337	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,118,702,114	2.00
3.00	Net patient revenues (line 1 minus line 2)	331,806,223	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	303,731,591	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,074,632	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	556,687	6.00
7.00	Income from investments	-104,999	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	1,137,468	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	603,301	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPTATION AND PHYSICIAN BILLING BO	1,785	24.00
24.01	MISCELLANEOUS REVENUE	2,961,591	24.01
25.00	Total other income (sum of lines 6-24)	5,155,833	25.00
26.00	Total (line 5 plus line 25)	33,230,465	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)	33,230,465	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/31/2018 5:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,552,838	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		72,596	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)		257.55	3.00
4.00	Number of interns & residents (see instructions)		47.13	4.00
5.00	Indirect medical education percentage (see instructions)		5.30	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)		135,300	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		19.60	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		53.58	8.00
9.00	Sum of lines 7 and 8		73.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.97	10.00
11.00	Disproportionate share adjustment (see instructions)		407,688	11.00
12.00	Total prospective capital payments (see instructions)		3,168,422	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

ALL INCLUSIVE RATE DATA - METHOD E		Provider CCN: 14-0180	Period: From 01/01/2017 To 12/31/2017	Worksheet AIR Not a CMS Worksheet Date/Time Prepared: 5/31/2018 5:48 pm
				1.00
1.00	Total general inpatient routine service cost.			89,434,365 1.00
2.00	Total inpatient days.			96,828 2.00
3.00	Cost per day.			923.64 3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).			0 4.00
5.00	Reduced cost per day.			0.00 5.00
6.00	Ancillary percentage.			0 6.00
7.00	Ancillary cost per day.			0.00 7.00
8.00	Inpatient Part B days.			0 8.00
9.00	Total Part B ancillary cost.			0 9.00