

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: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 9:16 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for Full or "L" for Low.

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

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

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

Date: 5/30/2018 Time: 9:16 pm

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 RIVERSIDE MEDICAL CENTER (14-0186) 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)

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	262,343	264,505	0	0	1.00
2.00 Subprovider - IPF	0	51,851	0		0	2.00
3.00 Subprovider - IRF	0	34,148	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-90		0	9.00
10.00 RURAL HEALTH CLINIC I	0		357		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	348,342	264,772	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm
---	--	-----------------------	---	---

1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60901		County: USA		1.00
2.00 Street: 350 NORTH WALL STREET		2.00 City: KANKAKEE								2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
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	RI VERSI DE MEDICAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	RI VERSI DE MEDICAL CENTER - PSY	14S186	28100	4	01/01/2015	N	P	O	4.00
5.00	Subprovider - IRF	RI VERSI DE MEDICAL CENTER - RHB	14T186	28100	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									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	RI VERSI DE MEDICAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
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)	2		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.						1		N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,027	2,790	0	0	7,261	0	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm			
		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		
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.	170	130	0	0	291		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					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	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					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 Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	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)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm	
	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	
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	
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		
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
			Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm	
		1.00	2.00	3.00	
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
		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. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
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)	N			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.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						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
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.					N	0
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.					0	118.00
						1.00	2.00
						3.00	
118.01	List amounts of malpractice premiums and paid losses:	Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01		0		0		0	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.					N	118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.					N	N
120.00							120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.					Y	121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.					N	122.00
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							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm	
		1.00	2.00				
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				140.00	
		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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
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.					145.00	
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				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						1.00	
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		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
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)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	
						1.00	
						Ending	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2017		12/31/2017	
						170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 3:57 pm
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 3:57 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)	N					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	06/30/2018			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.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/08/2018	Y	05/08/2018		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: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 3:57 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		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.	RICHARD		SCHILTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RI VERSIDE MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8159357256 X3492		RPSCHILTZ@RHC.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 3:57 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.	DIRECTOR OF FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	260	94,900	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)		260	94,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00	0	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)		291	106,215	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		335			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 3:57 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)	16,078	7,637	44,584			1.00
2.00 HMO and other (see instructions)	4,280	7,261				2.00
3.00 HMO IPF Subprovider	0	37				3.00
4.00 HMO IRF Subprovider	0	291				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)	16,078	7,637	44,584			7.00
8.00 INTENSIVE CARE UNIT	2,068	692	4,038			8.00
9.00 CORONARY CARE UNIT	0	0	0			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		399	2,330			13.00
14.00 Total (see instructions)	18,146	8,728	50,952	19.42	1,904.45	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,097	21	2,838	0.00	20.87	16.00
17.00 SUBPROVIDER - IRF	6,429	300	8,210	0.00	40.81	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	16,154	1,139	22,777	0.00	42.68	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	276	0	1,986	0.00	2.55	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)				19.42	2,011.36	27.00
28.00 Observation Bed Days		10	1,319			28.00
29.00 Ambulance Trips	2,680					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	89	520			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,258	1,989	10,174	1.00
2.00 HMO and other (see instructions)				934	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		4,258	1,989	10,174	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		200	12	258	16.00
17.00 SUBPROVIDER - IRF	0.00	0		605	283	889	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						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: 14-0186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 3:57 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	134,796,995	4,496,873	139,293,868	4,034,175.00	34.53 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		0	144,910	144,910	899.00	161.19 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		394,179	0	394,179	5,772.00	68.29 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		65,450	0	65,450	3,886.00	16.84 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		782,278	0	782,278	22,080.00	35.43 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		44,638,162	1,591,157	46,229,319	932,873.00	49.56 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,317,386	0	2,317,386	39,372.00	58.86 11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract Labor: Physician-Part A - Administrative		77,400	0	77,400	516.00	150.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 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)		23,976,121	0	23,976,121		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		7,600,330	0	7,600,330		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		9,006	0	9,006		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		57,796	0	57,796		
24.00	Wage-related costs (RHC/FQHC)		26,477	0	26,477		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

		Wkst. A Line Number	Amount Reported	Recl assi fi cat ion 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	
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	604,479	11,780	616,259	18,734.00	32.90	26.00
27.00	Administrative & General	5.00	19,719,335	2,859,222	22,578,557	648,311.00	34.83	27.00
28.00	Administrative & General under contract (see inst.)		485,068	0	485,068	2,108.00	230.11	28.00
29.00	Maintenance & Repairs	6.00	1,869,237	69,692	1,938,929	78,634.00	24.66	29.00
30.00	Operation of Plant	7.00	527,296	18,241	545,537	29,649.00	18.40	30.00
31.00	Laundry & Linen Service	8.00	525,687	11,229	536,916	37,707.00	14.24	31.00
32.00	Housekeeping	9.00	1,891,616	35,440	1,927,056	160,562.00	12.00	32.00
33.00	Housekeeping under contract (see instructions)		140,111	0	140,111	3,520.00	39.80	33.00
34.00	Dietary	10.00	1,519,930	-889,902	630,028	48,767.00	12.92	34.00
35.00	Dietary under contract (see instructions)		388,547	0	388,547	7,680.00	50.59	35.00
36.00	Cafeteria	11.00	0	917,627	917,627	63,396.00	14.47	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,922,546	-1,894,062	1,028,484	44,165.00	23.29	38.00
39.00	Central Services and Supply	14.00	441,095	17,164	458,259	26,630.00	17.21	39.00
40.00	Pharmacy	15.00	2,790,111	-2,790,111	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,320,804	46,604	1,367,408	62,367.00	21.93	41.00
42.00	Social Service	17.00	2,240,688	-897,169	1,343,519	41,478.00	32.39	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0186

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 3:57 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	134,568,814	4,496,873	139,065,687	4,015,745.00	34.63	1.00
2.00	Excluded area salaries (see instructions)	44,638,162	1,591,157	46,229,319	932,873.00	49.56	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,930,652	2,905,716	92,836,368	3,082,872.00	30.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,394,786	0	2,394,786	39,888.00	60.04	4.00
5.00	Subtotal wage-related costs (see inst.)	23,985,127	0	23,985,127	0.00	25.84	5.00
6.00	Total (sum of lines 3 thru 5)	116,310,565	2,905,716	119,216,281	3,122,760.00	38.18	6.00
7.00	Total overhead cost (see instructions)	37,386,550	-2,484,245	34,902,305	1,273,708.00	27.40	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 3:57 pm
-----------------------------	-----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,734,598	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	15,895,038	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	240,603	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	278,031	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)	347,864	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	837,968	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	9,092,198	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	57,000	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	186,428	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,669,728	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 3:57 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,317,386	31,669,728	1.00
2.00	Hospital	2,317,386	31,669,728	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/30/2018 3:57 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	KANKAKEE				0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,426	82	127	1,635	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,059.00	21.00	688.00	1,479.00	2.00

		Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			17.34	0.00	17.34	5.00
6.00	Direct Nursing Service			11.82	0.00	11.82	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			9.87	0.00	9.87	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.82	0.00	1.82	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.05	0.00	0.05	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.79	0.00	0.79	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16580			20.00
20.01				16974			20.01
20.02				28100			20.02
20.03				99914			20.03

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,386	459	276	115	8,236	21.00
22.00	Skilled Nursing Visit Charges	1,842,750	114,750	65,000	28,750	2,051,250	22.00
23.00	Physical Therapy Visits	5,610	79	89	126	5,904	23.00
24.00	Physical Therapy Visit Charges	1,541,925	21,725	24,475	34,650	1,622,775	24.00
25.00	Occupational Therapy Visits	1,067	41	6	24	1,138	25.00
26.00	Occupational Therapy Visit Charges	293,425	11,275	1,650	6,600	312,950	26.00
27.00	Speech Pathology Visits	73	0	0	12	85	27.00
28.00	Speech Pathology Visit Charges	20,075	0	0	3,300	23,375	28.00
29.00	Medical Social Service Visits	20	3	0	0	23	29.00
30.00	Medical Social Service Visit Charges	5,500	825	0	0	6,325	30.00
31.00	Home Health Aide Visits	723	36	4	5	768	31.00
32.00	Home Health Aide Visit Charges	54,225	2,700	300	375	57,600	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,879	618	375	282	16,154	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,757,900	151,275	91,425	73,675	4,074,275	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,114		137	25	1,276	36.00
37.00	Total Number of Outlier Episodes		22		1	23	37.00
38.00	Total Non-Routine Medical Supply Charges	56,676	7,770	3,288	295	68,029	38.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2017 To 12/31/2017		Worksheet S-8 Date/Time Prepared: 5/30/2018 3:57 pm	
		RHC I		Cost			
				1.00			
1.00	Clinic Address and Identification Street	3400 SOUTH MAIN				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	HOPKINS PARK		IL		6094400000	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00		Source of Federal Funds				4.00	
5.00		Community Health Center (Section 330(d), PHS Act)				5.00	
6.00		Migrant Health Center (Section 329(d), PHS Act)				6.00	
7.00		Health Services for the Homeless (Section 340(d), PHS Act)				7.00	
8.00		Appalachian Regional Commission				8.00	
9.00		Look-Alikes				8.00	
		OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00		12:00		08:30	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N				12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N		0		13.00	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County	KANKAKEE				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	16:30		08:30		16:30	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2017 To 12/31/2017		Worksheet S-8 Date/Time Prepared: 5/30/2018 3:57 pm	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:30	16:30				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 3:57 pm
---	-----------------------	---	--

			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)		0.221604	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		33,245,217	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		176,443,472	6.00	
7.00	Medicaid cost (line 1 times line 6)		39,100,579	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)		5,855,362	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)		5,855,362	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)	4,419,611	3,424,092	7,843,703	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	979,403	3,424,092	4,403,495	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)	979,403	3,424,092	4,403,495	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)		5,930,223		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,464,428		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,252,967		27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,677,256		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,603,434		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,006,929		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,862,291		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0186		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		14,862,148	14,862,148	1,112,473	15,974,621	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,862,625	8,862,625	403,057	9,265,682	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	604,479	34,602,848	35,207,327	-3,564,835	31,642,492	4.00
5.01	01160	COMMUNICATIONS	0	0	0	1,220,965	1,220,965	5.01
5.02	00550	DATA PROCESSING	4,544,121	8,549,314	13,093,435	-777,308	12,316,127	5.02
5.03	00591	PURCHASING	654,068	1,502,427	2,156,495	-451,397	1,705,098	5.03
5.05	00590	BUSINESS OFFICE	5,344,717	236,218	5,580,935	90,443	5,671,378	5.05
5.06	00592	OTHER ADMIN & GENERAL	9,176,429	25,669,267	34,845,696	151,717	34,997,413	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,869,237	7,402,503	9,271,740	498,013	9,769,753	6.00
7.00	00700	OPERATION OF PLANT	527,296	155,797	683,093	15,436	698,529	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	525,687	95,706	621,393	11,229	632,622	8.00
9.00	00900	HOUSEKEEPING	1,891,616	1,055,367	2,946,983	33,362	2,980,345	9.00
10.00	01000	DIETARY	1,519,930	2,527,084	4,047,014	-2,415,578	1,631,436	10.00
11.00	01100	CAFETERIA	0	0	0	2,443,303	2,443,303	11.00
13.00	01300	NURSING ADMINISTRATION	2,922,546	34,255	2,956,801	-1,897,134	1,059,667	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	441,095	527,321	968,416	17,164	985,580	14.00
15.00	01500	PHARMACY	2,790,111	2,075,790	4,865,901	-4,039,503	826,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,320,804	254,339	1,575,143	30,663	1,605,806	16.00
17.00	01700	SOCIAL SERVICE	2,240,688	-1,805	2,238,883	-900,188	1,338,695	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	124,486	2,010,808	2,135,294	1,126	2,136,420	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,109,816	1,309,929	16,419,745	603,058	17,022,803	30.00
31.00	03100	INTENSIVE CARE UNIT	3,821,857	376,196	4,198,053	132,999	4,331,052	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,205,814	339,825	1,545,639	36,109	1,581,748	40.00
41.00	04100	SUBPROVIDER - I RF	2,111,621	1,160,362	3,271,983	91,666	3,363,649	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	945,059	241,590	1,186,649	63,798	1,250,447	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,775,790	6,185,501	9,961,291	240,089	10,201,380	50.00
51.00	05100	RECOVERY ROOM	1,442,448	88,438	1,530,886	242,055	1,772,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,427,323	153,973	1,581,296	59,992	1,641,288	52.00
53.00	05300	ANESTHESIOLOGY	0	369,839	369,839	805,618	1,175,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,540,663	5,083,611	9,624,274	-1,277,602	8,346,672	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	234,895	460,619	695,514	4,108	699,622	54.01
54.02	05404	ULTRASOUND	721,746	91,724	813,470	15,089	828,559	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	918,132	9,913,647	10,831,779	-7,075,277	3,756,502	55.00
57.00	05700	CT SCAN	746,398	172,338	918,736	13,510	932,246	57.00
58.00	05800	MRI	303,876	79,460	383,336	10,332	393,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,224,350	4,475,422	5,699,772	136,607	5,836,379	59.00
60.00	06000	LABORATORY	2,591,128	5,298,137	7,889,265	193,278	8,082,543	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	185,754	151,772	337,526	1,645,955	1,983,481	64.00
65.00	06500	RESPIRATORY THERAPY	1,369,973	451,538	1,821,511	62,028	1,883,539	65.00
66.00	06600	PHYSICAL THERAPY	3,098,486	395,730	3,494,216	137,589	3,631,805	66.00
69.00	06900	ELECTROCARDIOLOGY	1,057,866	326,042	1,383,908	112,118	1,496,026	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	741,385	741,385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,069,098	13,069,098	0	13,069,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,567,946	16,567,946	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	606,019	606,019	0	606,019	75.01
76.00	03956	CARDIAC REHAB	349,135	24,363	373,498	24,347	397,845	76.00
76.01	03950	OP PSY/CDU	1,591,890	91,031	1,682,921	100,407	1,783,328	76.01
76.02	03957	RI MMS	805,662	267,776	1,073,438	-5,051	1,068,387	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	410,665	27,596	438,261	6,998	445,259	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	519,055	444,965	964,020	32,816	996,836	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	170,725	56,147	226,872	-14,859	212,013	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	4,510,211	725,793	5,236,004	255,007	5,491,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	454,483	29,542	484,025	19,450	503,475	92.01
93.00	04951	INFUSION	493,271	5,309,598	5,802,869	-4,941,061	861,808	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	840,866	155,081	995,947	-904,749	91,198	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,834,964	427,476	3,262,440	144,289	3,406,729	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	3,331,430	332,730	3,664,160	74,541	3,738,701	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		6,487,615	6,487,615	-1,306,297	5,181,318	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	99,642,662	175,602,535	275,245,197	-968,704	274,276,493	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	6,536	1,933	8,469	0	8,469	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	35,147,797	9,576,894	44,724,691	968,704	45,693,395	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	134,796,995	185,181,362	319,978,357	0	319,978,357	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A
Date/Time Prepared:
5/30/2018 3:57 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	0	15,974,621	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,265,682	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-52,631	31,589,861	4.00
5.01	01160	COMMUNICATIONS	0	1,220,965	5.01
5.02	00550	DATA PROCESSING	0	12,316,127	5.02
5.03	00591	PURCHASING	0	1,705,098	5.03
5.05	00590	BUSINESS OFFICE	0	5,671,378	5.05
5.06	00592	OTHER ADMIN & GENERAL	-11,060,309	23,937,104	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	9,769,753	6.00
7.00	00700	OPERATION OF PLANT	0	698,529	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	632,622	8.00
9.00	00900	HOUSEKEEPING	0	2,980,345	9.00
10.00	01000	DIETARY	-13,195	1,618,241	10.00
11.00	01100	CAFETERIA	-1,738,750	704,553	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,059,667	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	985,580	14.00
15.00	01500	PHARMACY	0	826,398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-682	1,605,124	16.00
17.00	01700	SOCIAL SERVICE	0	1,338,695	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,136,420	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-250,245	16,772,558	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,424	4,329,628	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,581,748	40.00
41.00	04100	SUBPROVIDER - IRF	0	3,363,649	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,250,447	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-70,012	10,131,368	50.00
51.00	05100	RECOVERY ROOM	0	1,772,941	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,641,288	52.00
53.00	05300	ANESTHESIOLOGY	-805,618	369,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,451	8,343,221	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	699,622	54.01
54.02	05404	ULTRASOUND	0	828,559	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,756,502	55.00
57.00	05700	CT SCAN	0	932,246	57.00
58.00	05800	MRI	0	393,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	-37,531	5,798,848	59.00
60.00	06000	LABORATORY	-92,905	7,989,638	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,983,481	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,883,539	65.00
66.00	06600	PHYSICAL THERAPY	0	3,631,805	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,496,026	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-19,895	721,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,069,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-27,297	16,540,649	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	606,019	75.01
76.00	03956	CARDIAC REHAB	0	397,845	76.00
76.01	03950	OP PSY/CDU	-123,858	1,659,470	76.01
76.02	03957	RI MMS	-358,845	709,542	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	445,259	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	-4,454	992,382	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-113,775	98,238	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-53,223	5,437,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0	503,475	92.01
93.00	04951	INFUSION	0	861,808	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	91,198	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-311,281	3,095,448	95.00
99.10	09910	CORF	0	0	99.10

5/30/2018 3:57 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0186

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

Worksheet A
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
101.00	10100 HOME HEALTH AGENCY	0	3,738,701	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	-5,181,318	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-20,320,699	253,955,794	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	191.01
191.02	19102 CARE-A-VAN	0	8,469	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	45,693,395	192.00
192.01	19201 REFERENCE LAB	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-20,320,699	299,657,658	200.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6
Date/Time Prepared:
5/30/2018 3:57 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PROFESSIONAL FEES						
1.00	OPERATING ROOM	50.00	0	56,885	1.00	
2.00	ANESTHESIOLOGY	53.00	0	805,618	2.00	
3.00	LABORATORY	60.00	0	141,900	3.00	
4.00	OP PSY/CDU	76.01	0	56,964	4.00	
5.00	EMERGENCY	91.00	0	53,223	5.00	
6.00	INFUSION	93.00	0	450	6.00	
	O		0	1,115,040		
B - BONUSES AND VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,780	0	1.00	
2.00	DATA PROCESSING	5.02	113,777	0	2.00	
3.00	PURCHASING	5.03	30,828	0	3.00	
4.00	BUSINESS OFFICE	5.05	122,616	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.06	1,554,354	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	69,692	0	6.00	
7.00	OPERATION OF PLANT	7.00	18,241	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	11,229	0	8.00	
9.00	HOUSEKEEPING	9.00	35,440	0	9.00	
10.00	DIETARY	10.00	27,725	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	158,029	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	6,655	0	12.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	46,604	0	14.00	
15.00	SOCIAL SERVICE	17.00	67,026	0	15.00	
17.00	I&R SERVICES-OTHER PRGM	22.00	1,126	0	17.00	
COSTS A						
18.00	ADULTS & PEDIATRICS	30.00	311,224	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	63,514	0	19.00	
21.00	SUBPROVIDER - IPF	40.00	15,121	0	21.00	
22.00	SUBPROVIDER - IRF	41.00	33,407	0	22.00	
23.00	NURSERY	43.00	24,076	0	23.00	
24.00	OPERATING ROOM	50.00	75,625	0	24.00	
25.00	RECOVERY ROOM	51.00	40,352	0	25.00	
28.00	RADIOLOGY-DIAGNOSTIC	54.00	96,518	0	28.00	
29.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	4,108	0	29.00	
30.00	ULTRASOUND	54.02	15,089	0	30.00	
31.00	RADIOLOGY-THERAPEUTIC	55.00	22,812	0	31.00	
32.00	CT SCAN	57.00	13,510	0	32.00	
33.00	MRI	58.00	10,332	0	33.00	
34.00	CARDIAC CATHETERIZATION	59.00	20,924	0	34.00	
35.00	LABORATORY	60.00	51,378	0	35.00	
36.00	INTRAVENOUS THERAPY	64.00	5,263	0	36.00	
37.00	RESPIRATORY THERAPY	65.00	26,654	0	37.00	
38.00	PHYSICAL THERAPY	66.00	54,202	0	38.00	
39.00	ELECTROCARDIOLOGY	69.00	62,176	0	39.00	
40.00	DRUGS CHARGED TO PATIENTS	73.00	56,411	0	40.00	
41.00	CARDIAC REHAB	76.00	7,864	0	41.00	
42.00	OP PSY/CDU	76.01	24,386	0	42.00	
43.00	RI MMS	76.02	10,933	0	43.00	
44.00	DIABETES	76.05	6,998	0	44.00	
45.00	HYPERBARIC OXYGEN THERAPY	76.98	11,308	0	45.00	
46.00	RURAL HEALTH CLINIC	88.00	3,239	0	46.00	
47.00	EMERGENCY	91.00	67,832	0	47.00	
48.00	OBSERVATION BEDS (DISTINCT PART	92.01	5,526	0	48.00	
49.00	INFUSION	93.00	12,329	0	49.00	
50.00	COMMUNITY HEALTH CENTERS	93.01	74,783	0	50.00	
51.00	AMBULANCE SERVICES	95.00	54,444	0	51.00	
52.00	HOME HEALTH AGENCY	101.00	103,211	0	52.00	
54.00	PHYSICIANS PRIVATE OFFICES	192.00	810,111	0	54.00	
	O		4,470,782	0		
C - CAFETERIA						
1.00	CAFETERIA	11.00	917,627	1,525,676	1.00	
	O		917,627	1,525,676		
D - NURSING ADMINISTRATION						
1.00	CENTRAL SERVICES & SUPPLY	14.00	10,509	0	1.00	
3.00	ADULTS & PEDIATRICS	30.00	215,918	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	41,285	0	4.00	
6.00	SUBPROVIDER - IPF	40.00	20,988	0	6.00	
7.00	SUBPROVIDER - IRF	41.00	58,259	0	7.00	
8.00	NURSERY	43.00	39,722	0	8.00	
9.00	OPERATING ROOM	50.00	89,961	0	9.00	
10.00	RECOVERY ROOM	51.00	34,367	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	59,992	0	11.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	23,470	0	13.00	

5/30/2018 3:57 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
15.00	CARDIAC CATHETERIZATION	59.00	57,802	0	15.00
17.00	RESPIRATORY THERAPY	65.00	11,574	0	17.00
18.00	PHYSICAL THERAPY	66.00	85,487	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	49,942	0	19.00
20.00	CARDIAC REHAB	76.00	16,483	0	20.00
21.00	OP PSY/CDU	76.01	19,957	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	9,458	0	22.00
23.00	EMERGENCY	91.00	135,177	0	23.00
24.00	OBSERVATION BEDS (DISTINCT PART	92.01	13,924	0	24.00
25.00	AMBULANCE SERVICES	95.00	112,557	0	25.00
	O		1,106,832	0	
E - COST OF GOODS SOLD					
1.00	INTRAVENOUS THERAPY	64.00	0	991,223	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	741,385	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	269,841	3.00
	O		0	2,002,449	
F - UTILIZATION REVIEW					
1.00	OTHER ADMIN & GENERAL	5.06	964,195	0	1.00
	O		964,195	0	
G - RECOVERY ROOM					
1.00	RECOVERY ROOM	51.00	167,336	0	1.00
	O		167,336	0	
H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	649,469	0	1.00
	O		649,469	0	
I - INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	894,082	1.00
	O		0	894,082	
J - INTEREST					
1.00	OTHER ADMIN & GENERAL	5.06	0	1,306,297	1.00
	O		0	1,306,297	
K - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	242,012	0	1.00
	O		242,012	0	
L - ESTABLISH OTHER CRC					
1.00	OTHER CAP REL COSTS	3.00	0	1,515,530	1.00
	O		0	1,515,530	
M - NEW LIFE GRANT					
1.00	NONPAID WORKERS	193.00	26,091	0	1.00
	O		26,091	0	
N - RX SALARIES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	2,790,111	0	1.00
	O		2,790,111	0	
O - FLOAT NURSING					
1.00	ADULTS & PEDIATRICS	30.00	945,259	0	1.00
	O		945,259	0	
P - CHC DIRECTORS					
1.00	RURAL HEALTH CLINIC	88.00	3,970	890	1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	817,342	151,734	2.00
	O		821,312	152,624	
Q - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,451,583	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	13,451,583	
R - IT CONTRACT LABOR					
1.00	OTHER ADMIN & GENERAL	5.06	0	14,986	1.00
	O		0	14,986	
S - UTILITIES					
1.00	MAINTENANCE & REPAIRS	6.00	0	1,649,286	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
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
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
0			0	1,649,286		
T - POSTAGE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	85		1.00
2.00	PURCHASING	5.03	0	274,284		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	98		3.00
0			0	274,467		
U - MED DIRECTOR						
1.00	OTHER ADMIN & GENERAL	5.06	10,500	0		1.00
2.00	OTHER ADMIN & GENERAL	5.06	62,952	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	28,200	0		3.00
4.00	OPERATING ROOM	50.00	21,775	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	59,085	0		5.00
6.00	RESPIRATORY THERAPY	65.00	23,800	0		6.00
7.00	HYPERBARIC OXYGEN THERAPY	76.98	12,050	0		7.00
0			218,362	0		
V - COMMUNICATIONS						
1.00	COMMUNICATIONS	5.01	0	1,220,965		1.00
0			0	1,220,965		
500.00	Grand Total: Increases		13,319,388	25,122,985		500.00

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - PROFESSIONAL FEES						
1.00 OTHER ADMIN & GENERAL	5.06	0	1,015,040	0		1.00
2.00 PHYSICIANS PRIVATE OFFICES	192.00	0	100,000	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
0		0	1,115,040			
B - BONUSES AND VACATION ACCRUAL						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,470,782	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
17.00	0.00	0	0	0		17.00
18.00	0.00	0	0	0		18.00
19.00	0.00	0	0	0		19.00
21.00	0.00	0	0	0		21.00
22.00	0.00	0	0	0		22.00
23.00	0.00	0	0	0		23.00
24.00	0.00	0	0	0		24.00
25.00	0.00	0	0	0		25.00
28.00	0.00	0	0	0		28.00
29.00	0.00	0	0	0		29.00
30.00	0.00	0	0	0		30.00
31.00	0.00	0	0	0		31.00
32.00	0.00	0	0	0		32.00
33.00	0.00	0	0	0		33.00
34.00	0.00	0	0	0		34.00
35.00	0.00	0	0	0		35.00
36.00	0.00	0	0	0		36.00
37.00	0.00	0	0	0		37.00
38.00	0.00	0	0	0		38.00
39.00	0.00	0	0	0		39.00
40.00	0.00	0	0	0		40.00
41.00	0.00	0	0	0		41.00
42.00	0.00	0	0	0		42.00
43.00	0.00	0	0	0		43.00
44.00	0.00	0	0	0		44.00
45.00	0.00	0	0	0		45.00
46.00	0.00	0	0	0		46.00
47.00	0.00	0	0	0		47.00
48.00	0.00	0	0	0		48.00
49.00	0.00	0	0	0		49.00
50.00	0.00	0	0	0		50.00
51.00	0.00	0	0	0		51.00
52.00	0.00	0	0	0		52.00
54.00	0.00	0	0	0		54.00
0		0	4,470,782			
C - CAFETERIA						
1.00 DIETARY	10.00	917,627	1,525,676	0		1.00
0		917,627	1,525,676			
D - NURSING ADMINISTRATION						
1.00 NURSING ADMINISTRATION	13.00	1,106,832	0	0		1.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
13.00	0.00	0	0	0		13.00
15.00	0.00	0	0	0		15.00
17.00	0.00	0	0	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0186

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

Worksheet A-6
Date/Time Prepared:
5/30/2018 3:57 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
18.00		0.00	0	0	0	0	18.00
19.00		0.00	0	0	0	0	19.00
20.00		0.00	0	0	0	0	20.00
21.00		0.00	0	0	0	0	21.00
22.00		0.00	0	0	0	0	22.00
23.00		0.00	0	0	0	0	23.00
24.00		0.00	0	0	0	0	24.00
25.00		0.00	0	0	0	0	25.00
0			1,106,832	0			
E - COST OF GOODS SOLD							
1.00	PURCHASING	5.03	0	753,057	0	0	1.00
2.00	PHARMACY	15.00	0	1,249,392	0	0	2.00
3.00		0.00	0	0	0	0	3.00
0			0	2,002,449			
F - UTILIZATION REVIEW							
1.00	SOCIAL SERVICE	17.00	964,195	0	0	0	1.00
0			964,195	0			
G - RECOVERY ROOM							
1.00	ADULTS & PEDIATRICS	30.00	167,336	0	0	0	1.00
0			167,336	0			
H - IV THERAPY							
1.00	ADULTS & PEDIATRICS	30.00	649,469	0	0	0	1.00
0			649,469	0			
I - INSURANCE							
1.00	OTHER ADMIN & GENERAL	5.06	0	894,082	0	0	1.00
0			0	894,082			
J - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,306,297	0	0	1.00
0			0	1,306,297			
K - RADIOLOGY							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	242,012	0	0	0	1.00
0			242,012	0			
L - ESTABLISH OTHER CRC							
1.00	OTHER ADMIN & GENERAL	5.06	0	1,515,530	0	0	1.00
0			0	1,515,530			
M - NEW LIFE GRANT							
1.00	NONPAID WORKERS	193.00	0	26,091	0	0	1.00
0			0	26,091			
N - RX SALARIES							
1.00	PHARMACY	15.00	2,790,111	0	0	0	1.00
0			2,790,111	0			
O - FLOAT NURSING							
1.00	NURSING ADMINISTRATION	13.00	945,259	0	0	0	1.00
0			945,259	0			
P - CHC DIRECTORS							
1.00	COMMUNITY HEALTH CENTERS	93.01	821,312	152,624	0	0	1.00
2.00		0.00	0	0	0	0	2.00
0			821,312	152,624			
Q - BILLABLE DRUGS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,400,462	0	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,097,281	0	0	2.00
3.00	INFUSION	93.00	0	4,953,840	0	0	3.00
0			0	13,451,583			
R - IT CONTRACT LABOR							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,986	0	0	1.00
0			0	14,986			
S - UTILITIES							
1.00	DATA PROCESSING	5.02	0	891,085	0	0	1.00
2.00	PURCHASING	5.03	0	3,452	0	0	2.00
3.00	BUSINESS OFFICE	5.05	0	32,173	0	0	3.00
4.00	OTHER ADMIN & GENERAL	5.06	0	62,448	0	0	4.00
5.00	OPERATION OF PLANT	7.00	0	2,805	0	0	5.00
6.00	HOUSEKEEPING	9.00	0	2,078	0	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,072	0	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	955	0	0	8.00
9.00	SOCIAL SERVICE	17.00	0	3,019	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	52,636	0	0	10.00
11.00	OPERATING ROOM	50.00	0	4,157	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	239,140	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	808	0	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	1,204	0	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	2,100	0	0	15.00
17.00	OP PSY/CDU	76.01	0	900	0	0	17.00
18.00	RIMS	76.02	0	15,984	0	0	18.00

5/30/2018 3:57 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
19.00	RURAL HEALTH CLINIC	88.00	0	22,958	0		19.00
20.00	EMERGENCY	91.00	0	1,225	0		20.00
21.00	COMMUNITY HEALTH CENTERS	93.01	0	5,596	0		21.00
23.00	AMBULANCE SERVICES	95.00	0	22,712	0		23.00
24.00	HOME HEALTH AGENCY	101.00	0	28,670	0		24.00
25.00	PHYSICIANS PRIVATE OFFICES	192.00	0	250,109	0		25.00
	O			1,649,286			
T - POSTAGE							
1.00	OTHER ADMIN & GENERAL	5.06	0	274,467	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O			274,467			
U - MED DIRECTOR							
1.00	PHYSICIANS PRIVATE OFFICES	192.00	218,362	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	O		218,362	0			
V - COMMUNICATIONS							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,220,965	0		1.00
	O			1,220,965			
500.00	Grand Total: Decreases		8,822,515	29,619,858			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	42,000	0	42,000	0 1.00	
2.00	Land Improvements	350,846	3,187,808	0	3,187,808	0 2.00	
3.00	Buildings and Fixtures	138,416,690	95,182,050	0	95,182,050	0 3.00	
4.00	Building Improvements	11,063,359	59,038,427	0	59,038,427	0 4.00	
5.00	Fixed Equipment	706,197	1,503,485	0	1,503,485	0 5.00	
6.00	Movable Equipment	30,696,857	84,323,089	0	84,323,089	0 6.00	
7.00	HIT designated Assets	0	0	0	0	0 7.00	
8.00	Subtotal (sum of lines 1-7)	189,208,080	243,276,859	0	243,276,859	0 8.00	
9.00	Reconciling Items	0	0	0	0	0 9.00	
10.00	Total (line 8 minus line 9)	189,208,080	243,276,859	0	243,276,859	0 10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,016,131	0			1.00	
2.00	Land Improvements	3,538,654	0			2.00	
3.00	Buildings and Fixtures	233,598,740	0			3.00	
4.00	Building Improvements	70,101,786	0			4.00	
5.00	Fixed Equipment	2,209,682	0			5.00	
6.00	Movable Equipment	115,019,946	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	432,484,939	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	432,484,939	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2018 3:57 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	14,862,148	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,862,625	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	23,724,773	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	14,862,148				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,862,625				2.00
3.00	Total (sum of lines 1-2)	0	23,724,773				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0186

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2018 3:57 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	317,464,993	0	317,464,993	0.734049	331,457	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	115,019,946	0	115,019,946	0.265951	120,089	2.00
3.00	Total (sum of lines 1-2)	432,484,939	0	432,484,939	1.000000	451,546	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	781,016	0	1,112,473	14,862,148	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	282,968	0	403,057	8,862,625	0	2.00
3.00	Total (sum of lines 1-2)	1,063,984	0	1,515,530	23,724,773	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	331,457	781,016	0	15,974,621	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	120,089	282,968	0	9,265,682	2.00
3.00	Total (sum of lines 1-2)	0	451,546	1,063,984	0	25,240,303	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,522,290			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-3,451	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,470,790	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-19,895	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00 Sale of drugs to other than patients	B	-27,297	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-682	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-13,195	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

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		
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***			68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 FAMILY RESOURCE	B	-1,215	OTHER ADMIN & GENERAL	5.06		0	33.00
33.01 ACLS REVENUE	B	-9,330	AMBULANCE SERVICES	95.00		0	33.01
33.02 GOURMET COFFEE	B	-267,960	CAFETERIA	11.00		0	33.02
33.03 AMBULANCE REVENUE	B	-301,951	AMBULANCE SERVICES	95.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-234,269	OTHER ADMIN & GENERAL	5.06		0	33.04
33.05 IHA DUES	A	-32,875	OTHER ADMIN & GENERAL	5.06		0	33.05
33.06 VOCATIONAL TRAINING	A	-129,930	ADULTS & PEDIATRICS	30.00		0	33.06
33.07 VOCATIONAL TRAINING	A	-60,623	OP PSY/CDU	76.01		0	33.07
33.08 VOCATIONAL TRAINING	A		OTHER ADMIN & GENERAL	5.06		0	33.08
33.09 NON-ALLOWABLE MARKETING	A	-467,687	OTHER ADMIN & GENERAL	5.06		0	33.09
33.10 NON-ALLOWABLE ADMIN	A	-18,729	OTHER ADMIN & GENERAL	5.06		0	33.10
33.11 CHARITY CARE	A	-76,623	OTHER ADMIN & GENERAL	5.06		0	33.11
33.12 NON-ALLOWABLE INTEREST	A	-5,081,598	INTEREST EXPENSE	113.00		0	33.12
33.13 MEDICAID ASSESSMENT	A	-9,098,390	OTHER ADMIN & GENERAL	5.06		0	33.13
33.14 INTEREST INCOME	B	-99,720	INTEREST EXPENSE	113.00		0	33.14
33.15 REAL ESTATE TAX	A	-1,063,984	OTHER ADMIN & GENERAL	5.06		0	33.15
33.16 NON OPERATING INC UNRESTRICT DONOR	B	-60,556	OTHER ADMIN & GENERAL	5.06		0	33.16
33.17 NURSE PRACTITIONER PART B BENEFITS	A	-52,631	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.17
33.18 NURSE PRACTITIONER PART B SALARIES	A		ELECTROCARDIOLOGY	69.00		0	33.18
33.19 NURSE PRACTITIONER PART B SALARIES	A	-113,470	RIMMS	76.02		0	33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-91,558	RURAL HEALTH CLINIC	88.00		0	33.20
33.21 NURSE PRACTITIONER PART B SALARIES	A		COMMUNITY HEALTH CENTERS	93.01		0	33.21
33.22 NURSE PRACTITIONER PART B SALARIES	A		RADIOLOGY-DIAGNOSTIC	54.00		0	33.22
33.23 EMT REVENUE	B		AMBULANCE SERVICES	95.00		0	33.23
33.24 WOMEN'S CENTER	B		DELIVERY ROOM & LABOR ROOM	52.00		0	33.24
33.25 FINANCE RECLASS	B		OTHER ADMIN & GENERAL	5.06		0	33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,320,699					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: 14-0186
 Period: From 01/01/2017 To 12/31/2017
 Worksheet A-8-1
 Date/Time Prepared: 5/30/2018 3:57 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	30.00	ADULTS & PEDIATRICS	60,000	60,000	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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		60,000	60,000	5.00

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

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

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

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

6.00	A	RESOLVE CENTER	100.00	OAKSIDE CORP	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: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/30/2018 3:57 pm
---	-----------------------	---	---

	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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CHEM DEPENDENCY		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: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 3:57 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	17.00 SOCIAL SERVICE	0	0	0	197,500	0
2.00	30.00 ADULTS & PEDIATRICS	120,315	120,315	0	197,500	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	197,500	0
4.00	41.00 SUBPROVIDER - IRF	0	0	0	197,500	0
5.00	50.00 OPERATING ROOM	56,885	56,885	0	246,400	0
6.00	53.00 ANESTHESIOLOGY	805,618	805,618	0	239,400	0
7.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	239,400	0
8.00	60.00 LABORATORY	141,900	64,500	77,400	197,500	516
9.00	65.00 RESPIRATORY THERAPY	0	0	0	260,300	0
10.00	69.00 ELECTROCARDIOLOGY	0	0	0	197,500	0
11.00	76.01 OP PSY/CDU	63,235	63,235	0	197,500	0
12.00	76.02 RIMMS	245,375	245,375	0	197,500	0
13.00	76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	197,500	0
14.00	88.00 RURAL HEALTH CLINIC	22,217	22,217	0	197,500	0
15.00	91.00 EMERGENCY	53,223	53,223	0	197,500	0
16.00	93.00 INFUSION	0	0	0	197,500	0
17.00	5.06 OTHER ADMIN & GENERAL	62,952	0	62,952	197,500	600
18.00	31.00 INTENSIVE CARE UNIT	28,200	0	28,200	197,500	282
19.00	50.00 OPERATING ROOM	21,775	0	21,775	246,400	73
20.00	59.00 CARDIAC CATHETERIZATION	59,085	0	59,085	197,500	227
21.00	65.00 RESPIRATORY THERAPY	23,800	0	23,800	260,300	238
22.00	76.98 HYPERBARIC OXYGEN THERAPY	12,050	0	12,050	197,500	80
200.00		1,716,630	1,431,368	285,262		2,016

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	17.00 SOCIAL SERVICE	0	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0
5.00	50.00 OPERATING ROOM	0	0	0	0	0
6.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
7.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
8.00	60.00 LABORATORY	48,995	2,450	0	0	0
9.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0
10.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
11.00	76.01 OP PSY/CDU	0	0	0	0	0
12.00	76.02 RIMMS	0	0	0	0	0
13.00	76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
14.00	88.00 RURAL HEALTH CLINIC	0	0	0	0	0
15.00	91.00 EMERGENCY	0	0	0	0	0
16.00	93.00 INFUSION	0	0	0	0	0
17.00	5.06 OTHER ADMIN & GENERAL	56,971	2,849	0	0	0
18.00	31.00 INTENSIVE CARE UNIT	26,776	1,339	0	0	0
19.00	50.00 OPERATING ROOM	8,648	432	0	0	0
20.00	59.00 CARDIAC CATHETERIZATION	21,554	1,078	0	0	0
21.00	65.00 RESPIRATORY THERAPY	29,784	1,489	0	0	0
22.00	76.98 HYPERBARIC OXYGEN THERAPY	7,596	380	0	0	0
200.00		200,324	10,017	0	0	0

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	17.00 SOCIAL SERVICE	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	120,315
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	0	0	0	0
5.00	50.00 OPERATING ROOM	0	0	0	56,885
6.00	53.00 ANESTHESIOLOGY	0	0	0	805,618
7.00	55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0
8.00	60.00 LABORATORY	0	48,995	28,405	92,905
9.00	65.00 RESPIRATORY THERAPY	0	0	0	0
10.00	69.00 ELECTROCARDIOLOGY	0	0	0	0
11.00	76.01 OP PSY/CDU	0	0	0	63,235
12.00	76.02 RIMMS	0	0	0	245,375
13.00	76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0
14.00	88.00 RURAL HEALTH CLINIC	0	0	0	22,217
15.00	91.00 EMERGENCY	0	0	0	53,223
16.00	93.00 INFUSION	0	0	0	0
17.00	5.06 OTHER ADMIN & GENERAL	0	56,971	5,981	5,981

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0186

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 3:57 pm

	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		
18.00	31.00	INTENSIVE CARE UNIT	0	26,776	1,424	1,424		18.00
19.00	50.00	OPERATING ROOM	0	8,648	13,127	13,127		19.00
20.00	59.00	CARDIAC CATHETERIZATION	0	21,554	37,531	37,531		20.00
21.00	65.00	RESPIRATORY THERAPY	0	29,784	0	0		21.00
22.00	76.98	HYPERBARIC OXYGEN THERAPY	0	7,596	4,454	4,454		22.00
200.00			0	200,324	90,922	1,522,290		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	15,974,621	15,974,621			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,265,682		9,265,682		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,589,861	73,308	3,420	31,666,589	4.00
5.01 01160	COMMUNICATIONS	1,220,965	4,370	0		5.01
5.02 00550	DATA PROCESSING	12,316,127	237,327	1,932,020	1,246,097	5.02
5.03 00591	PURCHASING	1,705,098	486,568	327,625	217,413	5.03
5.05 00590	BUSINESS OFFICE	5,671,378	280,848	36,582	1,693,886	5.05
5.06 00592	OTHER ADMIN & GENERAL	23,937,104	1,324,483	117,911	2,443,643	5.06
6.00 00600	MAINTENANCE & REPAIRS	9,769,753	383,058	535,005	676,485	6.00
7.00 00700	OPERATION OF PLANT	698,529	3,443,593	268,920	199,490	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	632,622	103,822	5,962	204,771	8.00
9.00 00900	HOUSEKEEPING	2,980,345	63,162	69,581	745,022	9.00
10.00 01000	DIETARY	1,618,241	265,760	29,070	191,340	10.00
11.00 01100	CAFETERIA	704,553	243,180	0	287,630	11.00
13.00 01300	NURSING ADMINISTRATION	1,059,667	0	97,438	135,462	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	985,580	165,762	52,247	148,300	14.00
15.00 01500	PHARMACY	826,398	61,549	98,134	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,605,124	147,630	6,798	445,632	16.00
17.00 01700	SOCIAL SERVICE	1,338,695	13,813	10,879	317,763	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	2,136,420	6,764	1,456	39,179	22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,772,558	1,659,051	140,517	3,960,799	30.00
31.00 03100	INTENSIVE CARE UNIT	4,329,628	237,431	161,309	971,179	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	1,581,748	0	18,197	288,994	40.00
41.00 04100	SUBPROVIDER - IRF	3,363,649	208,087	16,742	512,957	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,250,447	45,004	16,435	266,438	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,131,368	408,240	1,615,970	1,026,068	50.00
51.00 05100	RECOVERY ROOM	1,772,941	107,803	16,982	426,762	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,641,288	136,912	90,403	364,807	52.00
53.00 05300	ANESTHESIOLOGY	369,839	10,614	10,109	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,343,221	259,205	695,671	1,101,754	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	699,622	12,747	15,179	47,623	54.01
54.02 05404	ULTRASOUND	828,559	11,758	145,278	166,603	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,756,502	0	574,309	210,515	55.00
57.00 05700	CT SCAN	932,246	14,958	157,145	132,723	57.00
58.00 05800	MRI	393,668	31,009	311,344	64,326	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,798,848	90,399	413,481	345,116	59.00
60.00 06000	LABORATORY	7,989,638	169,378	258,115	740,878	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	1,983,481	0	4,713	205,868	64.00
65.00 06500	RESPIRATORY THERAPY	1,883,539	32,570	141,957	420,390	65.00
66.00 06600	PHYSICAL THERAPY	3,631,805	476,683	38,291	810,369	66.00
69.00 06900	ELECTROCARDIOLOGY	1,496,026	72,371	247,072	271,285	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	721,490	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,069,098	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,540,649	0	0	627,931	73.00
75.01 03955	RENAL DIALYSIS (IP)	606,019	0	0	0	75.01
76.00 03956	CARDIAC REHAB	397,845	47,658	12,486	102,423	76.00
76.01 03950	OP PSY/CDU	1,659,470	305,146	2,451	408,291	76.01
76.02 03957	RI MMS	709,542	102,782	11,814	205,100	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	76.04
76.05 03953	DIABETES	445,259	12,851	387	115,259	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	992,382	39,229	9,026	109,221	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	98,238	151,220	4,221	42,446	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	5,437,788	225,933	119,652	1,070,143	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	503,475	123,697	3,919	90,734	92.01
93.00 04951	INFUSION	861,808	0	5,465	130,563	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	91,198	769,212	10,212	13,373	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	3,095,448	166,803	176,748	910,949	4,266	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	3,738,701	74,088	8,717	839,818	20,262	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	253,955,794	13,307,836	9,047,365	25,993,818	1,118,691	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	33,402	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	8,469	0	0	808	0	191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	45,693,395	1,677,468	218,185	5,666,552	51,189	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	0	955,915	132	5,411	55,455	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	299,657,658	15,974,621	9,265,682	31,666,589	1,225,335	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 3:57 pm	
Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	15,816,886					5.02
5.03	00591	PURCHASING	251,861	3,004,562				5.03
5.05	00590	BUSINESS OFFICE	2,434,659	1,971	10,168,380			5.05
5.06	00592	OTHER ADMIN & GENERAL	2,468,243	2,572	0	30,547,767	30,547,767	5.06
6.00	00600	MAINTENANCE & REPAIRS	352,606	12,018	0	11,770,516	1,336,118	6.00
7.00	00700	OPERATION OF PLANT	285,443	304	0	4,914,408	557,854	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,798	0	964,041	109,432	8.00
9.00	00900	HOUSEKEEPING	100,744	24,423	0	3,991,808	453,126	9.00
10.00	01000	DIETARY	167,907	20,264	0	2,307,512	261,935	10.00
11.00	01100	CAFETERIA	0	0	0	1,235,363	140,231	11.00
13.00	01300	NURSING ADMINISTRATION	184,698	77	0	1,494,405	169,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	83,954	19,205	0	1,459,314	165,653	14.00
15.00	01500	PHARMACY	319,024	64,186	0	1,379,955	156,644	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	486,932	42	0	2,746,546	311,771	16.00
17.00	01700	SOCIAL SERVICE	352,606	159	0	2,043,513	231,967	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	279	0	2,185,164	248,047	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,628,703	39,756	522,365	24,898,645	2,826,345	30.00
31.00	03100	INTENSIVE CARE UNIT	285,443	20,768	204,918	6,230,938	707,299	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	959	33,900	1,923,798	218,378	40.00
41.00	04100	SUBPROVIDER - IRF	251,861	9,519	66,960	4,444,705	504,536	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	50,372	6,491	21,980	1,661,433	188,596	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	419,769	400,126	909,832	14,940,167	1,695,918	50.00
51.00	05100	RECOVERY ROOM	235,070	5,466	139,976	2,727,395	309,598	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,163	10,273	17,500	2,334,745	265,026	52.00
53.00	05300	ANESTHESIOLOGY	0	26,455	360,905	778,988	88,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,187	110,643	1,053,441	11,967,185	1,358,443	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	16,791	36,629	81,013	911,737	103,495	54.01
54.02	05404	ULTRASOUND	100,744	6,398	152,339	1,415,945	160,730	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	184,698	24,324	568,514	5,335,925	605,702	55.00
57.00	05700	CT SCAN	134,326	13,091	723,760	2,114,648	240,042	57.00
58.00	05800	MRI	151,117	6,038	188,136	1,152,037	130,772	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,581	346,116	623,160	7,656,033	869,067	59.00
60.00	06000	LABORATORY	1,041,026	437,322	1,226,315	11,897,864	1,350,574	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	50,372	12,796	7,148	2,266,511	257,281	64.00
65.00	06500	RESPIRATORY THERAPY	134,326	23,410	209,084	2,852,741	323,826	65.00
66.00	06600	PHYSICAL THERAPY	1,041,026	16,941	268,322	6,314,364	716,769	66.00
69.00	06900	ELECTROCARDIOLOGY	201,489	18,685	241,346	2,565,337	291,202	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	128,634	850,124	96,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,110,418	334,487	14,514,003	1,647,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	497,840	17,666,420	2,005,386	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	7	5,953	611,979	69,468	75.01
76.00	03956	CARDIAC REHAB	117,535	631	13,932	696,776	79,094	76.00
76.01	03950	OP PSY/CDU	201,489	2,270	104,194	2,683,311	304,593	76.01
76.02	03957	RI MMS	0	11,303	12,088	1,065,426	120,941	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	83,954	415	8,901	671,292	76,201	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	16,511	53,778	1,220,147	138,504	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	227	2,833	303,451	34,446	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	419,769	49,495	774,796	8,154,097	925,604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	2,165	2,405	726,395	82,456	92.01
93.00	04951	INFUSION	0	24,447	419,525	1,441,808	163,665	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	32	70,654	956,814	108,612	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	117,535	3,225	68,878	4,543,852	515,791	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	587,676	10,082	48,568	5,327,912	604,793	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,430,699	2,964,732	10,168,380	244,865,260	24,328,037
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	33,402	3,792
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	9,277	1,053
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	39,830	0	53,346,619	6,055,614
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	386,187	0	0	1,403,100	159,271
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)	15,816,886	3,004,562	10,168,380	299,657,658	30,547,767

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 3:57 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	13,106,634					6.00
7.00	00700	OPERATION OF PLANT	0	5,472,262				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,073,473			8.00
9.00	00900	HOUSEKEEPING	0	49,964	0	4,494,898		9.00
10.00	01000	DIETARY	0	210,227	7,094	199,846	2,986,614	10.00
11.00	01100	CAFETERIA	0	192,365	0	182,866	1,807,926	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	131,124	53,669	124,650	0	14.00
15.00	01500	PHARMACY	0	48,688	0	46,284	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	116,781	0	111,015	0	16.00
17.00	01700	SOCIAL SERVICE	0	10,927	0	10,387	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	5,350	0	5,086	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	853,806	1,312,379	460,980	1,247,572	801,850	30.00
31.00	03100	INTENSIVE CARE UNIT	474,075	187,817	131,407	178,543	223,218	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	9,434	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	21,227	164,605	77,261	156,477	146,098	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	179,252	35,600	0	33,842	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,719,408	322,934	49,579	306,988	0	50.00
51.00	05100	RECOVERY ROOM	235,858	85,276	44,831	81,065	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,535	108,303	0	102,955	0	52.00
53.00	05300	ANESTHESIOLOGY	856,165	8,396	2,336	7,981	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,290,144	153,822	67,820	146,227	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	122,646	10,083	0	9,585	0	54.01
54.02	05404	ULTRASOUND	304,257	9,301	0	8,842	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	198,121	0	0	0	0	55.00
57.00	05700	CT SCAN	40,096	11,832	0	11,248	0	57.00
58.00	05800	MRI	21,227	24,529	0	23,318	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	768,897	71,509	17,868	67,978	0	59.00
60.00	06000	LABORATORY	561,342	138,512	0	131,672	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,639,214	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	903,336	25,764	3,048	24,492	0	65.00
66.00	06600	PHYSICAL THERAPY	150,949	377,075	21,185	358,456	0	66.00
69.00	06900	ELECTROCARDIOLOGY	613,231	57,249	6,371	54,422	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955	RENAL DIALYSIS (IP)	87,267	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	212,272	37,699	0	35,838	0	76.00
76.01	03950	OP PSY/CDU	0	241,382	0	229,463	0	76.01
76.02	03957	RI MMS	37,737	81,305	2,045	77,290	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	4,717	10,166	0	9,664	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	31,032	1,168	29,500	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	14,151	119,621	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	632,100	178,722	88,916	169,897	7,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	143,873	97,849	0	93,018	0	92.01
93.00	04951	INFUSION	115,570	0	5,477	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	103,778	131,948	6,639	125,432	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,359	58,607	0	55,713	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,491,044	4,858,743	1,047,694	4,457,612	2,986,614	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	26,422	0	25,118	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	613,231	574,297	25,779	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	2,359	12,800	0	12,168	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,106,634	5,472,262	1,073,473	4,494,898	2,986,614	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 3:57 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
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	3,558,751					11.00
13.00	01300	NURSING ADMINISTRATION	89,456	1,753,497				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46,158	26,782	2,007,350			14.00
15.00	01500	PHARMACY	114,824	0	0	1,746,395		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,286,113	16.00
17.00	01700	SOCIAL SERVICE	70,934	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	9,574	5,555	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	879,043	546,481	0	0	168,813	30.00
31.00	03100	INTENSIVE CARE UNIT	213,296	123,761	0	0	66,224	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	75,032	43,536	0	0	10,956	40.00
41.00	04100	SUBPROVIDER - I/RF	147,034	85,313	0	0	21,639	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	39,412	22,868	0	0	7,103	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	197,637	114,675	0	0	294,032	50.00
51.00	05100	RECOVERY ROOM	88,191	51,171	0	0	45,236	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	83,333	48,352	0	0	5,655	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	116,634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,205	0	0	0	340,442	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	10,083	0	0	0	26,181	54.01
54.02	05404	ULTRASOUND	31,273	0	0	0	49,232	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	48,121	0	0	0	183,728	55.00
57.00	05700	CT SCAN	43,163	0	0	0	233,898	57.00
58.00	05800	MRI	14,773	0	0	0	60,800	58.00
59.00	05900	CARDIAC CATHETERIZATION	68,653	39,835	0	0	201,387	59.00
60.00	06000	LABORATORY	169,573	0	0	0	396,294	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	68,757	39,895	0	0	2,310	64.00
65.00	06500	RESPIRATORY THERAPY	68,940	40,001	0	0	67,570	65.00
66.00	06600	PHYSICAL THERAPY	89,044	94,283	0	0	86,714	66.00
69.00	06900	ELECTROCARDIOLOGY	63,673	36,945	0	0	77,996	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	2,007,350	0	41,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	108,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,746,395	160,888	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	1,924	75.01
76.00	03956	CARDIAC REHAB	19,436	11,277	0	0	4,502	76.00
76.01	03950	OP PSY/CDU	25,486	59,070	0	0	33,673	76.01
76.02	03957	RI MMS	0	0	0	0	3,907	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	2,877	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,217	0	0	0	17,379	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	916	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	272,084	160,190	0	0	250,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	22,982	13,335	0	0	777	92.01
93.00	04951	INFUSION	25,490	0	0	0	135,578	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	22,833	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	129,718	0	0	22,259	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	15,696	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,232,877	1,693,043	2,007,350	1,746,395	3,286,113
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	325,874	60,454	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,558,751	1,753,497	2,007,350	1,746,395	3,286,113

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED EDUCATION PROGRAM	Subtotal
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING					5.03
5.05 00590	BUSINESS OFFICE					5.05
5.06 00592	OTHER ADMIN & GENERAL					5.06
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	2,367,728				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		2,458,776		22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,408,006	0	1,080,571	0	30.00
31.00 03100	INTENSIVE CARE UNIT	93,619	0	167,549	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	813,349	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	42,847	0	88,458	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	25,670	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	52,728	0	54.01
54.02 05404	ULTRASOUND	0	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	50,993	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	222,358	0	59.00
60.00 06000	LABORATORY	0	0	31,914	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	52,381	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	0	0	56,544	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00

5/30/2018 3:57 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description			INTERNS & RESIDENTS				PARAMED EDUCATION PROGRAM	Subtotal		
			SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
				17.00	21.00	22.00				23.00
99.10	09910	CORF	0	0	0	0	0	99.10		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,065,080	101.00		
SPECIAL PURPOSE COST CENTERS										
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,357,821	0	1,829,166	0	236,327,511	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	88,734	190.00		
191.00	19100	RESEARCH	0	0	0	0	0	191.00		
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01		
191.02	19102	CARE-A-VAN	0	0	0	0	10,330	191.02		
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	629,610	0	61,631,478	192.00		
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01		
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02		
193.00	19300	NONPAID WORKERS	9,907	0	0	0	1,599,605	193.00		
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00		
201.00		Negative Cost Centers	0	0	0	0	0	201.00		
202.00		TOTAL (sum lines 118 through 201)	2,367,728	0	2,458,776	0	299,657,658	202.00		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	01160			5.01
5.02	00550			5.02
5.03	00591			5.03
5.05	00590			5.05
5.06	00592			5.06
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			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02301			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-1,080,571	35,403,920	30.00
31.00	03100	-167,549	8,630,197	31.00
32.00	03200	0	0	32.00
40.00	04000	0	2,281,134	40.00
41.00	04100	0	6,582,244	41.00
42.00	04200	0	0	42.00
43.00	04300	0	2,168,106	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	-88,458	19,684,185	50.00
51.00	05100	0	3,668,621	51.00
52.00	05200	0	3,122,904	52.00
53.00	05300	0	1,858,926	53.00
54.00	05400	-25,670	15,453,288	54.00
54.01	05401	-52,728	1,193,810	54.01
54.02	05404	0	1,979,580	54.02
55.00	05500	-50,993	6,371,597	55.00
57.00	05700	0	2,694,927	57.00
58.00	05800	0	1,427,456	58.00
59.00	05900	-222,358	9,761,227	59.00
60.00	06000	-31,914	14,645,831	60.00
60.01	06001	0	0	60.01
62.00	06200	0	0	62.00
64.00	06400	0	4,273,968	64.00
65.00	06500	0	4,309,718	65.00
66.00	06600	0	8,208,839	66.00
69.00	06900	-52,381	3,766,426	69.00
71.00	07100	0	2,995,546	71.00
72.00	07200	0	16,269,643	72.00
73.00	07300	0	21,579,089	73.00
75.01	03955	0	770,638	75.01
76.00	03956	0	1,096,894	76.00
76.01	03950	0	3,576,978	76.01
76.02	03957	0	1,388,651	76.02
76.03	03951	0	0	76.03
76.04	03952	0	0	76.04
76.05	03953	0	774,917	76.05
76.98	07698	0	1,445,947	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	0	472,585	88.00
89.00	08900	0	0	89.00
91.00	09100	-56,544	10,839,524	91.00
92.00	09200	0	0	92.00
92.01	09202	0	1,180,685	92.01
93.00	04951	0	1,887,588	93.00
93.01	04950	0	1,088,259	93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0	5,579,417	95.00

5/30/2018 3:57 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	6,065,080	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,829,166	234,498,345	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	88,734	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	10,330	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	-629,610	61,001,868	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,599,605	193.00
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)	-2,458,776	297,198,882	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 3:57 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	73,308	3,420	76,728	76,728 4.00
5.01 01160	COMMUNICATIONS	0	4,370	0	4,370	0 5.01
5.02 00550	DATA PROCESSING	0	237,327	1,932,020	2,169,347	3,019 5.02
5.03 00591	PURCHASING	0	486,568	327,625	814,193	527 5.03
5.05 00590	BUSINESS OFFICE	0	280,848	36,582	317,430	4,104 5.05
5.06 00592	OTHER ADMIN & GENERAL	0	1,324,483	117,911	1,442,394	5,921 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	383,058	535,005	918,063	1,639 6.00
7.00 00700	OPERATION OF PLANT	0	3,443,593	268,920	3,712,513	483 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	103,822	5,962	109,784	496 8.00
9.00 00900	HOUSEKEEPING	0	63,162	69,581	132,743	1,805 9.00
10.00 01000	DIETARY	0	265,760	29,070	294,830	464 10.00
11.00 01100	CAFETERIA	0	243,180	0	243,180	697 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	97,438	97,438	328 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	165,762	52,247	218,009	359 14.00
15.00 01500	PHARMACY	0	61,549	98,134	159,683	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	147,630	6,798	154,428	1,080 16.00
17.00 01700	SOCIAL SERVICE	0	13,813	10,879	24,692	770 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	6,764	1,456	8,220	95 22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,659,051	140,517	1,799,568	9,597 30.00
31.00 03100	INTENSIVE CARE UNIT	0	237,431	161,309	398,740	2,353 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I PF	0	0	18,197	18,197	700 40.00
41.00 04100	SUBPROVIDER - I RF	0	208,087	16,742	224,829	1,243 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	45,004	16,435	61,439	646 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	408,240	1,615,970	2,024,210	2,486 50.00
51.00 05100	RECOVERY ROOM	0	107,803	16,982	124,785	1,034 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	136,912	90,403	227,315	884 52.00
53.00 05300	ANESTHESIOLOGY	0	10,614	10,109	20,723	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	259,205	695,671	954,876	2,669 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	12,747	15,179	27,926	115 54.01
54.02 05404	ULTRASOUND	0	11,758	145,278	157,036	404 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	574,309	574,309	510 55.00
57.00 05700	CT SCAN	0	14,958	157,145	172,103	322 57.00
58.00 05800	MRI	0	31,009	311,344	342,353	156 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	90,399	413,481	503,880	836 59.00
60.00 06000	LABORATORY	0	169,378	258,115	427,493	1,795 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	4,713	4,713	499 64.00
65.00 06500	RESPIRATORY THERAPY	0	32,570	141,957	174,527	1,019 65.00
66.00 06600	PHYSICAL THERAPY	0	476,683	38,291	514,974	1,963 66.00
69.00 06900	ELECTROCARDIOLOGY	0	72,371	247,072	319,443	657 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	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	1,521 73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	0	47,658	12,486	60,144	248 76.00
76.01 03950	OP PSY/CDU	0	305,146	2,451	307,597	989 76.01
76.02 03957	RI MMS	0	102,782	11,814	114,596	497 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	0	12,851	387	13,238	279 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	39,229	9,026	48,255	265 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	151,220	4,221	155,441	103 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	225,933	119,652	345,585	2,593 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	123,697	3,919	127,616	220 92.01
93.00 04951	INFUSION	0	0	5,465	5,465	316 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	769,212	10,212	779,424	32 93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	166,803	176,748	343,551	2,207	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	74,088	8,717	82,805	2,035	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	13,307,836	9,047,365	22,355,201	62,980	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	33,402	0	33,402	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	2	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,677,468	218,185	1,895,653	13,733	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	955,915	132	956,047	13	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	15,974,621	9,265,682	25,240,303	76,728	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 3:57 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
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
5.01	01160	COMMUNICATIONS	4,370					5.01
5.02	00550	DATA PROCESSING	304	2,172,670				5.02
5.03	00591	PURCHASING	57	34,597	849,374			5.03
5.05	00590	BUSINESS OFFICE	175	334,434	557	656,700		5.05
5.06	00592	OTHER ADMIN & GENERAL	903	339,047	727	0	1,788,992	5.06
6.00	00600	MAINTENANCE & REPAIRS	148	48,435	3,397	0	78,250	6.00
7.00	00700	OPERATION OF PLANT	65	39,210	86	0	32,671	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4	0	4,466	0	6,409	8.00
9.00	00900	HOUSEKEEPING	30	13,839	6,904	0	26,538	9.00
10.00	01000	DIETARY	53	23,064	5,729	0	15,340	10.00
11.00	01100	CAFETERIA	0	0	0	0	8,213	11.00
13.00	01300	NURSING ADMINISTRATION	61	25,371	22	0	9,935	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15	11,532	5,429	0	9,702	14.00
15.00	01500	PHARMACY	38	43,822	18,145	0	9,174	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	194	66,887	12	0	18,259	16.00
17.00	01700	SOCIAL SERVICE	34	48,435	45	0	13,585	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	4	0	79	0	14,527	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	624	223,725	11,239	33,752	165,526	30.00
31.00	03100	INTENSIVE CARE UNIT	72	39,210	5,871	13,240	41,423	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	271	2,190	12,789	40.00
41.00	04100	SUBPROVIDER - IRF	53	34,597	2,691	4,327	29,548	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15	6,919	1,835	1,420	11,045	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103	57,661	113,113	58,787	99,322	50.00
51.00	05100	RECOVERY ROOM	80	32,290	1,545	9,044	18,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23	9,226	2,904	1,131	15,521	52.00
53.00	05300	ANESTHESIOLOGY	4	0	7,479	23,319	5,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61	53,048	31,278	68,066	79,558	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	8	2,306	10,355	5,235	6,061	54.01
54.02	05404	ULTRASOUND	15	13,839	1,809	9,843	9,413	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	61	25,371	6,876	36,734	35,473	55.00
57.00	05700	CT SCAN	23	18,452	3,701	46,765	14,058	57.00
58.00	05800	MRI	23	20,758	1,707	12,156	7,659	58.00
59.00	05900	CARDIAC CATHETERIZATION	19	4,613	97,844	40,265	50,897	59.00
60.00	06000	LABORATORY	126	143,000	123,628	78,924	79,097	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	8	6,919	3,617	462	15,068	64.00
65.00	06500	RESPIRATORY THERAPY	27	18,452	6,618	13,510	18,965	65.00
66.00	06600	PHYSICAL THERAPY	110	143,000	4,789	17,337	41,978	66.00
69.00	06900	ELECTROCARDIOLOGY	61	27,677	5,282	15,594	17,054	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	8,312	5,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	313,912	21,612	96,489	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,167	117,446	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	2	385	4,068	75.01
76.00	03956	CARDIAC REHAB	15	16,145	178	900	4,632	76.00
76.01	03950	OP PSY/CDU	0	27,677	642	6,732	17,839	76.01
76.02	03957	RIMMS	46	0	3,195	781	7,083	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	15	11,532	117	575	4,463	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	4,668	3,475	8,112	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	15	0	64	183	2,017	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	202	57,661	13,992	50,062	54,208	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0	0	612	155	4,829	92.01
93.00	04951	INFUSION	0	0	6,911	27,107	9,585	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	8	0	9	4,565	6,361	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15	16,145	912	4,450	30,208	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	72	80,726	2,850	3,138	35,420	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL	
		5.01	5.02	5.03	5.05	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,989	2,119,622	838,114	656,700	1,424,781
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	222	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	62	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	183	0	11,260	354,599	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	198	53,048	0	9,328	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,370	2,172,670	849,374	656,700	1,788,992

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 3:57 pm		
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			6.00	7.00	8.00	9.00	10.00
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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	1,049,932				6.00
7.00	00700	OPERATION OF PLANT	0	3,785,028			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	121,159		8.00
9.00	00900	HOUSEKEEPING	0	34,559	0	216,418	9.00
10.00	01000	DIETARY	0	145,409	801	9,622	495,312
11.00	01100	CAFETERIA	0	133,054	0	8,805	299,835
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	90,695	6,057	6,002	0
15.00	01500	PHARMACY	0	33,676	0	2,228	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	80,775	0	5,345	0
17.00	01700	SOCIAL SERVICE	0	7,558	0	500	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,701	0	245	0
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	68,396	907,740	52,028	60,069	132,982
31.00	03100	INTENSIVE CARE UNIT	37,977	129,909	14,831	8,596	37,019
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	756	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,700	113,853	8,720	7,534	24,229
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	14,359	24,624	0	1,629	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	137,738	223,365	5,596	14,781	0
51.00	05100	RECOVERY ROOM	18,894	58,983	5,060	3,903	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,981	74,911	0	4,957	0
53.00	05300	ANESTHESIOLOGY	68,585	5,807	264	384	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	103,349	106,395	7,655	7,040	0
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	9,825	6,974	0	462	0
54.02	05404	ULTRASOUND	24,373	6,434	0	426	0
55.00	05500	RADIOLOGY-THERAPEUTIC	15,871	0	0	0	0
57.00	05700	CT SCAN	3,212	8,184	0	542	0
58.00	05800	MRI	1,700	16,966	0	1,123	0
59.00	05900	CARDIAC CATHETERIZATION	61,594	49,461	2,017	3,273	0
60.00	06000	LABORATORY	44,967	95,805	0	6,340	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	131,312	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	72,363	17,820	344	1,179	0
66.00	06600	PHYSICAL THERAPY	12,092	260,814	2,391	17,259	0
69.00	06900	ELECTROCARDIOLOGY	49,124	39,597	719	2,620	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955	RENAL DIALYSIS (IP)	6,991	0	0	0	0
76.00	03956	CARDIAC REHAB	17,004	26,076	0	1,725	0
76.01	03950	OP PSY/CDU	0	166,958	0	11,048	0
76.02	03957	RI MMS	3,023	56,236	231	3,721	0
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	378	7,031	0	465	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	21,464	132	1,420	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	1,134	82,739	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	50,636	123,617	10,036	8,180	1,247
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
92.01	09202	OBSERVATION BEDS (DISTINCT PART	11,525	67,680	0	4,479	0
93.00	04951	INFUSION	9,258	0	618	0	0
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,313	91,265	749	6,039	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	189	40,537	0	2,682	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,000,619	3,360,672	118,249	214,623	495,312	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	18,276	0	1,209	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	49,124	397,227	2,910	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	189	8,853	0	586	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,049,932	3,785,028	121,159	216,418	495,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 3:57 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
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	693,784					11.00
13.00	01300	NURSING ADMINISTRATION	17,440	150,595				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,999	2,300	359,099			14.00
15.00	01500	PHARMACY	22,385	0	0	289,151		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	326,980	16.00
17.00	01700	SOCIAL SERVICE	13,829	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	1,866	477	0	0	0	22.00
23.00	02300	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	171,370	46,933	0	0	16,794	30.00
31.00	03100	INTENSIVE CARE UNIT	41,582	10,629	0	0	6,588	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	14,628	3,739	0	0	1,090	40.00
41.00	04100	SUBPROVIDER - I/RF	28,664	7,327	0	0	2,153	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,683	1,964	0	0	707	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,530	9,849	0	0	29,252	50.00
51.00	05100	RECOVERY ROOM	17,193	4,395	0	0	4,500	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,246	4,153	0	0	563	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,603	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,189	0	0	0	33,869	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,966	0	0	0	2,605	54.01
54.02	05404	ULTRASOUND	6,097	0	0	0	4,898	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	9,381	0	0	0	18,278	55.00
57.00	05700	CT SCAN	8,415	0	0	0	23,269	57.00
58.00	05800	MRI	2,880	0	0	0	6,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,384	3,421	0	0	20,035	59.00
60.00	06000	LABORATORY	33,059	0	0	0	39,487	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	13,404	3,426	0	0	230	64.00
65.00	06500	RESPIRATORY THERAPY	13,440	3,435	0	0	6,722	65.00
66.00	06600	PHYSICAL THERAPY	17,359	8,097	0	0	8,627	66.00
69.00	06900	ELECTROCARDIOLOGY	12,413	3,173	0	0	7,759	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	359,099	0	4,136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,754	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	289,151	16,006	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	191	75.01
76.00	03956	CARDIAC REHAB	3,789	969	0	0	448	76.00
76.01	03950	OP PSY/CDU	4,969	5,073	0	0	3,350	76.01
76.02	03957	RI MMS	0	0	0	0	389	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	286	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,602	0	0	0	1,729	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	91	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	53,043	13,757	0	0	24,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,480	1,145	0	0	77	92.01
93.00	04951	INFUSION	4,969	0	0	0	13,488	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	2,272	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	11,141	0	0	2,214	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,561	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	630,254	145,403	359,099	289,151	326,980
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	63,530	5,192	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	693,784	150,595	359,099	289,151	326,980

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 3:57 pm
-------------------------------------	-----------------------	---	--

Cost Center Description	INTERNS & RESIDENTS				PARAMED EDUCATION PROGRAM	Subtotal
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00	22.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00591	PURCHASING					5.03
5.05 00590	BUSINESS OFFICE					5.05
5.06 00592	OTHER ADMIN & GENERAL					5.06
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	109,448				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		29,214		22.00
23.00 02301	PARAMED EDUCATION PROGRAM	0			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	65,084				3,765,427
31.00 03100	INTENSIVE CARE UNIT	4,328				792,368
32.00 03200	CORONARY CARE UNIT	0				0
40.00 04000	SUBPROVIDER - I/PF	0				54,360
41.00 04100	SUBPROVIDER - I/RF	37,597				529,065
42.00 04200	SUBPROVIDER	0				0
43.00 04300	NURSERY	0				134,285
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,981				2,816,774
51.00 05100	RECOVERY ROOM	0				299,838
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				371,815
53.00 05300	ANESTHESIOLOGY	0				143,347
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				1,473,053
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0				73,838
54.02 05404	ULTRASOUND	0				234,587
55.00 05500	RADIOLOGY-THERAPEUTIC	0				722,864
57.00 05700	CT SCAN	0				299,046
58.00 05800	MRI	0				413,530
59.00 05900	CARDIAC CATHETERIZATION	0				851,539
60.00 06000	LABORATORY	0				1,073,721
60.01 06001	BLOOD LABORATORY	0				0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0				0
64.00 06400	INTRAVENOUS THERAPY	0				179,658
65.00 06500	RESPIRATORY THERAPY	0				348,421
66.00 06600	PHYSICAL THERAPY	0				1,050,790
69.00 06900	ELECTROCARDIOLOGY	0				501,173
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0				377,199
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				442,767
73.00 07300	DRUGS CHARGED TO PATIENTS	0				456,291
75.01 03955	RENAL DIALYSIS (1P)	0				11,637
76.00 03956	CARDIAC REHAB	0				132,273
76.01 03950	OP PSY/CDU	0				552,874
76.02 03957	RIMMS	0				189,798
76.03 03951	GENETIC/OAK PLAZA CLINICS	0				0
76.04 03952	PAIN CLINIC	0				0
76.05 03953	DIABETES	0				38,379
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				91,122
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0				241,787
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0				0
91.00 09100	EMERGENCY	0				809,729
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0				0
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0				222,818
93.00 04951	INFUSION	0				77,717
93.01 04950	COMMUNITY HEALTH CENTERS	0				792,671
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0				517,209

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	Subtotal	
				SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
				17.00	21.00			
99.10	09910	CORF	0				0	99.10
101.00	10100	HOME HEALTH AGENCY	0				252,015	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0				0	109.00
110.00	11000	INTESTINAL ACQUISITION	0				0	110.00
111.00	11100	ISLET ACQUISITION	0				0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,990	0	0	0	21,335,785	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0				53,109	190.00
191.00	19100	RESEARCH	0				0	191.00
191.01	19101	SENIOR ADVAN	0				0	191.01
191.02	19102	CARE-A-VAN	0				64	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0				2,793,411	192.00
192.01	19201	REFERENCE LAB	0				0	192.01
192.02	19202	MEALS ON WHEELS	0				0	192.02
193.00	19300	NONPAID WORKERS	458				1,028,720	193.00
200.00		Cross Foot Adjustments		0	29,214	0	29,214	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	109,448	0	29,214	0	25,240,303	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 3:57 pm
-------------------------------------	--	-----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
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
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02301	PARAMED EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	3,765,427
31.00	03100	INTENSIVE CARE UNIT	0	792,368
32.00	03200	CORONARY CARE UNIT	0	0
40.00	04000	SUBPROVIDER - I PF	0	54,360
41.00	04100	SUBPROVIDER - I RF	0	529,065
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	134,285
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,816,774
51.00	05100	RECOVERY ROOM	0	299,838
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	371,815
53.00	05300	ANESTHESIOLOGY	0	143,347
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,473,053
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	73,838
54.02	05404	ULTRASOUND	0	234,587
55.00	05500	RADIOLOGY-THERAPEUTIC	0	722,864
57.00	05700	CT SCAN	0	299,046
58.00	05800	MRI	0	413,530
59.00	05900	CARDIAC CATHETERIZATION	0	851,539
60.00	06000	LABORATORY	0	1,073,721
60.01	06001	BLOOD LABORATORY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0
64.00	06400	INTRAVENOUS THERAPY	0	179,658
65.00	06500	RESPIRATORY THERAPY	0	348,421
66.00	06600	PHYSICAL THERAPY	0	1,050,790
69.00	06900	ELECTROCARDIOLOGY	0	501,173
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	377,199
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	442,767
73.00	07300	DRUGS CHARGED TO PATIENTS	0	456,291
75.01	03955	RENAL DIALYSIS (IP)	0	11,637
76.00	03956	CARDIAC REHAB	0	132,273
76.01	03950	OP PSY/CDU	0	552,874
76.02	03957	RI MMS	0	189,798
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0
76.04	03952	PAIN CLINIC	0	0
76.05	03953	DIABETES	0	38,379
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	91,122
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	241,787
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
91.00	09100	EMERGENCY	0	809,729
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0	222,818
93.00	04951	INFUSION	0	77,717
93.01	04950	COMMUNITY HEALTH CENTERS	0	792,671
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	517,209

5/30/2018 3:57 pm

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	252,015	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	21,335,785	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	53,109	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	64	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2,793,411	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,028,720	193.00
200.00		Cross Foot Adjustments	0	29,214	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	25,240,303	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,975,205			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	3,313	23,658,701		4.00
5.01	01160	COMMUNICATIONS	168	0		1,149	5.01
5.02	00550	DATA PROCESSING	9,123	1,871,444	930,983	80	942 5.02
5.03	00591	PURCHASING	18,704	317,354	162,433	15	15 5.03
5.05	00590	BUSINESS OFFICE	10,796	35,435	1,265,534	46	145 5.05
5.06	00592	OTHER ADMIN & GENERAL	50,914	114,215	1,825,692	238	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	518,233	505,415	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	260,490	149,043	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	5,775	152,988	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	67,400	556,620	8	6 9.00
10.00	01000	DIETARY	10,216	28,159	142,954	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	214,894	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	94,383	101,206	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	50,609	110,798	4	5 14.00
15.00	01500	PHARMACY	2,366	95,058	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	6,585	332,940	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	10,538	237,407	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	260	1,410	29,271	1	0 22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	136,112	2,959,188	164	97 30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	156,252	725,586	19	17 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	17,627	215,913	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	7,999	16,217	383,240	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	15,920	199,061	4	3 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,693	1,565,310	766,595	27	25 50.00
51.00	05100	RECOVERY ROOM	4,144	16,450	318,842	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	87,569	272,554	6	4 52.00
53.00	05300	ANESTHESIOLOGY	408	9,792	0	1	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	673,862	823,141	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	14,703	35,580	2	1 54.01
54.02	05404	ULTRASOUND	452	140,724	124,472	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	556,305	157,280	16	11 55.00
57.00	05700	CT SCAN	575	152,219	99,160	6	8 57.00
58.00	05800	MRI	1,192	301,584	48,059	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	400,519	257,843	5	2 59.00
60.00	06000	LABORATORY	6,511	250,023	553,524	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	4,565	153,808	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	137,507	314,081	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	37,091	605,442	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	239,326	202,682	16	12 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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	469,139	0	0 73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00	03956	CARDIAC REHAB	1,832	12,095	76,522	4	7 76.00
76.01	03950	OP PSY/CDU	11,730	2,374	305,042	0	12 76.01
76.02	03957	RIMMS	3,951	11,444	153,234	12	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03953	DIABETES	494	375	86,112	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	8,743	81,601	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	4,089	31,712	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	115,901	799,524	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	3,796	67,789	0	0 92.01
93.00	04951	INFUSION	0	5,294	97,546	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	9,892	9,991	2	0 93.01

5/30/2018 3:57 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	6,412	171,207	680,587	4	7	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	2,848	8,444	627,444	19	35	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	511,562	8,763,732	19,420,472	1,049	919	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	1,284	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	0	0	604	0	0	191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	64,483	211,345	4,233,582	48	0	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	36,746	128	4,043	52	23	193.00
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)	15,974,621	9,265,682	31,666,589	1,225,335	15,816,886	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.014120	1.032364	1.338475	1,066.436031	16,790.749469	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			76,728	4,370	2,172,670	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.003243	3.803307	2,306.443737	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: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B-1	
Date/Time Prepared: 5/30/2018 3:57 pm							
Cost Center	Description	PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING	35,362,292				5.03
5.05	00590	BUSINESS OFFICE	23,193	1,058,004,425			5.05
5.06	00592	OTHER ADMIN & GENERAL	30,276	0	-30,547,767	269,109,891	5.06
6.00	00600	MAINTENANCE & REPAIRS	141,448	0	0	11,770,516	5,557
7.00	00700	OPERATION OF PLANT	3,577	0	0	4,914,408	0
8.00	00800	LAUNDRY & LINEN SERVICE	185,939	0	0	964,041	0
9.00	00900	HOUSEKEEPING	287,448	0	0	3,991,808	0
10.00	01000	DIETARY	238,504	0	0	2,307,512	0
11.00	01100	CAFETERIA	0	0	0	1,235,363	0
13.00	01300	NURSING ADMINISTRATION	904	0	0	1,494,405	0
14.00	01400	CENTRAL SERVICES & SUPPLY	226,038	0	0	1,459,314	0
15.00	01500	PHARMACY	755,439	0	0	1,379,955	0
16.00	01600	MEDICAL RECORDS & LIBRARY	493	0	0	2,746,546	0
17.00	01700	SOCIAL SERVICE	1,872	0	0	2,043,513	0
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	3,282	0	0	2,185,164	0
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	467,905	54,350,766	0	24,898,645	362
31.00	03100	INTENSIVE CARE UNIT	244,428	21,321,232	0	6,230,938	201
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	11,286	3,527,210	0	1,923,798	4
41.00	04100	SUBPROVIDER - IRF	112,033	6,966,997	0	4,444,705	9
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	76,397	2,287,009	0	1,661,433	76
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,709,301	94,665,708	0	14,940,167	729
51.00	05100	RECOVERY ROOM	64,338	14,564,138	0	2,727,395	100
52.00	05200	DELIVERY ROOM & LABOR ROOM	120,904	1,820,804	0	2,334,745	74
53.00	05300	ANESTHESIOLOGY	311,362	37,551,240	0	778,988	363
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,302,215	109,607,863	0	11,967,185	547
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	431,106	8,429,232	0	911,737	52
54.02	05404	ULTRASOUND	75,296	15,850,499	0	1,415,945	129
55.00	05500	RADIOLOGY-THERAPEUTIC	286,278	59,152,448	0	5,335,925	84
57.00	05700	CT SCAN	154,077	75,305,353	0	2,114,648	17
58.00	05800	MRI	71,066	19,575,036	0	1,152,037	9
59.00	05900	CARDIAC CATHETERIZATION	4,073,627	64,838,182	0	7,656,033	326
60.00	06000	LABORATORY	5,147,084	127,605,192	0	11,897,864	238
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	150,605	743,754	0	2,266,511	695
65.00	06500	RESPIRATORY THERAPY	275,524	21,754,666	0	2,852,741	383
66.00	06600	PHYSICAL THERAPY	199,383	27,918,196	0	6,314,364	64
69.00	06900	ELECTROCARDIOLOGY	219,913	25,111,443	0	2,565,337	260
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	13,384,090	0	850,124	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,069,098	34,802,517	0	14,514,003	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,799,010	0	17,666,420	0
75.01	03955	RENAL DIALYSIS (IP)	81	619,411	0	611,979	37
76.00	03956	CARDIAC REHAB	7,426	1,449,539	0	696,776	90
76.01	03950	OP PSY/CDU	26,714	10,841,153	0	2,683,311	0
76.02	03957	RI MMS	133,031	1,257,747	0	1,065,426	16
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	4,889	926,165	0	671,292	2
76.98	07698	HYPERBARIC OXYGEN THERAPY	194,329	5,595,453	0	1,220,147	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	2,676	294,782	0	303,451	6
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	582,536	80,615,512	0	8,154,097	268
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	25,476	250,212	0	726,395	61
93.00	04951	INFUSION	287,730	43,650,482	0	1,441,808	49
93.01	04950	COMMUNITY HEALTH CENTERS	374	7,351,410	0	956,814	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	37,951	7,166,613	0	4,543,852	44
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet B-1 Date/Time Prepared: 5/30/2018 3:57 pm	
Cost Center	Description	PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)		
101.00	10100 HOME HEALTH AGENCY	118,656	5,053,361	5A.06	0	5,327,912	1	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	34,893,508	1,058,004,425	-30,547,767	214,317,493	5,296		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	33,402	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	9,277	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	468,784	0	0	53,346,619	260	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	1,403,100	1	0	193.00
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)	3,004,562	10,168,380		30,547,767	13,106,634		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.084965	0.009611		0.113514	2,358.580889		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	849,374	656,700		1,788,992	1,049,932		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.024019	0.000621		0.006648	188.938636		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: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSINESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	265,925				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	195,797			8.00
9.00	00900	HOUSEKEEPING	2,428	0	229,776		9.00
10.00	01000	DIETARY	10,216	1,294	10,216	1,012,518	10.00
11.00	01100	CAFETERIA	9,348	0	9,348	612,921	2,061,544
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	51,821
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	9,789	6,372	0	26,739
15.00	01500	PHARMACY	2,366	0	2,366	0	66,516
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	0
17.00	01700	SOCIAL SERVICE	531	0	531	0	41,091
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	260	0	260	0	5,546
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	84,081	63,775	271,842	509,220
31.00	03100	INTENSIVE CARE UNIT	9,127	23,968	9,127	75,675	123,560
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	43,465
41.00	04100	SUBPROVIDER - IRF	7,999	14,092	7,999	49,530	85,175
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,730	0	1,730	0	22,831
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,693	9,043	15,693	0	114,489
51.00	05100	RECOVERY ROOM	4,144	8,177	4,144	0	51,088
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	0	48,274
53.00	05300	ANESTHESIOLOGY	408	426	408	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,475	12,370	7,475	0	74,847
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	0	5,841
54.02	05404	ULTRASOUND	452	0	452	0	18,116
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	27,876
57.00	05700	CT SCAN	575	0	575	0	25,004
58.00	05800	MRI	1,192	0	1,192	0	8,558
59.00	05900	CARDIAC CATHETERIZATION	3,475	3,259	3,475	0	39,770
60.00	06000	LABORATORY	6,731	0	6,731	0	98,232
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	39,830
65.00	06500	RESPIRATORY THERAPY	1,252	556	1,252	0	39,936
66.00	06600	PHYSICAL THERAPY	18,324	3,864	18,324	0	51,582
69.00	06900	ELECTROCARDIOLOGY	2,782	1,162	2,782	0	36,885
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0
76.00	03956	CARDIAC REHAB	1,832	0	1,832	0	11,259
76.01	03950	OP PSY/CDU	11,730	0	11,730	0	14,764
76.02	03957	RI MMS	3,951	373	3,951	0	0
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03952	PAIN CLINIC	0	0	0	0	0
76.05	03953	DIABETES	494	0	494	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	213	1,508	0	4,760
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	8,685	16,218	8,685	2,550	157,615
92.00	09200	OBSERVATION BEDS (NON-DISTINCT					
92.01	09202	OBSERVATION BEDS (DISTINCT PART	4,755	0	4,755	0	13,313
93.00	04951	INFUSION	0	999	0	0	14,766
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,412	1,211	6,412	0	0
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	236,111	191,095	227,870	1,012,518	1,872,769	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	1,284	0	1,284	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	27,908	4,702	0	0	188,775	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	622	0	622	0	0	193.00
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)	5,472,262	1,073,473	4,494,898	2,986,614	3,558,751	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.578216	5.482581	19.562087	2.949690	1.726255	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,785,028	121,159	216,418	495,312	693,784	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.233442	0.618799	0.941865	0.489188	0.336536	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

Provi der CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
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	1,750,656					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,739	100				14.00
15.00	01500	PHARMACY	0	0	18,604,595			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,058,004,425		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	9,560	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	5,546	0	0	0	0	22.00
23.00	02301	PARAMED EDUCATION PROGRAM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	545,598	0	0	54,350,766	5,685	30.00
31.00	03100	INTENSIVE CARE UNIT	123,560	0	0	21,321,232	378	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	43,465	0	0	3,527,210	0	40.00
41.00	04100	SUBPROVIDER - I/RF	85,175	0	0	6,966,997	3,284	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	22,831	0	0	2,287,009	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	114,489	0	0	94,665,708	173	50.00
51.00	05100	RECOVERY ROOM	51,088	0	0	14,564,138	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,274	0	0	1,820,804	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	37,551,240	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	109,607,863	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	8,429,232	0	54.01
54.02	05404	ULTRASOUND	0	0	0	15,850,499	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,152,448	0	55.00
57.00	05700	CT SCAN	0	0	0	75,305,353	0	57.00
58.00	05800	MRI	0	0	0	19,575,036	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,770	0	0	64,838,182	0	59.00
60.00	06000	LABORATORY	0	0	0	127,605,192	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	39,830	0	0	743,754	0	64.00
65.00	06500	RESPIRATORY THERAPY	39,936	0	0	21,754,666	0	65.00
66.00	06600	PHYSICAL THERAPY	94,130	0	0	27,918,196	0	66.00
69.00	06900	ELECTROCARDIOLOGY	36,885	0	0	25,111,443	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	100	0	13,384,090	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,802,517	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,604,595	51,799,010	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	619,411	0	75.01
76.00	03956	CARDIAC REHAB	11,259	0	0	1,449,539	0	76.00
76.01	03950	OP PSY/CDU	58,974	0	0	10,841,153	0	76.01
76.02	03957	RIMMS	0	0	0	1,257,747	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	926,165	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	5,595,453	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	294,782	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	159,930	0	0	80,615,512	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	13,313	0	0	250,212	0	92.01
93.00	04951	INFUSION	0	0	0	43,650,482	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	7,351,410	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	129,508	0	0	7,166,613	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,053,361	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,690,300	100	18,604,595	1,058,004,425	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	60,356	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	193.00
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)	1,753,497	2,007,350	1,746,395	3,286,113	2,367,728	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.001623	20,073.500000	0.093869	0.003106	247.670293	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	150,595	359,099	289,151	326,980	109,448	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.086022	3,590.990000	0.015542	0.000309	11.448536	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: 14-0186

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
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
5.01 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING				5.03
5.05 00590	BUSINESS OFFICE				5.05
5.06 00592	OTHER ADMIN & GENERAL				5.06
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
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		7,088		22.00
23.00 02301	PARAMED EDUCATION PROGRAM			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	3,115	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	483	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	255	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	74	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	152	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	147	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	641	0	59.00
60.00 06000	LABORATORY	0	92	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	151	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100	EMERGENCY	0	163	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

5/30/2018 3:57 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0186

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED EDUCATION PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)				
	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,273	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,815	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
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	2,458,776	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	346.892777	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	29,214	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.121614	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	35,403,920		35,403,920	0	35,403,920	30.00
31.00	03100 INTENSIVE CARE UNIT	8,630,197		8,630,197	1,424	8,631,621	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	2,281,134		2,281,134	0	2,281,134	40.00
41.00	04100 SUBPROVIDER - I RF	6,582,244		6,582,244	0	6,582,244	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,168,106		2,168,106	0	2,168,106	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,684,185		19,684,185	13,127	19,697,312	50.00
51.00	05100 RECOVERY ROOM	3,668,621		3,668,621	0	3,668,621	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,122,904		3,122,904	0	3,122,904	52.00
53.00	05300 ANESTHESIOLOGY	1,858,926		1,858,926	0	1,858,926	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,453,288		15,453,288	0	15,453,288	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	1,193,810		1,193,810	0	1,193,810	54.01
54.02	05404 ULTRASOUND	1,979,580		1,979,580	0	1,979,580	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	6,371,597		6,371,597	0	6,371,597	55.00
57.00	05700 CT SCAN	2,694,927		2,694,927	0	2,694,927	57.00
58.00	05800 MRI	1,427,456		1,427,456	0	1,427,456	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,761,227		9,761,227	37,531	9,798,758	59.00
60.00	06000 LABORATORY	14,645,831		14,645,831	28,405	14,674,236	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	4,273,968		4,273,968	0	4,273,968	64.00
65.00	06500 RESPIRATORY THERAPY	4,309,718	0	4,309,718	0	4,309,718	65.00
66.00	06600 PHYSICAL THERAPY	8,208,839	0	8,208,839	0	8,208,839	66.00
69.00	06900 ELECTROCARDIOLOGY	3,766,426		3,766,426	0	3,766,426	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,995,546		2,995,546	0	2,995,546	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,269,643		16,269,643	0	16,269,643	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,579,089		21,579,089	0	21,579,089	73.00
75.01	03955 RENAL DIALYSIS (IP)	770,638		770,638	0	770,638	75.01
76.00	03956 CARDIAC REHAB	1,096,894		1,096,894	0	1,096,894	76.00
76.01	03950 OP PSY/CDU	3,576,978		3,576,978	0	3,576,978	76.01
76.02	03957 RIMMS	1,388,651		1,388,651	0	1,388,651	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952 PAIN CLINIC	0		0	0	0	76.04
76.05	03953 DIABETES	774,917		774,917	0	774,917	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,445,947		1,445,947	4,454	1,450,401	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	472,585		472,585	0	472,585	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	10,839,524		10,839,524	0	10,839,524	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	1,017,318		1,017,318	0	1,017,318	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	1,180,685		1,180,685	0	1,180,685	92.01
93.00	04951 INFUSION	1,887,588		1,887,588	0	1,887,588	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	1,088,259		1,088,259	0	1,088,259	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,579,417		5,579,417	0	5,579,417	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	6,065,080		6,065,080	0	6,065,080	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	235,515,663	0	235,515,663	84,941	235,600,604	200.00
201.00	Less Observation Beds	1,017,318		1,017,318	0	1,017,318	201.00
202.00	Total (see instructions)	234,498,345	0	234,498,345	84,941	234,583,286	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 3:57 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	54,350,766		54,350,766				30.00
31.00	03100	INTENSIVE CARE UNIT	21,321,232		21,321,232				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - IPF	3,527,210		3,527,210				40.00
41.00	04100	SUBPROVIDER - IRF	6,966,997		6,966,997				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,287,009		2,287,009				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	45,005,929	49,659,779	94,665,708	0.207934	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,619,498	8,944,640	14,564,138	0.251894	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	366,080	1,454,724	1,820,804	1.715124	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	19,381,131	18,170,109	37,551,240	0.049504	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,140,536	101,467,327	109,607,863	0.140987	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,381,530	7,047,702	8,429,232	0.141627	0.000000		54.01
54.02	05402	ULTRASOUND	3,900,354	11,950,145	15,850,499	0.124891	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	339,897	58,812,551	59,152,448	0.107715	0.000000		55.00
57.00	05700	CT SCAN	27,257,119	48,048,233	75,305,352	0.035787	0.000000		57.00
58.00	05800	MRI	4,618,323	14,956,713	19,575,036	0.072922	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	22,200,041	42,638,141	64,838,182	0.150548	0.000000		59.00
60.00	06000	LABORATORY	40,193,780	87,411,412	127,605,192	0.114775	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	642,635	101,119	743,754	5.746481	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	14,537,521	7,217,145	21,754,666	0.198105	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	16,571,952	11,346,244	27,918,196	0.294032	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	7,156,371	17,955,072	25,111,443	0.149988	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,313,364	7,070,726	13,384,090	0.223814	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,174,536	16,627,981	34,802,517	0.467485	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,387,943	11,411,066	51,799,009	0.416593	0.000000		73.00
75.01	03955	RENAL DIALYSIS (IP)	598,469	20,942	619,411	1.244146	0.000000		75.01
76.00	03956	CARDIAC REHAB	259,621	1,189,918	1,449,539	0.756719	0.000000		76.00
76.01	03950	OP PSY/CDU	6,282	10,834,871	10,841,153	0.329944	0.000000		76.01
76.02	03957	RIMMS	0	1,257,747	1,257,747	1.104078	0.000000		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000		76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000		76.04
76.05	03953	DIABETES	450	925,715	926,165	0.836694	0.000000		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,443,438	4,152,015	5,595,453	0.258415	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	294,782	294,782				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
91.00	09100	EMERGENCY	23,777,198	56,838,314	80,615,512	0.134460	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	181,851	181,851	5.594239	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3,134	247,078	250,212	4.718739	0.000000		92.01
93.00	04951	INFUSION	239,315	43,411,167	43,650,482	0.043243	0.000000		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,351,410	7,351,410	0.148034	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	76,473	7,090,140	7,166,613	0.778529	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	5,053,361	5,053,361				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	397,046,134	661,140,140	1,058,186,274				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	397,046,134	661,140,140	1,058,186,274				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 3:57 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
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.208072		50.00
51.00	05100 RECOVERY ROOM	0.251894		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.715124		52.00
53.00	05300 ANESTHESIOLOGY	0.049504		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140987		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.141627		54.01
54.02	05404 ULTRASOUND	0.124891		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107715		55.00
57.00	05700 CT SCAN	0.035787		57.00
58.00	05800 MRI	0.072922		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151126		59.00
60.00	06000 LABORATORY	0.114997		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	5.746481		64.00
65.00	06500 RESPIRATORY THERAPY	0.198105		65.00
66.00	06600 PHYSICAL THERAPY	0.294032		66.00
69.00	06900 ELECTROCARDIOLOGY	0.149988		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.223814		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467485		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.416593		73.00
75.01	03955 RENAL DIALYSIS (IP)	1.244146		75.01
76.00	03956 CARDIAC REHAB	0.756719		76.00
76.01	03950 OP PSY/CDU	0.329944		76.01
76.02	03957 RIMMS	1.104078		76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 DIABETES	0.836694		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.259211		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.134460		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	5.594239		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	4.718739		92.01
93.00	04951 INFUSION	0.043243		93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.148034		93.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.778529		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0186

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	35,403,920	35,403,920	0	35,403,920	30.00	
31.00	03100 INTENSIVE CARE UNIT	8,630,197	8,630,197	1,424	8,631,621	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
40.00	04000 SUBPROVIDER - I/PF	2,281,134	2,281,134	0	2,281,134	40.00	
41.00	04100 SUBPROVIDER - I/RF	6,582,244	6,582,244	0	6,582,244	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	2,168,106	2,168,106	0	2,168,106	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,684,185	19,684,185	13,127	19,697,312	50.00	
51.00	05100 RECOVERY ROOM	3,668,621	3,668,621	0	3,668,621	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,122,904	3,122,904	0	3,122,904	52.00	
53.00	05300 ANESTHESIOLOGY	1,858,926	1,858,926	0	1,858,926	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,453,288	15,453,288	0	15,453,288	54.00	
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	1,193,810	1,193,810	0	1,193,810	54.01	
54.02	05404 ULTRASOUND	1,979,580	1,979,580	0	1,979,580	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	6,371,597	6,371,597	0	6,371,597	55.00	
57.00	05700 CT SCAN	2,694,927	2,694,927	0	2,694,927	57.00	
58.00	05800 MRI	1,427,456	1,427,456	0	1,427,456	58.00	
59.00	05900 CARDIAC CATHETERIZATION	9,761,227	9,761,227	37,531	9,798,758	59.00	
60.00	06000 LABORATORY	14,645,831	14,645,831	28,405	14,674,236	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	4,273,968	4,273,968	0	4,273,968	64.00	
65.00	06500 RESPIRATORY THERAPY	4,309,718	4,309,718	0	4,309,718	65.00	
66.00	06600 PHYSICAL THERAPY	8,208,839	8,208,839	0	8,208,839	66.00	
69.00	06900 ELECTROCARDIOLOGY	3,766,426	3,766,426	0	3,766,426	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,995,546	2,995,546	0	2,995,546	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,269,643	16,269,643	0	16,269,643	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	21,579,089	21,579,089	0	21,579,089	73.00	
75.01	03955 RENAL DIALYSIS (IP)	770,638	770,638	0	770,638	75.01	
76.00	03956 CARDIAC REHAB	1,096,894	1,096,894	0	1,096,894	76.00	
76.01	03950 OP PSY/CDU	3,576,978	3,576,978	0	3,576,978	76.01	
76.02	03957 RIMMS	1,388,651	1,388,651	0	1,388,651	76.02	
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03	
76.04	03952 PAIN CLINIC	0	0	0	0	76.04	
76.05	03953 DIABETES	774,917	774,917	0	774,917	76.05	
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,445,947	1,445,947	4,454	1,450,401	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	472,585	472,585	0	472,585	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
91.00	09100 EMERGENCY	10,839,524	10,839,524	0	10,839,524	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	1,017,318	1,017,318	0	1,017,318	92.00	
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,180,685	1,180,685	0	1,180,685	92.01	
93.00	04951 INFUSION	1,887,588	1,887,588	0	1,887,588	93.00	
93.01	04950 COMMUNITY HEALTH CENTERS	1,088,259	1,088,259	0	1,088,259	93.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,579,417	5,579,417	0	5,579,417	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	6,065,080	6,065,080	0	6,065,080	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
200.00	Subtotal (see instructions)	235,515,663	235,515,663	84,941	235,600,604	200.00	
201.00	Less Observation Beds	1,017,318	1,017,318	0	1,017,318	201.00	
202.00	Total (see instructions)	234,498,345	234,498,345	84,941	234,583,286	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 3:57 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	54,350,766		54,350,766				30.00
31.00	03100	INTENSIVE CARE UNIT	21,321,232		21,321,232				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - IPF	3,527,210		3,527,210				40.00
41.00	04100	SUBPROVIDER - IRF	6,966,997		6,966,997				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,287,009		2,287,009				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	45,005,929	49,659,779	94,665,708	0.207934	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,619,498	8,944,640	14,564,138	0.251894	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	366,080	1,454,724	1,820,804	1.715124	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	19,381,131	18,170,109	37,551,240	0.049504	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,140,536	101,467,327	109,607,863	0.140987	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,381,530	7,047,702	8,429,232	0.141627	0.000000		54.01
54.02	05402	ULTRASOUND	3,900,354	11,950,145	15,850,499	0.124891	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	339,897	58,812,551	59,152,448	0.107715	0.000000		55.00
57.00	05700	CT SCAN	27,257,119	48,048,233	75,305,352	0.035787	0.000000		57.00
58.00	05800	MRI	4,618,323	14,956,713	19,575,036	0.072922	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	22,200,041	42,638,141	64,838,182	0.150548	0.000000		59.00
60.00	06000	LABORATORY	40,193,780	87,411,412	127,605,192	0.114775	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	642,635	101,119	743,754	5.746481	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	14,537,521	7,217,145	21,754,666	0.198105	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	16,571,952	11,346,244	27,918,196	0.294032	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	7,156,371	17,955,072	25,111,443	0.149988	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,313,364	7,070,726	13,384,090	0.223814	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,174,536	16,627,981	34,802,517	0.467485	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,387,943	11,411,066	51,799,009	0.416593	0.000000		73.00
75.01	03955	RENAL DIALYSIS (IP)	598,469	20,942	619,411	1.244146	0.000000		75.01
76.00	03956	CARDIAC REHAB	259,621	1,189,918	1,449,539	0.756719	0.000000		76.00
76.01	03950	OP PSY/CDU	6,282	10,834,871	10,841,153	0.329944	0.000000		76.01
76.02	03957	RIMMS	0	1,257,747	1,257,747	1.104078	0.000000		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000		76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000		76.04
76.05	03953	DIABETES	450	925,715	926,165	0.836694	0.000000		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,443,438	4,152,015	5,595,453	0.258415	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	294,782	294,782	1.603168	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
91.00	09100	EMERGENCY	23,777,198	56,838,314	80,615,512	0.134460	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	181,851	181,851	5.594239	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3,134	247,078	250,212	4.718739	0.000000		92.01
93.00	04951	INFUSION	239,315	43,411,167	43,650,482	0.043243	0.000000		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	7,351,410	7,351,410	0.148034	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	76,473	7,090,140	7,166,613	0.778529	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	5,053,361	5,053,361				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	397,046,134	661,140,140	1,058,186,274				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	397,046,134	661,140,140	1,058,186,274				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 3:57 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404 ULTRASOUND	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000		75.01
76.00	03956 CARDIAC REHAB	0.000000		76.00
76.01	03950 OP PSY/CDU	0.000000		76.01
76.02	03957 RIMMS	0.000000		76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03952 PAIN CLINIC	0.000000		76.04
76.05	03953 DIABETES	0.000000		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	0.000000		92.01
93.00	04951 INFUSION	0.000000		93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000		93.01
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 3:57 pm
Title XVIII			Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,765,427	0	3,765,427	45,903	82.03	30.00
31.00	INTENSIVE CARE UNIT	792,368		792,368	4,038	196.23	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	54,360	0	54,360	2,838	19.15	40.00
41.00	SUBPROVIDER - IRF	529,065	0	529,065	8,210	64.44	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	134,285		134,285	2,330	57.63	43.00
200.00	Total (lines 30 through 199)	5,275,505		5,275,505	63,319		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	16,078	1,318,878				30.00
31.00	INTENSIVE CARE UNIT	2,068	405,804				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
40.00	SUBPROVIDER - IPF	2,097	40,158				40.00
41.00	SUBPROVIDER - IRF	6,429	414,285				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	26,672	2,179,125				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 3:57 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. C, 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	2,816,774	94,665,708	0.029755	26,494,870	788,355	50.00
51.00	05100	RECOVERY ROOM	299,838	14,564,138	0.020587	2,193,601	45,160	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	371,815	1,820,804	0.204204	16,659	3,402	52.00
53.00	05300	ANESTHESIOLOGY	143,347	37,551,240	0.003817	8,178,573	31,218	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,053	109,607,863	0.013439	4,837,265	65,008	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	73,838	8,429,232	0.008760	763,120	6,685	54.01
54.02	05404	ULTRASOUND	234,587	15,850,499	0.014800	1,922,005	28,446	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	722,864	59,152,448	0.012220	279,439	3,415	55.00
57.00	05700	CT SCAN	299,046	75,305,352	0.003971	13,156,474	52,244	57.00
58.00	05800	MRI	413,530	19,575,036	0.021125	2,109,822	44,570	58.00
59.00	05900	CARDIAC CATHETERIZATION	851,539	64,838,182	0.013133	15,987,812	209,968	59.00
60.00	06000	LABORATORY	1,073,721	127,605,192	0.008414	18,027,175	151,681	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	179,658	743,754	0.241556	317,047	76,585	64.00
65.00	06500	RESPIRATORY THERAPY	348,421	21,754,666	0.016016	7,238,639	115,934	65.00
66.00	06600	PHYSICAL THERAPY	1,050,790	27,918,196	0.037638	3,182,101	119,768	66.00
69.00	06900	ELECTROCARDIOLOGY	501,173	25,111,443	0.019958	3,846,512	76,769	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	377,199	13,384,090	0.028183	3,895,040	109,774	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	442,767	34,802,517	0.012722	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,291	51,799,009	0.008809	18,005,506	158,611	73.00
75.01	03955	RENAL DIALYSIS (IP)	11,637	619,411	0.018787	317,735	5,969	75.01
76.00	03956	CARDIAC REHAB	132,273	1,449,539	0.091252	149,390	13,632	76.00
76.01	03950	OP PSY/CDU	552,874	10,841,153	0.050998	0	0	76.01
76.02	03957	RIMMS	189,798	1,257,747	0.150903	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	38,379	926,165	0.041439	13	1	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	91,122	5,595,453	0.016285	690,608	11,247	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	241,787	294,782	0.820223	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	809,729	80,615,512	0.010044	11,315,251	113,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	108,198	181,851	0.594982	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	222,818	250,212	0.890517	3,134	2,791	92.01
93.00	04951	INFUSION	77,717	43,650,482	0.001780	172,120	306	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	792,671	7,351,410	0.107826	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,399,254	957,513,086		143,099,911	2,235,189	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 3:57 pm
---	-----------------------	---	---

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	45,903	0.00	16,078	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,038	0.00	2,068	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,838	0.00	2,097	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,210	0.00	6,429	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,330	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	63,319		26,672	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm
--	-----------------------	---------------------------------------	---

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	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
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	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950	OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957	RI MMS	0	0	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951	INFUSION	0	0	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm
--	-----------------------	---------------------------------------	---

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	94,665,708	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	14,564,138	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,820,804	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	37,551,240	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	109,607,863	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	8,429,232	0.000000	54.01
54.02	05404	ULTRASOUND	0	0	0	15,850,499	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	59,152,448	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	75,305,352	0.000000	57.00
58.00	05800	MRI	0	0	0	19,575,036	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	64,838,182	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	127,605,192	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	743,754	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,754,666	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	27,918,196	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	25,111,443	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	13,384,090	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,802,517	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,799,009	0.000000	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	619,411	0.000000	75.01
76.00	03956	CARDIAC REHAB	0	0	0	1,449,539	0.000000	76.00
76.01	03950	OP PSY/CDU	0	0	0	10,841,153	0.000000	76.01
76.02	03957	RIMMS	0	0	0	1,257,747	0.000000	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05	03953	DIABETES	0	0	0	926,165	0.000000	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	5,595,453	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	294,782	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	0	0	0	80,615,512	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	181,851	0.000000	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	250,212	0.000000	92.01
93.00	04951	INFUSION	0	0	0	43,650,482	0.000000	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	7,351,410	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	0	957,513,086		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm
--	-----------------------	---------------------------------------	---

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	26,494,870	0	18,849,277	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	2,193,601	0	2,947,639	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	16,659	0	2,057	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	8,178,573	0	5,452,034	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,837,265	0	39,029,401	0	54.00	
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	763,120	0	3,720,006	0	54.01	
54.02	05404 ULTRASOUND	0.000000	1,922,005	0	2,999,236	0	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	279,439	0	27,883,335	0	55.00	
57.00	05700 CT SCAN	0.000000	13,156,474	0	14,025,341	0	57.00	
58.00	05800 MRI	0.000000	2,109,822	0	4,690,363	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	15,987,812	0	29,311,288	0	59.00	
60.00	06000 LABORATORY	0.000000	18,027,175	0	9,890,296	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	317,047	0	42,876	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	7,238,639	0	2,486,637	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	3,182,101	0	229,580	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,846,512	0	7,700,958	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	3,895,040	0	3,274,459	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	18,005,506	0	3,975,082	0	73.00	
75.01	03955 RENAL DIALYSIS (IP)	0.000000	317,735	0	11,069	0	75.01	
76.00	03956 CARDIAC REHAB	0.000000	149,390	0	638,257	0	76.00	
76.01	03950 OP PSY/CDU	0.000000	0	0	194,629	0	76.01	
76.02	03957 RIMMS	0.000000	0	0	0	0	76.02	
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03	
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0	76.04	
76.05	03953 DIABETES	0.000000	13	0	169,336	0	76.05	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	690,608	0	2,141,943	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
91.00	09100 EMERGENCY	0.000000	11,315,251	0	16,570,361	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	0	92.00	
92.01	09202 OBSERVATION BEDS (DISTINCT PART	0.000000	3,134	0	247,078	0	92.01	
93.00	04951 INFUSION	0.000000	172,120	0	24,665,268	0	93.00	
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		143,099,911	0	221,147,806	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 3:57 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	0.207934	18,849,277	0	0	3,919,406 50.00
51.00	05100 RECOVERY ROOM	0.251894	2,947,639	0	0	742,493 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.715124	2,057	0	0	3,528 52.00
53.00	05300 ANESTHESIOLOGY	0.049504	5,452,034	0	0	269,897 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140987	39,029,401	0	0	5,502,638 54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.141627	3,720,006	0	0	526,853 54.01
54.02	05404 ULTRASOUND	0.124891	2,999,236	0	0	374,578 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107715	27,883,335	0	0	3,003,453 55.00
57.00	05700 CT SCAN	0.035787	14,025,341	0	0	501,925 57.00
58.00	05800 MRI	0.072922	4,690,363	0	0	342,031 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150548	29,311,288	0	0	4,412,756 59.00
60.00	06000 LABORATORY	0.114775	9,890,296	4,239	0	1,135,159 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	5.746481	42,876	0	0	246,386 64.00
65.00	06500 RESPIRATORY THERAPY	0.198105	2,486,637	0	0	492,615 65.00
66.00	06600 PHYSICAL THERAPY	0.294032	229,580	0	0	67,504 66.00
69.00	06900 ELECTROCARDIOLOGY	0.149988	7,700,958	0	0	1,155,051 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.223814	3,274,459	0	0	732,870 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467485	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.416593	3,975,082	139	21,253	1,655,991 73.00
75.01	03955 RENAL DIALYSIS (IP)	1.244146	11,069	0	0	13,771 75.01
76.00	03956 CARDIAC REHAB	0.756719	638,257	0	0	482,981 76.00
76.01	03950 OP PSY/CDU	0.329944	194,629	0	0	64,217 76.01
76.02	03957 RIMMS	1.104078	0	0	0	0 76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0 76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0 76.04
76.05	03953 DIABETES	0.836694	169,336	0	0	141,682 76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.258415	2,141,943	0	0	553,510 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
91.00	09100 EMERGENCY	0.134460	16,570,361	0	324	2,228,051 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	5.594239	0	0	0	0 92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	4.718739	247,078	0	0	1,165,897 92.01
93.00	04951 INFUSION	0.043243	24,665,268	0	0	1,066,600 93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.148034	0	0	0	0 93.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.778529		0		0 95.00
200.00	Subtotal (see instructions)		221,147,806	4,378	21,577	30,801,843 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		221,147,806	4,378	21,577	30,801,843 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 3:57 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	487	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	58	8,854		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	44		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART	0	0		92.01
93.00 04951 INFUSION	0	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	545	8,898		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	545	8,898		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 3:57 pm		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,816,774	94,665,708	0.029755	1,064	32	50.00
51.00	05100	RECOVERY ROOM	299,838	14,564,138	0.020587	1,568	32	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	371,815	1,820,804	0.204204	0	0	52.00
53.00	05300	ANESTHESIOLOGY	143,347	37,551,240	0.003817	2,432	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,053	109,607,863	0.013439	26,492	356	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	73,838	8,429,232	0.008760	7,176	63	54.01
54.02	05404	ULTRASOUND	234,587	15,850,499	0.014800	24,572	364	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	722,864	59,152,448	0.012220	0	0	55.00
57.00	05700	CT SCAN	299,046	75,305,352	0.003971	131,887	524	57.00
58.00	05800	MRI	413,530	19,575,036	0.021125	27,081	572	58.00
59.00	05900	CARDIAC CATHETERIZATION	851,539	64,838,182	0.013133	0	0	59.00
60.00	06000	LABORATORY	1,073,721	127,605,192	0.008414	470,955	3,963	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	179,658	743,754	0.241556	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	348,421	21,754,666	0.016016	98,613	1,579	65.00
66.00	06600	PHYSICAL THERAPY	1,050,790	27,918,196	0.037638	72,978	2,747	66.00
69.00	06900	ELECTROCARDIOLOGY	501,173	25,111,443	0.019958	47,562	949	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	377,199	13,384,090	0.028183	28,282	797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	442,767	34,802,517	0.012722	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,291	51,799,009	0.008809	422,442	3,721	73.00
75.01	03955	RENAL DIALYSIS (IP)	11,637	619,411	0.018787	0	0	75.01
76.00	03956	CARDIAC REHAB	132,273	1,449,539	0.091252	1,005	92	76.00
76.01	03950	OP PSY/CDU	552,874	10,841,153	0.050998	6,282	320	76.01
76.02	03957	RI MMS	189,798	1,257,747	0.150903	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	38,379	926,165	0.041439	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	91,122	5,595,453	0.016285	12,515	204	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	241,787	294,782	0.820223	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	809,729	80,615,512	0.010044	64,193	645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	181,851	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	222,818	250,212	0.890517	0	0	92.01
93.00	04951	INFUSION	77,717	43,650,482	0.001780	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	792,671	7,351,410	0.107826	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,291,056	957,513,086		1,447,099	16,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 05404 ULTRASOUND	0	0	0	0	0	54.02
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 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
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02 03957 RIMMS	0	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05 03953 DIABETES	0	0	0	0	0	76.05
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
93.00 04951 INFUSION	0	0	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm
--	---	---	--

	Title XVIII	Subprovider - IPF	PPS
--	-------------	----------------------	-----

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,665,708	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,564,138	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,820,804	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	37,551,240	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	109,607,863	0.000000	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	8,429,232	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	15,850,499	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	59,152,448	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	75,305,352	0.000000	57.00
58.00 05800 MRI	0	0	0	19,575,036	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	64,838,182	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	127,605,192	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	743,754	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	21,754,666	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	27,918,196	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	25,111,443	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	13,384,090	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,802,517	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	51,799,009	0.000000	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	619,411	0.000000	75.01
76.00 03956 CARDIAC REHAB	0	0	0	1,449,539	0.000000	76.00
76.01 03950 OP PSY/CDU	0	0	0	10,841,153	0.000000	76.01
76.02 03957 RIMMS	0	0	0	1,257,747	0.000000	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05 03953 DIABETES	0	0	0	926,165	0.000000	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	5,595,453	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	294,782	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00 09100 EMERGENCY	0	0	0	80,615,512	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	181,851	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART	0	0	0	250,212	0.000000	92.01
93.00 04951 INFUSION	0	0	0	43,650,482	0.000000	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	7,351,410	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	957,513,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0186 Component CCN: 14-S186		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm	
				Title XVIII		Subprovider - IPF	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	1,064	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	1,568	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,432	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	26,492	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	7,176	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	24,572	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	131,887	0	0	57.00
58.00	05800	MRI	0.000000	27,081	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	470,955	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	98,613	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	72,978	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	47,562	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.000000	28,282	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	0.000000	422,442	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.000000	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0.000000	1,005	0	0	76.00
76.01	03950	OP PSY/CDU	0.000000	6,282	0	0	76.01
76.02	03957	RI MMS	0.000000	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	03953	DIABETES	0.000000	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	12,515	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
91.00	09100	EMERGENCY	0.000000	64,193	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART	0.000000	0	0	0	92.01
93.00	04951	INFUSION	0.000000	0	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.000000	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		1,447,099	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 3:57 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	2,816,774	94,665,708	0.029755	246,820	7,344	50.00
51.00	05100	RECOVERY ROOM	299,838	14,564,138	0.020587	32,144	662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	371,815	1,820,804	0.204204	0	0	52.00
53.00	05300	ANESTHESIOLOGY	143,347	37,551,240	0.003817	99,907	381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,053	109,607,863	0.013439	131,211	1,763	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	73,838	8,429,232	0.008760	19,744	173	54.01
54.02	05404	ULTRASOUND	234,587	15,850,499	0.014800	126,871	1,878	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	722,864	59,152,448	0.012220	0	0	55.00
57.00	05700	CT SCAN	299,046	75,305,352	0.003971	325,477	1,292	57.00
58.00	05800	MRI	413,530	19,575,036	0.021125	75,624	1,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	851,539	64,838,182	0.013133	0	0	59.00
60.00	06000	LABORATORY	1,073,721	127,605,192	0.008414	1,229,583	10,346	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	179,658	743,754	0.241556	7,382	1,783	64.00
65.00	06500	RESPIRATORY THERAPY	348,421	21,754,666	0.016016	655,533	10,499	65.00
66.00	06600	PHYSICAL THERAPY	1,050,790	27,918,196	0.037638	8,787,536	330,745	66.00
69.00	06900	ELECTROCARDIOLOGY	501,173	25,111,443	0.019958	58,022	1,158	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	377,199	13,384,090	0.028183	232,295	6,547	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	442,767	34,802,517	0.012722	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,291	51,799,009	0.008809	1,943,321	17,119	73.00
75.01	03955	RENAL DIALYSIS (IP)	11,637	619,411	0.018787	65,680	1,234	75.01
76.00	03956	CARDIAC REHAB	132,273	1,449,539	0.091252	1,192	109	76.00
76.01	03950	OP PSY/CDU	552,874	10,841,153	0.050998	0	0	76.01
76.02	03957	RI MMS	189,798	1,257,747	0.150903	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	38,379	926,165	0.041439	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	91,122	5,595,453	0.016285	246,203	4,009	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	241,787	294,782	0.820223	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	809,729	80,615,512	0.010044	21,026	211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	181,851	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	222,818	250,212	0.890517	0	0	92.01
93.00	04951	INFUSION	77,717	43,650,482	0.001780	1,174	2	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	792,671	7,351,410	0.107826	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	15,291,056	957,513,086		14,306,745	398,853	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 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	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
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 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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 pm
--	---	---	--

	Title XVIII	Subprovider - IRF	PPS
--	-------------	----------------------	-----

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	94,665,708	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	14,564,138	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,820,804	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	37,551,240	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	109,607,863	0.000000	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	8,429,232	0.000000	54.01
54.02 05404 ULTRASOUND	0	0	0	15,850,499	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	59,152,448	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	75,305,352	0.000000	57.00
58.00 05800 MRI	0	0	0	19,575,036	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	64,838,182	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	127,605,192	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	743,754	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	21,754,666	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	27,918,196	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	25,111,443	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	13,384,090	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,802,517	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	51,799,009	0.000000	73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0	0	619,411	0.000000	75.01
76.00 03956 CARDIAC REHAB	0	0	0	1,449,539	0.000000	76.00
76.01 03950 OP PSY/CDU	0	0	0	10,841,153	0.000000	76.01
76.02 03957 RIMMS	0	0	0	1,257,747	0.000000	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0.000000	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0.000000	76.04
76.05 03953 DIABETES	0	0	0	926,165	0.000000	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	5,595,453	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	294,782	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
91.00 09100 EMERGENCY	0	0	0	80,615,512	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	181,851	0.000000	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART	0	0	0	250,212	0.000000	92.01
93.00 04951 INFUSION	0	0	0	43,650,482	0.000000	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0	0	7,351,410	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	957,513,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 3:57 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	246,820	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	32,144	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	99,907	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	131,211	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000	19,744	0	0	0	54.01
54.02 05404 ULTRASOUND	0.000000	126,871	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00 05700 CT SCAN	0.000000	325,477	0	0	0	57.00
58.00 05800 MRI	0.000000	75,624	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	1,229,583	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	7,382	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	655,533	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	8,787,536	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	58,022	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000	232,295	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	1,943,321	0	0	0	73.00
75.01 03955 RENAL DIALYSIS (IP)	0.000000	65,680	0	0	0	75.01
76.00 03956 CARDIAC REHAB	0.000000	1,192	0	0	0	76.00
76.01 03950 OP PSY/CDU	0.000000	0	0	0	0	76.01
76.02 03957 RIMMS	0.000000	0	0	0	0	76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05 03953 DIABETES	0.000000	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	246,203	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
91.00 09100 EMERGENCY	0.000000	21,026	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0.000000	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART	0.000000	0	0	0	0	92.01
93.00 04951 INFUSION	0.000000	1,174	0	0	0	93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0.000000	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		14,306,745	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 3:57 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)		45,903	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,903	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)		44,584	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)		16,078	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)		35,403,920	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)		35,403,920	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)		35,403,920	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)		771.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,400,640	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)		12,400,640	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 pm	
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	8,631,621	4,038	2,137.60	2,068	4,420,557	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	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)					28,045,257	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,866,454	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)					1,724,682	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,235,189	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,959,871	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					40,906,583	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)					1,319	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					771.28	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,017,318	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,765,427	35,403,920	0.106356	1,017,318	108,198	90.00
91.00	Nursing School cost	0	35,403,920	0.000000	1,017,318	0	91.00
92.00	Allied health cost	0	35,403,920	0.000000	1,017,318	0	92.00
93.00	All other Medical Education	0	35,403,920	0.000000	1,017,318	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,838	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,838	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)		2,838	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)		2,097	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)		2,281,134	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)		2,281,134	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)		2,281,134	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)		803.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,685,527	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,685,527	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 14-S186		Date/Time Prepared: 5/30/2018 3:57 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	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)					314,562	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,000,089	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)					40,158	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,969	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					57,127	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,942,962	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: 14-0186 Component CCN: 14-S186		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	54,360	2,281,134	0.023830	0	0	90.00
91.00	Nursing School cost	0	2,281,134	0.000000	0	0	91.00
92.00	Allied health cost	0	2,281,134	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,281,134	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 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)		8,210	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,210	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)		8,210	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)		6,429	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)		6,582,244	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)		6,582,244	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)		6,582,244	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)		801.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,154,322	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)		5,154,322	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 pm	
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	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
		1.00					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,035,785					
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	9,190,107					
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	414,285					
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	398,853					
52.00	Total Program excludable cost (sum of lines 50 and 51)	813,138					
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)	8,376,969					
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges	0					
55.00	Target amount per discharge	0.00					
56.00	Target amount (line 54 x line 55)	0					
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0					
58.00	Bonus payment (see instructions)	0					
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					
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00					
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					
62.00	Relief payment (see instructions)	0					
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0					
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					
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0					
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0					
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					
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					
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0					
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					
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00					
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0					

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0186 Component CCN: 14-T186		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 3:57 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	529,065	6,582,244	0.080378	0	0	90.00
91.00	Nursing School cost	0	6,582,244	0.000000	0	0	91.00
92.00	Allied health cost	0	6,582,244	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,582,244	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 3:57 pm	
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		15,529,248	30.00
31.00	03100	INTENSIVE CARE UNIT		4,862,591	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.208072	26,494,870	5,512,841 50.00
51.00	05100	RECOVERY ROOM	0.251894	2,193,601	552,555 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.715124	16,659	28,572 52.00
53.00	05300	ANESTHESIOLOGY	0.049504	8,178,573	404,872 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140987	4,837,265	681,991 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.141627	763,120	108,078 54.01
54.02	05404	ULTRASOUND	0.124891	1,922,005	240,041 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.107715	279,439	30,100 55.00
57.00	05700	CT SCAN	0.035787	13,156,474	470,831 57.00
58.00	05800	MRI	0.072922	2,109,822	153,852 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151126	15,987,812	2,416,174 59.00
60.00	06000	LABORATORY	0.114997	18,027,175	2,073,071 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	5.746481	317,047	1,821,905 64.00
65.00	06500	RESPIRATORY THERAPY	0.198105	7,238,639	1,434,011 65.00
66.00	06600	PHYSICAL THERAPY	0.294032	3,182,101	935,640 66.00
69.00	06900	ELECTROCARDIOLOGY	0.149988	3,846,512	576,931 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.223814	3,895,040	871,764 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.467485	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.416593	18,005,506	7,500,968 73.00
75.01	03955	RENAL DIALYSIS (IP)	1.244146	317,735	395,309 75.01
76.00	03956	CARDIAC REHAB	0.756719	149,390	113,046 76.00
76.01	03950	OP PSY/CDU	0.329944	0	0 76.01
76.02	03957	RIMMS	1.104078	0	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952	PAIN CLINIC	0.000000	0	0 76.04
76.05	03953	DIABETES	0.836694	13	11 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.259211	690,608	179,013 76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.134460	11,315,251	1,521,449 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	5.594239	0	0 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4.718739	3,134	14,789 92.01
93.00	04951	INFUSION	0.043243	172,120	7,443 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.148034	0	0 93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		143,099,911	28,045,257 200.00
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)		143,099,911	28,045,257 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		2,524,224	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.208072	1,064	221 50.00
51.00	05100 RECOVERY ROOM	0.251894	1,568	395 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.715124	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.049504	2,432	120 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140987	26,492	3,735 54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.141627	7,176	1,016 54.01
54.02	05404 ULTRASOUND	0.124891	24,572	3,069 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107715	0	0 55.00
57.00	05700 CT SCAN	0.035787	131,887	4,720 57.00
58.00	05800 MRI	0.072922	27,081	1,975 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151126	0	0 59.00
60.00	06000 LABORATORY	0.114997	470,955	54,158 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	5.746481	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.198105	98,613	19,536 65.00
66.00	06600 PHYSICAL THERAPY	0.294032	72,978	21,458 66.00
69.00	06900 ELECTROCARDIOLOGY	0.149988	47,562	7,134 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.223814	28,282	6,330 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467485	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.416593	422,442	175,986 73.00
75.01	03955 RENAL DIALYSIS (IP)	1.244146	0	0 75.01
76.00	03956 CARDIAC REHAB	0.756719	1,005	761 76.00
76.01	03950 OP PSY/CDU	0.329944	6,282	2,073 76.01
76.02	03957 RIMMS	1.104078	0	0 76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952 PAIN CLINIC	0.000000	0	0 76.04
76.05	03953 DIABETES	0.836694	0	0 76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.259211	12,515	3,244 76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
91.00	09100 EMERGENCY	0.134460	64,193	8,631 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	5.594239	0	0 92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	4.718739	0	0 92.01
93.00	04951 INFUSION	0.043243	0	0 93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.148034	0	0 93.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,447,099	314,562 200.00
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)		1,447,099	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 3:57 pm	
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
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - I RF		5,512,422		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.208072	246,820	51,356	50.00
51.00	05100 RECOVERY ROOM	0.251894	32,144	8,097	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.715124	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.049504	99,907	4,946	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140987	131,211	18,499	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.141627	19,744	2,796	54.01
54.02	05404 ULTRASOUND	0.124891	126,871	15,845	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.107715	0	0	55.00
57.00	05700 CT SCAN	0.035787	325,477	11,648	57.00
58.00	05800 MRI	0.072922	75,624	5,515	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151126	0	0	59.00
60.00	06000 LABORATORY	0.114997	1,229,583	141,398	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	5.746481	7,382	42,421	64.00
65.00	06500 RESPIRATORY THERAPY	0.198105	655,533	129,864	65.00
66.00	06600 PHYSICAL THERAPY	0.294032	8,787,536	2,583,817	66.00
69.00	06900 ELECTROCARDIOLOGY	0.149988	58,022	8,703	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.223814	232,295	51,991	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.467485	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.416593	1,943,321	809,574	73.00
75.01	03955 RENAL DIALYSIS (IP)	1.244146	65,680	81,716	75.01
76.00	03956 CARDIAC REHAB	0.756719	1,192	902	76.00
76.01	03950 OP PSY/CDU	0.329944	0	0	76.01
76.02	03957 RIMMS	1.104078	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	76.04
76.05	03953 DIABETES	0.836694	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.259211	246,203	63,819	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.134460	21,026	2,827	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	5.594239	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART	4.718739	0	0	92.01
93.00	04951 INFUSION	0.043243	1,174	51	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.148034	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		14,306,745	4,035,785	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)		14,306,745		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 3:57 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)		28,237,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,894,129	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)		232,939	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		8,718,404	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		287.39	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		18.42	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		1.00	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)		19.42	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.42	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		19.42	12.00
13.00	Total allowable FTE count for the prior year.		16.95	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.		18.42	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.26	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		18.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.063537	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.058959	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.058959	21.00
22.00	IME payment adjustment (see instructions)		1,239,960	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		276,260	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,239,960	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		276,260	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.24	31.00
32.00	Sum of lines 30 and 31		36.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.97	33.00
34.00	Disproportionate share adjustment (see instructions)		1,855,811	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 3:57 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)	0.000472276	0.000334457	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,823,022	2,263,171	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,111,465	570,444	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,681,909		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)	45,142,112		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)		45,418,372	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,556,141	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).		524,569	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		3,453	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		49,502,535	59.00
60.00	Primary payer payments		22,616	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,479,919	61.00
62.00	Deductibles billed to program beneficiaries		3,751,272	62.00
63.00	Coinurance billed to program beneficiaries		93,107	63.00
64.00	Allowable bad debts (see instructions)		1,124,542	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		730,952	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		847,779	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,366,492	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)		103,155	70.93
70.94	HRR adjustment amount (see instructions)		-80,005	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 3:57 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)		46,389,642	71.00
71.01	Sequestration adjustment (see instructions)		927,793	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		45,199,506	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)		262,343	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,182,342	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0186

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 3:57 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	28,237,364	0	28,237,364		28,237,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,894,129	0		10,894,129	10,894,129	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	232,939	0	134,545	98,394	232,939	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	8,718,404	0	6,466,281	2,252,124	8,718,405	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.058959	0.058959	0.058959	0.058959		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,239,960	0	894,758	345,202	1,239,960	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	276,260	0	276,260	0	276,260	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	1,239,960	0	894,758	345,202	1,239,960	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	276,260	0	276,260	0	276,260	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1897	0.1897	0.1897	0.1897		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,855,811	0	1,339,157	516,654	1,855,811	11.00
11.01	Uncompensated care payments	36.00	2,681,909	0	2,111,465	570,444	2,681,909	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	45,142,112	0	32,717,289	12,424,823	45,142,112	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	45,148,372	0	32,993,549	12,424,823	45,148,372	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,556,141	0	2,558,692	997,449	3,556,141	16.00
17.00	Special add-on payments for new technologies	54.00	3,453	0	3,453	0	3,453	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: 14-0186

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 3:57 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	35,555,694	13,422,272	48,977,966	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	3,173,345	0	2,285,915	887,430	3,173,345	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	18,814	0	10,583	8,231	18,814	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	0.0390	0.0390	0.0390	0.0390		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	123,760	0	89,150	34,610	123,760	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0757	0.0757	0.0757	0.0757		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	240,222	0	173,044	67,178	240,222	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,556,141	0	2,558,692	997,449	3,556,141	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0186		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 3:57 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 (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,237,364	28,237,364		28,237,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,894,129		10,894,129	10,894,129	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	232,939	134,545	98,394	232,939	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	8,718,404	6,466,281	2,252,124	8,718,405	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.058959	0.058959	0.058959		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,239,960	894,758	345,202	1,239,960	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	276,260	204,897	71,363	276,260	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	1,239,960	894,758	345,202	1,239,960	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	276,260	204,897	71,363	276,260	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1897	0.1897	0.1897		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,855,811	1,339,157	516,654	1,855,811	11.00
11.01	Uncompensated care payments	36.00	2,681,909	2,111,465	570,444	2,681,909	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	45,142,112	32,717,289	12,424,823	45,142,112	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	45,418,372	32,922,186	12,496,186	45,418,372	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,556,141	2,558,692	997,449	3,556,141	16.00
17.00	Special add-on payments for new technologies	54.00	3,453	3,453	0	3,453	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			35,484,331	13,493,635	48,977,966	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 3:57 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	3,173,345	2,285,915	887,430	3,173,345	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	18,814	10,583	8,231	18,814	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	0.0390	0.0390	0.0390		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	123,760	89,150	34,610	123,760	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0757	0.0757	0.0757		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	240,222	173,044	67,178	240,222	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,556,141	2,558,692	997,449	3,556,141	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	103,155	43,819	59,336	103,155	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	-80,005	-59,306	-20,699	-80,005	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: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,443	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,801,843	2.00
3.00	OPPS payments		36,408,628	3.00
4.00	Outlier payment (see instructions)		162,193	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,443	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,955	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)		25,955	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)		25,955	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,512	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)		9,443	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)		36,570,821	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)		6,408,564	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)		30,171,700	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		288,596	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)		30,460,296	30.00
31.00	Primary payer payments		7,736	31.00
32.00	Subtotal (line 30 minus line 31)		30,452,560	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)		1,023,763	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		665,446	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		712,156	36.00
37.00	Subtotal (see instructions)		31,118,006	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-87	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)		31,118,093	40.00
40.01	Sequestration adjustment (see instructions)		622,362	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		30,231,226	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		264,505	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		678,486	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 3:57 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		45,313,710		30,307,549	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/30/2017	62,326	11/30/2017	70,811	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/03/2017	176,530	08/03/2017	147,134	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)		-114,204		-76,323	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)		45,199,506		30,231,226	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		262,343		264,505	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,461,849		30,495,731	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: 14-0186
Component CCN: 14-S186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,666,316		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,666,316		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		51,851		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,718,167		0	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: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 3:57 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		10,577,782		0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/03/2017	7,928		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)		7,928		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)		10,585,710		0
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		34,148		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		10,619,858		0
				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: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 3:57 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 Component CCN: 14-S186	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,864,911 1.00
2.00	Net IPF PPS Outlier Payments			1,487 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			7,775,342 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,866,398 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,866,398 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,866,398 18.00
19.00	Deductibles			153,888 19.00
20.00	Subtotal (line 18 minus line 19)			1,712,510 20.00
21.00	Coinsurance			12,173 21.00
22.00	Subtotal (line 20 minus line 21)			1,700,337 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			81,377 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			52,895 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			76,325 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,753,232 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,753,232 31.00
31.01	Sequestration adjustment (see instructions)			35,065 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,666,316 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			51,851 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			7,442 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			1,487 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: 14-0186 Component CCN: 14-T186	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		10,641,131	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0207	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		304,336	3.00
4.00	Outlier Payments		67,733	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)		22.493151	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)		11,013,200	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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		11,013,200	17.00
18.00	Primary payer payments		2,598	18.00
19.00	Subtotal (line 17 less line 18).		11,010,602	19.00
20.00	Deductibles		165,788	20.00
21.00	Subtotal (line 19 minus line 20)		10,844,814	21.00
22.00	Coinurance		23,359	22.00
23.00	Subtotal (line 21 minus line 22)		10,821,455	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		23,285	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		15,135	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,181	26.00
27.00	Subtotal (sum of lines 23 and 25)		10,836,590	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		10,836,590	32.00
32.01	Sequestration adjustment (see instructions)		216,732	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		10,585,710	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)		34,148	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,773	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		67,733	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 3:57 pm	
				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.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			18.42	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			1.00	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)			19.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.42	6.00
7.00	Enter the lesser of line 5 or line 6			19.42	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.	12.50	4.46	16.96	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.	12.50	4.46	16.96	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	12.50	4.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.95	4.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.02	3.87		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.82	4.11		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	11.82	4.11		17.00
18.00	Per resident amount	101,243.81	101,243.81		18.00
19.00	Approved amount for resident costs	1,196,702	416,112	1,612,814	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,612,814	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	26,672	4,280		26.00
27.00	Total Inpatient Days (see instructions)	60,190	60,190		27.00
28.00	Ratio of inpatient days to total inpatient days	0.443130	0.071108		28.00
29.00	Program direct GME amount	714,686	114,684		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		16,205		30.00
31.00	Net Program direct GME amount			813,165	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 3:57 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)		56,056,650	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)		25,214	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,031,436	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		30,834,001	42.00
43.00	Primary payer payments (see instructions)		7,736	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		30,826,265	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		86,857,701	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.645095	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.354905	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		813,165	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		524,569	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		288,596	50.00

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

Provider CCN: 14-0186

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

Worksheet G

Date/Time Prepared:
5/30/2018 3:57 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	69,760,415	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	42,165,183	0	0	0	4.00
5.00	Other receivable	855,616	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,070,530	0	0	0	7.00
8.00	Prepaid expenses	4,781,251	0	0	0	8.00
9.00	Other current assets	15,635,917	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	140,268,912	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,020,853	0	0	0	12.00
13.00	Land improvements	3,285,167	0	0	0	13.00
14.00	Accumulated depreciation	-1,043,623	0	0	0	14.00
15.00	Buildings	234,713,605	0	0	0	15.00
16.00	Accumulated depreciation	-109,853,229	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	198,515,895	0	0	0	23.00
24.00	Accumulated depreciation	-108,642,258	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)	224,996,410	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	276,994,232	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,548,768	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	283,543,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	648,808,322	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,478,722	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,500,380	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,131,267	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	28,849,343	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	66,959,712	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	131,450,878	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	23,993,560	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	155,444,438	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	222,404,150	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	426,404,172	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	426,404,172	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	648,808,322	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0186

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

Worksheet G-1

Date/Time Prepared:
5/30/2018 3:57 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		382,642,760			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		42,145,136				2.00
3.00	Total (sum of line 1 and line 2)		424,787,896			0	3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N	1,594,703		0		0	4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N	21,572		0		0	5.00
6.00	ROUNDING	1		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,616,276			0	10.00
11.00	Subtotal (line 3 plus line 10)		426,404,172			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		426,404,172			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	INCREASE IN TEMPORARILY RESTRICTED N		0				4.00
5.00	INCREASE IN PERMANENTLY RESTRICTED N		0				5.00
6.00	ROUNDING		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: 14-0186

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2018 3:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,690,926		54,690,926	1.00
2.00	SUBPROVIDER - IPF	3,527,210		3,527,210	2.00
3.00	SUBPROVIDER - IRF	6,966,997		6,966,997	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	65,185,133		65,185,133	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,321,232		21,321,232	11.00
12.00	CORONARY CARE UNIT	0		0	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)	21,321,232		21,321,232	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	86,506,365		86,506,365	17.00
18.00	Ancillary services	286,783,156	540,672,692	827,455,848	18.00
19.00	Outpatient services	24,019,647	108,029,820	132,049,467	19.00
20.00	RURAL HEALTH CLINIC	0	294,782	294,782	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		5,053,361	5,053,361	22.00
23.00	AMBULANCE SERVICES	76,473	7,090,140	7,166,613	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	72,893,057	72,893,057	27.00
27.01	PHYSICIANS PRIVATE OFFICES	0	13,172,987	13,172,987	27.01
27.02	CARE-A-VAN	0	7,016	7,016	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	397,385,641	747,213,855	1,144,599,496	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		319,978,357		29.00
30.00	MISCELLANEOUS	2,822,754			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)		2,822,754		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		322,801,111		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0186

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

Worksheet G-3

Date/Time Prepared:
5/30/2018 3:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,144,599,496	1.00
2.00	Less contractual allowances and discounts on patients' accounts	818,957,351	2.00
3.00	Net patient revenues (line 1 minus line 2)	325,642,145	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	322,801,111	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,841,034	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	9,639,140	24.00
24.01	NON OPERATING INCOME	29,094,781	24.01
24.02	NET ASSETS RELEASED FROM RESTRICTION	571,787	24.02
25.00	Total other income (sum of lines 6-24)	39,305,708	25.00
26.00	Total (line 5 plus line 25)	42,146,742	26.00
27.00	NON-HOSPITAL BASED DEPARTMENTS EXPEN	1,606	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,606	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	42,145,136	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0186

Period: From 01/01/2017

Worksheet H

HHA CCN: 14-7400

To 12/31/2017

Date/Time Prepared: 5/30/2018 3:57 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	344	344	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,232,058	0	0	236,201	1,468,259	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	984,326	0	0	0	984,326	6.00
7.00	Physical Therapy	872,649	0	0	0	872,649	7.00
8.00	Occupational Therapy	153,546	0	0	0	153,546	8.00
9.00	Speech Pathology	8,123	0	0	0	8,123	9.00
10.00	Medical Social Services	55,750	0	0	0	55,750	10.00
11.00	Home Health Aide	24,979	0	0	0	24,979	11.00
12.00	Supplies (see instructions)	0	0	0	94,408	94,408	12.00
13.00	Drugs	0	0	0	1,777	1,777	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,331,431	0	0	332,730	3,664,161	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	344	0	344		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	27,567	1,495,826	0	1,495,826		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	22,024	1,006,350	0	1,006,350		6.00
7.00	Physical Therapy	19,525	892,174	0	892,174		7.00
8.00	Occupational Therapy	3,436	156,982	0	156,982		8.00
9.00	Speech Pathology	182	8,305	0	8,305		9.00
10.00	Medical Social Services	1,247	56,997	0	56,997		10.00
11.00	Home Health Aide	559	25,538	0	25,538		11.00
12.00	Supplies (see instructions)	0	94,408	0	94,408		12.00
13.00	Drugs	0	1,777	0	1,777		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	74,540	3,738,701	0	3,738,701		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 5/30/2018 3:57 pm

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0186	Period: From 01/01/2017	Worksheet H-1 Part I
		HHA CCN: 14-7400	To 12/31/2017	Date/Time Prepared: 5/30/2018 3:57 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		0	1.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	344	0	0	344	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,495,826	0	0	344	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,006,350	0	0	0	1,006,350	6.00
7.00	Physical Therapy	892,174	0	0	0	892,174	7.00
8.00	Occupational Therapy	156,982	0	0	0	156,982	8.00
9.00	Speech Pathology	8,305	0	0	0	8,305	9.00
10.00	Medical Social Services	56,997	0	0	0	56,997	10.00
11.00	Home Health Aide	25,538	0	0	0	25,538	11.00
12.00	Supplies (see instructions)	94,408	0	0	0	94,408	12.00
13.00	Drugs	1,777	0	0	0	1,777	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,738,701	0	0	344	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,496,170					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	671,416	1,677,766				6.00
7.00	Physical Therapy	595,240	1,487,414				7.00
8.00	Occupational Therapy	104,735	261,717				8.00
9.00	Speech Pathology	5,541	13,846				9.00
10.00	Medical Social Services	38,027	95,024				10.00
11.00	Home Health Aide	17,038	42,576				11.00
12.00	Supplies (see instructions)	62,987	157,395				12.00
13.00	Drugs	1,186	2,963				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,738,701				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 14-0186	Period: From 01/01/2017	Worksheet H-1 Part I
		HHA CCN: 14-7400	To 12/31/2017	Date/Time Prepared: 5/30/2018 3:57 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	344	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	344	0	-1,496,170	2,242,531
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,006,350	6.00
7.00	Physical Therapy	0	0	0	0	892,174	7.00
8.00	Occupational Therapy	0	0	0	0	156,982	8.00
9.00	Speech Pathology	0	0	0	0	8,305	9.00
10.00	Medical Social Services	0	0	0	0	56,997	10.00
11.00	Home Health Aide	0	0	0	0	25,538	11.00
12.00	Supplies (see instructions)	0	0	0	0	94,408	12.00
13.00	Drugs	0	0	0	0	1,777	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	344	0	-1,496,170	2,242,531
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	344	0		1,496,170
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	0.000000		0.667179

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7400

To 12/31/2017

Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	74,088	8,717	839,818	20,262	587,676	1.00
2.00 Skilled Nursing Care	1,677,766	0	0	0	0	0	2.00
3.00 Physical Therapy	1,487,414	0	0	0	0	0	3.00
4.00 Occupational Therapy	261,717	0	0	0	0	0	4.00
5.00 Speech Pathology	13,846	0	0	0	0	0	5.00
6.00 Medical Social Services	95,024	0	0	0	0	0	6.00
7.00 Home Health Aide	42,576	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	157,395	0	0	0	0	0	8.00
9.00 Drugs	2,963	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,738,701	74,088	8,717	839,818	20,262	587,676	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	10,082	48,568	1,589,211	180,398	2,359	58,607	1.00
2.00 Skilled Nursing Care	0	0	1,677,766	190,449	0	0	2.00
3.00 Physical Therapy	0	0	1,487,414	168,842	0	0	3.00
4.00 Occupational Therapy	0	0	261,717	29,709	0	0	4.00
5.00 Speech Pathology	0	0	13,846	1,572	0	0	5.00
6.00 Medical Social Services	0	0	95,024	10,787	0	0	6.00
7.00 Home Health Aide	0	0	42,576	4,833	0	0	7.00
8.00 Supplies (see instructions)	0	0	157,395	17,867	0	0	8.00
9.00 Drugs	0	0	2,963	336	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	10,082	48,568	5,327,912	604,793	2,359	58,607	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

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

Worksheet H-2 Part I

HHA CCN: 14-7400

Date/Time Prepared: 5/30/2018 3:57 pm

Home Health Agency I

PPS

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	55,713	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	55,713	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM	
	15.00	16.00	17.00	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	23.00	
1.00 Administrative and General	0	15,696	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	15,696	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0186

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7400

To 12/31/2017

Part I
Date/Time Prepared:
5/30/2018 3:57 pm

Home Health
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	1,901,984	0	1,901,984				1.00
2.00 Skilled Nursing Care	1,868,215	0	1,868,215	853,526	2,721,741		2.00
3.00 Physical Therapy	1,656,256	0	1,656,256	756,690	2,412,946		3.00
4.00 Occupational Therapy	291,426	0	291,426	133,143	424,569		4.00
5.00 Speech Pathology	15,418	0	15,418	7,044	22,462		5.00
6.00 Medical Social Services	105,811	0	105,811	48,342	154,153		6.00
7.00 Home Health Aide	47,409	0	47,409	21,660	69,069		7.00
8.00 Supplies (see instructions)	175,262	0	175,262	80,072	255,334		8.00
9.00 Drugs	3,299	0	3,299	1,507	4,806		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	6,065,080	0	6,065,080	1,901,984	6,065,080		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.456868			21.00

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

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.
5/30/2018 3:57 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/30/2018 3:57 pm
		Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	8,444	627,444	19	35	118,656	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	2,848	8,444	627,444	19	35	118,656	20.00
21.00 Total cost to be allocated	74,088	8,717	839,818	20,262	587,676	10,082	21.00
22.00 Unit cost multiplier	26.014045	1.032331	1.338475	1,066.421053	16,790.742857	0.084968	22.00
Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	5,053,361	0	1,589,211	1	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,677,766	0	0	0	2.00
3.00 Physical Therapy	0	0	1,487,414	0	0	0	3.00
4.00 Occupational Therapy	0	0	261,717	0	0	0	4.00
5.00 Speech Pathology	0	0	13,846	0	0	0	5.00
6.00 Medical Social Services	0	0	95,024	0	0	0	6.00
7.00 Home Health Aide	0	0	42,576	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	157,395	0	0	0	8.00
9.00 Drugs	0	0	2,963	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	5,053,361	0	5,327,912	1	2,848	0	20.00
21.00 Total cost to be allocated	48,568	0	604,793	2,359	58,607	0	21.00
22.00 Unit cost multiplier	0.009611	0	0.113514	2,359.000000	20.578301	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 5/30/2018 3:57 pm
---	---	---	--

		Home Health Agency I					PPS	
Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
	9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	2,848	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	2,848	0	0	0	0	20.00	
21.00	Total cost to be allocated	55,713	0	0	0	0	21.00	
22.00	Unit cost multiplier	19.562149	0.000000	0.000000	0.000000	0.000000	22.00	
Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED EDUCATION PROGRAM (ASSIGNED TIME)			
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)				
	16.00	17.00	21.00	22.00	23.00			
1.00	Administrative and General	5,053,361	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	5,053,361	0	0	0	0	20.00	
21.00	Total cost to be allocated	15,696	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.003106	0.000000	0.000000	0.000000	0.000000	22.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/30/2018 3:57 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,721,741		2,721,741	11,777	231.11	1.00
2.00	Physical Therapy	3.00	2,412,946	0	2,412,946	8,400	287.26	2.00
3.00	Occupational Therapy	4.00	424,569	0	424,569	1,553	273.39	3.00
4.00	Speech Pathology	5.00	22,462	0	22,462	99	226.89	4.00
5.00	Medical Social Services	6.00	154,153		154,153	31	4,972.68	5.00
6.00	Home Health Aide	7.00	69,069		69,069	917	75.32	6.00
7.00	Total (sum of lines 1-6)		5,804,940	0	5,804,940	22,777		7.00
				Program Visits				
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B				
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16580	0	44			8.00
8.01	Skilled Nursing Care		16974	0	826			8.01
8.02	Skilled Nursing Care		28100	0	6,321			8.02
8.03	Skilled Nursing Care		99914	0	1,045			8.03
9.00	Physical Therapy		16580	0	31			9.00
9.01	Physical Therapy		16974	0	675			9.01
9.02	Physical Therapy		28100	0	4,476			9.02
9.03	Physical Therapy		99914	0	722			9.03
10.00	Occupational Therapy		16580	0	2			10.00
10.01	Occupational Therapy		16974	0	119			10.01
10.02	Occupational Therapy		28100	0	886			10.02
10.03	Occupational Therapy		99914	0	131			10.03
11.00	Speech Pathology		16580	0	0			11.00
11.01	Speech Pathology		16974	0	5			11.01
11.02	Speech Pathology		28100	0	75			11.02
11.03	Speech Pathology		99914	0	5			11.03
12.00	Medical Social Services		16580	0	0			12.00
12.01	Medical Social Services		16974	0	3			12.01
12.02	Medical Social Services		28100	0	18			12.02
12.03	Medical Social Services		99914	0	2			12.03
13.00	Home Health Aide		16580	0	0			13.00
13.01	Home Health Aide		16974	0	160			13.01
13.02	Home Health Aide		28100	0	562			13.02
13.03	Home Health Aide		99914	0	46			13.03
14.00	Total (sum of lines 8-13)			0	16,154			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	255,334	0	255,334	0	0.000000	15.00
16.00	Cost of Drugs	9.00	4,806	0	4,806	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/30/2018 3:57 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	Program Visits			Cost of Services Part A	Part B			
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	8,236	0	1,903,422		1.00	
2.00	Physical Therapy	0	5,904	0	1,695,983		2.00	
3.00	Occupational Therapy	0	1,138	0	311,118		3.00	
4.00	Speech Pathology	0	85	0	19,286		4.00	
5.00	Medical Social Services	0	23	0	114,372		5.00	
6.00	Home Health Aide	0	768	0	57,846		6.00	
7.00	Total (sum of lines 1-6)	0	16,154	0	4,102,027		7.00	
Cost Center Description								
6.00		7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
14.00	Total (sum of lines 8-13)						14.00	
Program Covered Charges								
Cost Center Description	Part A	Part B		Cost of Services Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00		9.00	10.00		11.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00	
16.00	Cost of Drugs		92	0		0	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,903,422		1.00
2.00	Physical Therapy	1,695,983		2.00
3.00	Occupational Therapy	311,118		3.00
4.00	Speech Pathology	19,286		4.00
5.00	Medical Social Services	114,372		5.00
6.00	Home Health Aide	57,846		6.00
7.00	Total (sum of lines 1-6)	4,102,027		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part II Date/Time Prepared: 5/30/2018 3:57 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00 Physical Therapy	66.00	0.294032	0	0	col. 2, line 2.00	1.00
2.00 Occupational Therapy						2.00
3.00 Speech Pathology						3.00
4.00 Cost of Medical Supplies	71.00	0.223814	0	0	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.416593	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0186 HHA CCN: 14-7400	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	92	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	92	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	92	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,149,131
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	61,094
13.00	Total PPS Reimbursement - LUPA Episodes		0	57,424
14.00	Total PPS Reimbursement - PEP Episodes		0	28,817
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	8,606
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	22
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,305,094
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,305,094
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,305,094
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,305,094
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	3,305,094
31.01	Sequestration adjustment (see instructions)		0	66,102
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	3,239,082
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-90
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet H-5
	HHA CCN: 14-7400	Home Health Agency I	Date/Time Prepared: 5/30/2018 3:57 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,239,082	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			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			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,239,082	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		90	6.02
7.00	Total Medicare program liability (see instructions)		0		3,238,992	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0186	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,173,345	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,814	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)		134.64	3.00
4.00	Number of interns & residents (see instructions)		18.26	4.00
5.00	Indirect medical education percentage (see instructions)		3.90	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)		123,760	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		31.24	8.00
9.00	Sum of lines 7 and 8		36.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.57	10.00
11.00	Disproportionate share adjustment (see instructions)		240,222	11.00
12.00	Total prospective capital payments (see instructions)		3,556,141	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: 14-0186 Component CCN: 14-3976		Period: From 01/01/2017 To 12/31/2017		Worksheet M-1 Date/Time Prepared: 5/30/2018 3:57 pm	
		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	22,217	0	22,217	0	22,217	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	91,558	0	91,558	0	91,558	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	56,949	0	56,949	3,239	60,188	9.00
10.00	Subtotal (sum of lines 1 through 9)	170,724	0	170,724	3,239	173,963	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	1,714	1,714	0	1,714	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	11,308	11,308	0	11,308	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	13,022	13,022	0	13,022	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	170,724	13,022	183,746	3,239	186,985	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	22,958	22,958	-22,958	0	29.00
30.00	Administrative Costs	0	20,168	20,168	4,860	25,028	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	43,126	43,126	-18,098	25,028	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	170,724	56,148	226,872	-14,859	212,013	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2017 To 12/31/2017	Worksheet M-1 Date/Time Prepared: 5/30/2018 3:57 pm
		RHC I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	-22,217	0
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	-91,558	0
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	0
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	0
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	60,188
10.00	Subtotal (sum of lines 1 through 9)	-113,775	60,188
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	1,714
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	0
19.00	Other Health Care Costs	0	11,308
20.00	Allowable GME Costs	0	0
21.00	Subtotal (sum of lines 15 through 20)	0	13,022
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-113,775	73,210
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	0
27.00	Nonallowable GME costs	0	0
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0
FACILITY OVERHEAD			
29.00	Facility Costs	0	0
30.00	Administrative Costs	0	25,028
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	25,028
32.00	Total facility costs (sum of lines 22, 28 and 31)	-113,775	98,238

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES	Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2017 To 12/31/2017	Worksheet M-2 Date/Time Prepared: 5/30/2018 3:57 pm
--	---	---	---

		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.00	85	4,200	0	1.00
2.00	Physician Assistant	0.00	85	2,100	0	2.00
3.00	Nurse Practitioner	0.79	1,816	2,100	1,659	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.79	1,986		1,659	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.79	1,986			8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				73,210	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				73,210	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet, M-1, col. 7, line 31)				25,028	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				374,347	15.00
16.00	Total overhead (sum of lines 14 and 15)				399,375	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				399,375	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				399,375	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				472,585	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2017 To 12/31/2017	Worksheet M-3 Date/Time Prepared: 5/30/2018 3:57 pm	
		Title XVIII	RHC I	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			472,585	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			472,585	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			1,986	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			1,986	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			237.96	7.00
		Calculation of Limit (1)			
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
		1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	81.32	82.30		8.00
9.00	Rate for Program covered visits (see instructions)	81.32	82.30		9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)	0	276		10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	22,715		11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0		12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0		13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0		14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	22,715		16.00
16.01	Total program charges (see instructions)(from contractor's records)		42,939		16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0		16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0		16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		14,278		16.04
16.05	Total program cost (see instructions)	0	14,278		16.05
17.00	Primary payer amounts		0		17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		4,867		18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		7,614		19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		14,278		20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0		21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		14,278		22.00
23.00	Allowable bad debts (see instructions)		0		23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0		23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0		25.50
25.99	Demonstration payment adjustment amount before sequestration		0		25.99
26.00	Net reimbursable amount (see instructions)		14,278		26.00
26.01	Sequestration adjustment (see instructions)		286		26.01
26.02	Demonstration payment adjustment amount after sequestration		0		26.02
27.00	Interim payments		13,635		27.00
28.00	Tentative settlement (for contractor use only)		0		28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		357		29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, §115.2		0		30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2017 To 12/31/2017	Worksheet M-4 Date/Time Prepared: 5/30/2018 3:57 pm
		Title XVIII	RHC I	Cost
		Pneumococcal	Infl uenza	
		1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)	60,188	60,188	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.000000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	0	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	0	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	0	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)	73,210	73,210	6.00
7.00	Total overhead (from Wkst. M-2, line 19)	399,375	399,375	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	0	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	0	0	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	0	0	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	0.00	0.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	0	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			0 15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			0 16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0186 Component CCN: 14-3976	Period: From 01/01/2017 To 12/31/2017	Worksheet M-5 Date/Time Prepared: 5/30/2018 3:57 pm
---	---	---	---

		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		13,635	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	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			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		13,635	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			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		357	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		13,992	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00