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: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/28/2017 7:48 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/28/2017 Time: 7:48 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY 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 INGALLS MEMORIAL HOSPITAL (14-0191) for the cost reporting period beginning 10/01/2016 and ending 06/30/2017 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.

(Signed)_____
Officer or Administrator of Provider(s)

CFO
Title

11/28/2017
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	857,380	553,425	0	0	1.00
2.00	Subprovider - IPF	0	62,491	0		0	2.00
3.00	Subprovider - IRF	0	29,242	0		0	3.00
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	-157		0	9.00
200.00	Total	0	949,113	553,268	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: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE INGALLS DRIVE	PO Box:			1.00
2.00	City: HARVEY	State: IL	Zip Code: 60426	County: COOK	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	INGALLS MEMORIAL HOSPITAL	140191	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCH UNIT OF INGALLS MEMORIAL HOSPI	14S191	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	REHAB UNIT OF INGALLS MEMORIAL HOSPI	14T191	16974	5	11/02/1989	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	INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	INGALLS HOME CARE HOSPICE	141535	16974		02/28/1990				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2016	06/30/2017	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)	N	N	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,982	4,263	0	42	3,768	215	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 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.	130	97	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	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 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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)		0.00	0.00			61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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)		0.00	0.00			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)		0.00	0.00			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).		0.00	0.00			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)		0.00	0.00			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)		0.00	0.00			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 and enter in column 4, 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 and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (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	
	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.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
	1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 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	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	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 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 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		0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 pm

		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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? 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
	Rural Providers			
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	2,697,885	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 pm

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain state health or similar taxes? 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			
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	2.00	
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.	Y		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	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 9:33 pm

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

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N	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	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		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)		169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 9:33 pm

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

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/25/2017	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.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	10/02/2017	Y	10/02/2017	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)	N		N		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: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 9:33 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 relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE,CPA		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM	43.00

		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.	CONSULTANT		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: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/27/2017 9:33 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	243	66,339	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)		243	66,339	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	25	6,825	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		268	73,164	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	16	4,368		0	16.00
17.00	SUBPROVIDER - IRF	41.00	42	11,466		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		326				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/27/2017 9:33 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,258	2,340	39,889			1.00
2.00	HMO and other (see instructions)	1,801	11,952				2.00
3.00	HMO IPF Subprovider	0	559				3.00
4.00	HMO IRF Subprovider	0	93				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)	15,258	2,340	39,889			7.00
8.00	INTENSIVE CARE UNIT	1,389	97	2,990			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		666	2,330			13.00
14.00	Total (see instructions)	16,647	3,103	45,209	0.00	1,452.05	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	975	33	2,144	0.00	13.15	16.00
17.00	SUBPROVIDER - IRF	3,517	111	5,203	0.00	38.09	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	17,109	0	29,358	0.00	75.84	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	9,033	563	10,402	0.00	19.64	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,598.77	27.00
28.00	Observation Bed Days		0	8,000			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	215	273			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-3 Part I Date/Time Prepared: 11/27/2017 9:33 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,095	543	9,188	1.00
2.00	HMO and other (see instructions)			333	2,317		2.00
3.00	HMO IPF Subprovider				62		3.00
4.00	HMO IRF Subprovider				8		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,095	543	9,188	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	96	4	251	16.00
17.00	SUBPROVIDER - IRF	0.00	0	286	8	399	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-3 Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	79,109,509	0	79,109,509	2,660,757.00	29.73	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	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,021,070	485,194	9,506,264	311,868.00	30.48	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,745,247	0	5,745,247	56,030.00	102.54	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		2,332,815	0	2,332,815	15,552.00	150.00	13.00
14.00	Home office and/or related orgainzation 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		4,840,928	0	4,840,928	35,280.00	137.21	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)		13,740,071	0	13,740,071			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,640,697	0	1,640,697			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related		0	0	0			25.50
25.51	Related orgainzation wage-related		1,083,790	0	1,083,790			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	745,080	0	745,080	25,343.00	29.40	26.00
27.00	Administrative & General	5.00	10,114,738	0	10,114,738	355,827.00	28.43	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet S-3 Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,351,087	0	4,351,087	64,452.00	67.51	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	917,884	0	917,884	41,665.00	22.03	30.00
31.00	Laundry & Linen Service	8.00	92,341	0	92,341	5,409.00	17.07	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,118,423	0	3,118,423	226,474.00	13.77	33.00
34.00	Dietary	10.00	396	0	396	9.00	44.00	34.00
35.00	Dietary under contract (see instructions)		2,886,785	0	2,886,785	127,252.00	22.69	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,328,863	0	2,328,863	79,817.00	29.18	38.00
39.00	Central Services and Supply	14.00	227,491	0	227,491	13,966.00	16.29	39.00
40.00	Pharmacy	15.00	2,795,046	-93,873	2,701,173	69,437.00	38.90	40.00
41.00	Medical Records & Medical Records Library	16.00	2,018,832	0	2,018,832	76,612.00	26.35	41.00
42.00	Social Service	17.00	192,568	0	192,568	5,848.00	32.93	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 10/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2017 9:33 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		89,465,804	0	89,465,804	3,078,935.00	29.06	1.00
2.00	Excluded area salaries (see instructions)		9,021,070	485,194	9,506,264	311,868.00	30.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)		80,444,734	-485,194	79,959,540	2,767,067.00	28.90	3.00
4.00	Subtotal other wages & related costs (see inst.)		12,918,990	0	12,918,990	106,862.00	120.89	4.00
5.00	Subtotal wage-related costs (see inst.)		14,823,861	0	14,823,861	0.00	18.54	5.00
6.00	Total (sum of lines 3 thru 5)		108,187,585	-485,194	107,702,391	2,873,929.00	37.48	6.00
7.00	Total overhead cost (see instructions)		29,789,534	-93,873	29,695,661	1,092,111.00	27.19	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-3 Part IV Date/Time Prepared: 11/27/2017 9:33 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,818,158	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)	5,331,454	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	350,799	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	82,202	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)	143,059	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,334,937	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	5,951,412	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	179,255	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	189,492	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,380,768	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COST	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-3 Part V Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	5,745,247	15,380,767	1.00
2.00	Hospital	5,745,247	13,740,071	2.00
3.00	Subprovider - IPF	0	137,631	3.00
4.00	Subprovider - IRF	0	445,769	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	842,605	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	129,228	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	85,463	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 14-0191
Component CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet S-4
Date/Time Prepared: 11/27/2017 9:33 pm

		Home Health Agency I	PPS
		1.00	
0.00	County	COOK CUNTY	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	459	23	126	608	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	946.00	129.00	20.00	1,095.00	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	1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		10.34	0.00	10.34	5.00
6.00	Direct Nursing Service		19.35	0.00	19.35	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		5.36	0.00	5.36	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.43	0.00	1.43	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.14	0.00	0.14	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.47	0.00	1.47	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.87	0.00	0.87	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	PRIVATE DUTY		34.88	0.00	34.88	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.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		16974			20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	8,612	314	403	124	9,453	21.00
22.00	Skilled Nursing Visit Charges	1,638,705	59,985	76,690	23,620	1,799,000	22.00
23.00	Physical Therapy Visits	4,864	22	43	98	5,027	23.00
24.00	Physical Therapy Visit Charges	923,020	4,180	8,170	18,620	953,990	24.00
25.00	Occupational Therapy Visits	1,427	7	8	22	1,464	25.00
26.00	Occupational Therapy Visit Charges	271,130	1,330	1,520	4,180	278,160	26.00
27.00	Speech Pathology Visits	171	3	0	7	181	27.00
28.00	Speech Pathology Visit Charges	32,490	570	0	1,330	34,390	28.00
29.00	Medical Social Service Visits	367	8	9	6	390	29.00
30.00	Medical Social Service Visit Charges	82,350	1,800	2,025	1,350	87,525	30.00
31.00	Home Health Aide Visits	593	1	0	0	594	31.00
32.00	Home Health Aide Visit Charges	77,090	130	0	0	77,220	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,034	355	463	257	17,109	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)	3,024,785	67,995	88,405	49,100	3,230,285	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,046		173	22	1,241	36.00
37.00	Total Number of Outlier Episodes		12		1	13	37.00
38.00	Total Non-Routine Medical Supply Charges	152,483	15,156	11,978	3,472	183,089	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA	Provider CCN: 14-0191 Hospice CCN: 14-1535	Period: From 10/01/2016 To 06/30/2017	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 11/27/2017 9:33 pm
		Hospice I	

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	8,218	483	689	9,390	11.00
12.00	Hospice Inpatient Respite Care	64	1	0	65	12.00
13.00	Hospice General Inpatient Care	751	79	117	947	13.00
14.00	Total Hospice Days	9,033	563	806	10,402	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet S-10 | Date/Time Prepared: 11/27/2017 9:33 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)	0.226626	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	42,036,182	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 or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	207,743,192	6.00
7.00	Medicaid cost (line 1 times line 6)	47,080,009	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)	5,043,827	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)	5,043,827	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)	42,982,379	0	42,982,379	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,740,925	0	9,740,925	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)	9,740,925	0	9,740,925	23.00

		1.00	
24.00	Does the amount in 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)	22,120,704	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,288,380	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	3,520,585	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)	18,600,119	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	5,447,476	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	15,188,401	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	20,232,228	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,274,728	4,274,728	4,682,798	8,957,526	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,492,343	8,492,343	0	8,492,343	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	745,080	13,987,655	14,732,735	0	14,732,735	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,114,738	43,903,977	54,018,715	-699,672	53,319,043	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,747,198	2,747,198	-45,097	2,702,101	6.00
7.00	00700	OPERATION OF PLANT	917,884	5,031,244	5,949,128	-8,020	5,941,108	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	92,341	780,481	872,822	0	872,822	8.00
9.00	00900	HOUSEKEEPING	0	3,131,533	3,131,533	-185,063	2,946,470	9.00
10.00	01000	DIETARY	396	2,658,209	2,658,605	-1,178,540	1,480,065	10.00
11.00	01100	CAFETERIA	0	0	0	1,178,540	1,178,540	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,328,863	165,823	2,494,686	0	2,494,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	227,491	494,229	721,720	-458,623	263,097	14.00
15.00	01500	PHARMACY	2,795,046	13,641,910	16,436,956	-13,309,535	3,127,421	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,018,832	598,466	2,617,298	-609	2,616,689	16.00
17.00	01700	SOCIAL SERVICE	192,568	144	192,712	0	192,712	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0	122,145	122,145	23.00
23.01	02301	PARAMED ED PRGM - EMS	123,379	17,747	141,126	391,294	532,420	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	68,405	6,039	74,444	0	74,444	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,967,500	5,987,186	19,954,686	-3,560,916	16,393,770	30.00
31.00	03100	INTENSIVE CARE UNIT	2,139,157	591,075	2,730,232	-283,361	2,446,871	31.00
40.00	04000	SUBPROVIDER - IPF	605,006	523,776	1,128,782	-3,843	1,124,939	40.00
41.00	04100	SUBPROVIDER - IRF	1,863,808	327,801	2,191,609	-56,206	2,135,403	41.00
43.00	04300	NURSERY	721,717	523,047	1,244,764	-18,897	1,225,867	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,585,320	11,698,877	14,284,197	-8,604,980	5,679,217	50.00
51.00	05100	RECOVERY ROOM	450,191	73,738	523,929	-59,877	464,052	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	882,491	882,491	52.00
53.00	05300	ANESTHESIOLOGY	48,171	1,146,490	1,194,661	-172,905	1,021,756	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,861,794	2,081,018	3,942,812	-27,700	3,915,112	54.00
54.01	03630	ULTRA SOUND	667,577	83,613	751,190	-25,472	725,718	54.01
54.02	05401	SPECIAL PROCEDURES	752,781	1,435,829	2,188,610	-1,330,356	858,254	54.02
56.00	05600	RADIOISOTOPE	383,002	506,151	889,153	-4,021	885,132	56.00
57.00	05700	CT SCAN	542,078	319,857	861,935	-10,787	851,148	57.00
58.00	05800	MRI	298,558	75,828	374,386	-6,135	368,251	58.00
59.00	05900	CARDIAC CATHETERIZATION	531,620	2,018,709	2,550,329	-1,780,003	770,326	59.00
60.00	06000	LABORATORY	4,053,972	3,809,371	7,863,343	-11,495	7,851,848	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	206,568	611,040	817,608	11,495	829,103	63.00
65.00	06500	RESPIRATORY THERAPY	1,258,188	415,092	1,673,280	-103,335	1,569,945	65.00
65.01	03560	PULMONARY FUNCTION TESTING	18,350	3,088	21,438	0	21,438	65.01
66.00	06600	PHYSICAL THERAPY	2,635,246	99,228	2,734,474	0	2,734,474	66.00
67.00	06700	OCCUPATIONAL THERAPY	938,666	85,241	1,023,907	0	1,023,907	67.00
68.00	06800	SPEECH PATHOLOGY	287,934	6,207	294,141	0	294,141	68.00
69.00	06900	ELECTROCARDIOLOGY	778,378	545,691	1,324,069	-52,453	1,271,616	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	89,323	55,392	144,715	-9,217	135,498	70.00
70.01	03280	SLEEP LAB	65,968	2,048	68,016	-1,449	66,567	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	850,879	850,879	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,845,322	7,845,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,087,563	7,087,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,148,142	13,148,142	73.00
73.01	03190	INFUSION THERAPY	366,042	105,343	471,385	-21,284	450,101	73.01
73.03	07301	PHARMACY VACCINE	0	40	40	39,248	39,288	73.03
73.04	03480	FCC INFUSION THERAPY	396,131	96,750	492,881	-35,702	457,179	73.04
74.00	07400	RENAL DIALYSIS	413,835	30,636	444,471	-20,745	423,726	74.00
76.97	07697	CARDIAC REHABILITATION	266,899	94,049	360,948	-741	360,207	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	697,386	401,832	1,099,218	-151,154	948,064	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	602,977	602,977	573,760	1,176,737	90.02
90.03	09002	RETINAL VASCULAR	152,148	119,207	271,355	-3,726	267,629	90.03
91.00	09100	EMERGENCY	3,005,890	1,463,290	4,469,180	-744,995	3,724,185	91.00
91.01	09101	IFCC	10,074,810	8,434,141	18,508,951	-1,600,686	16,908,265	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,090,953	1,908,963	6,999,916	0	6,999,916	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		3,682,431	3,682,431	-3,682,431	0	113.00
116.00	11600	HOSPICE	1,027,040	661,581	1,688,621	0	1,688,621	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,867,030	150,558,359	229,425,389	-1,456,354	227,969,035	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	242,340	56,739	299,079	1,456,354	1,755,433	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	139	0	139	0	139	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	1,408,843	1,408,843	0	1,408,843	192.04
200.00		TOTAL (SUM OF LINES 118-199)	79,109,509	152,023,941	231,133,450	0	231,133,450	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/27/2017 9:33 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	-142,534	8,814,992		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,492,343		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-327	14,732,408		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,526,086	56,845,129		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,702,101		6.00
7.00	00700	OPERATION OF PLANT	-55,671	5,885,437		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	872,822		8.00
9.00	00900	HOUSEKEEPING	0	2,946,470		9.00
10.00	01000	DIETARY	0	1,480,065		10.00
11.00	01100	CAFETERIA	0	1,178,540		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	-4,590	2,490,096		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	263,097		14.00
15.00	01500	PHARMACY	0	3,127,421		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,616,689		16.00
17.00	01700	SOCIAL SERVICE	0	192,712		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	122,145		23.00
23.01	02301	PARAMED ED PRGM - EMS	0	532,420		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	74,444		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-783,735	15,610,035		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,446,871		31.00
40.00	04000	SUBPROVIDER - IPF	0	1,124,939		40.00
41.00	04100	SUBPROVIDER - IRF	-27,432	2,107,971		41.00
43.00	04300	NURSERY	-461,250	764,617		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-207,321	5,471,896		50.00
51.00	05100	RECOVERY ROOM	0	464,052		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	882,491		52.00
53.00	05300	ANESTHESIOLOGY	-850,000	171,756		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-771,633	3,143,479		54.00
54.01	03630	ULTRA SOUND	0	725,718		54.01
54.02	05401	SPECIAL PROCEDURES	-671	857,583		54.02
56.00	05600	RADIOISOTOPE	0	885,132		56.00
57.00	05700	CT SCAN	0	851,148		57.00
58.00	05800	MRI	0	368,251		58.00
59.00	05900	CARDIAC CATHETERIZATION	-22,500	747,826		59.00
60.00	06000	LABORATORY	-58,061	7,793,787		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	829,103		63.00
65.00	06500	RESPIRATORY THERAPY	-6,088	1,563,857		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	21,438		65.01
66.00	06600	PHYSICAL THERAPY	-1,337,822	1,396,652		66.00
67.00	06700	OCCUPATIONAL THERAPY	-8,375	1,015,532		67.00
68.00	06800	SPEECH PATHOLOGY	-335	293,806		68.00
69.00	06900	ELECTROCARDIOLOGY	-89,060	1,182,556		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-45,000	90,498		70.00
70.01	03280	SLEEP LAB	0	66,567		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	850,879		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,845,322		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,087,563		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,148,142		73.00
73.01	03190	INFUSION THERAPY	-29,936	420,165		73.01
73.03	07301	PHARMACY VACCINE	0	39,288		73.03
73.04	03480	FCC INFUSION THERAPY	-59,873	397,306		73.04
74.00	07400	RENAL DIALYSIS	-553	423,173		74.00
76.97	07697	CARDIAC REHABILITATION	-87,432	272,775		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-4,832	943,232		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0	1,176,737		90.02
90.03	09002	RETINAL VASCULAR	-28,876	238,753		90.03
91.00	09100	EMERGENCY	-484,115	3,240,070		91.00
91.01	09101	IFCC	-2,227,864	14,680,401		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	171,378	7,171,294		101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	0	1,688,621		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,098,422	223,870,613		118.00
	NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,755,433		192.00
192.01	19201	REFERENCE LAB	0	0		192.01
192.02	19202	OP PHARMACY	0	139		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0		192.03
192.04	19204	AMBULANCE	0	1,408,843		192.04
200.00		TOTAL (SUM OF LINES 118-199)	-4,098,422	227,035,028		200.00

RECLASSIFICATIONS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS NON CAP INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,000,367		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,251,449		2.00
	TOTALS		0	2,251,816		
	B - RECALLS CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	1,178,540		1.00
	TOTALS		0	1,178,540		
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,845,322		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	300,695		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	TOTALS		0	8,146,017		
	E - RECALSS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,187,390		1.00
	TOTALS		0	13,187,390		
	F - POB COST OFFSET					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	238,180		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
	TOTALS		0	238,180		
	G - LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	5,269	6,226		1.00
	TOTALS		5,269	6,226		
	H - RECLASS RECOVERY COSTS					
1.00	OPERATING ROOM	50.00	503,018	57,603		1.00
	TOTALS		503,018	57,603		
	I - RECLASS EMT PRECEPTOR COSTS					
1.00	PARAMED ED PRGM - EMS	23.01	391,321	0		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
	TOTALS		391,321	0		
	J - RECLASS PSYCH ANCILLARY SERVICES					
1.00	PSYCH ANCILLARY	90.02	0	573,843		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	402,886	447,993		2.00
	TOTALS		402,886	1,021,836		

RECLASSIFICATIONS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/27/2017 9:33 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	K - RECLASS VACCINE DRUG COSTS				
1.00	PHARMACY VACCINE	73.03	0	39,248	1.00
	TOTALS		0	39,248	
	M - RECLASS FCC ADMIN COSTS				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,218,174	1.00
	TOTALS		0	1,218,174	
	N - PHARMACY RESIDENCY				
1.00	PARAMED ED PRGM-PHARMACY	23.00	93,873	28,272	1.00
	TOTALS		93,873	28,272	
	O - RECLASS LABOR AND DELIVERY EXPENSES				
1.00	DELIVERY ROOM & LABOR ROOM	52.00	761,332	121,159	1.00
	TOTALS		761,332	121,159	
	Q - INTEREST EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,682,431	1.00
	TOTALS		0	3,682,431	
	R - REMOVE NEGATIVE SALARIES				
1.00		0.00	0	0	1.00
	TOTALS		0	0	
	S - IMPLANT RECLASS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,087,563	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	7,087,563	
500.00	Grand Total: Increases		2,157,699	38,264,455	500.00

RECLASSIFICATIONS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS NON CAP INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,251,816	9		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	2,251,816			
	B - RECALLS CAFETERIA COSTS						
1.00	DIETARY	10.00	0	1,178,540	0		1.00
	TOTALS		0	1,178,540			
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	458,623	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	609	0		2.00
3.00	PARAMED ED PRGM - EMS	23.01	0	27	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	641,865	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	273,693	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	3,843	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	56,206	0		7.00
8.00	NURSERY	43.00	0	18,897	0		8.00
9.00	OPERATING ROOM	50.00	0	3,182,175	0		9.00
10.00	RECOVERY ROOM	51.00	0	59,877	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	172,905	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,700	0		12.00
13.00	ULTRA SOUND	54.01	0	25,472	0		13.00
14.00	SPECIAL PROCEDURES	54.02	0	1,330,356	0		14.00
15.00	RADIOISOTOPE	56.00	0	4,021	0		15.00
16.00	CT SCAN	57.00	0	10,787	0		16.00
17.00	MRI	58.00	0	6,135	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	655,801	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	96,241	0		19.00
21.00	ELECTROCARDIOLOGY	69.00	0	52,453	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,217	0		22.00
23.00	SLEEP LAB	70.01	0	1,449	0		23.00
24.00	INFUSION THERAPY	73.01	0	21,284	0		24.00
25.00	FCC INFUSION THERAPY	73.04	0	35,702	0		25.00
26.00	RENAL DIALYSIS	74.00	0	20,745	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	741	0		27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	0	151,154	0		28.00
29.00	PSYCH ANCILLARY	90.02	0	83	0		29.00
30.00	RETINAL VASCULAR	90.03	0	3,726	0		30.00
31.00	EMERGENCY	91.00	0	441,718	0		31.00
32.00	IFCC	91.01	0	382,512	0		32.00
33.00	IFCC		0		0		33.00
	TOTALS		0	8,146,017			
	E - RECALSS DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	13,187,390	0		1.00
	TOTALS		0	13,187,390			
	F - POB COST OFFSET						
1.00		0.00	0	0	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	45,097	0		2.00
3.00	OPERATION OF PLANT	7.00	0	8,020	0		3.00
4.00	HOUSEKEEPING	9.00	0	185,063	0		4.00
	TOTALS		0	238,180			
	G - LAB ADMIN						
1.00	LABORATORY	60.00	5,269	6,226	0		1.00
	TOTALS		5,269	6,226			
	H - RECLASS RECOVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	503,018	57,603	0		1.00
	TOTALS		503,018	57,603			
	I - RECLASS EMT PRECEPTOR COSTS						
1.00	ADULTS & PEDIATRICS	30.00	51,217	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	9,668	0	0		2.00
3.00	OPERATING ROOM	50.00	9,807	0	0		3.00
4.00	RESPIRATORY THERAPY	65.00	7,094	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	10,258	0	0		5.00
6.00	EMERGENCY	91.00	303,277	0	0		6.00
	TOTALS		391,321	0			
	J - RECLASS PSYCH ANCILLARY SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	402,886	1,021,836	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		402,886	1,021,836			
	K - RECLASS VACCINE DRUG COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	39,248	0		1.00
	TOTALS		0	39,248			

RECLASSIFICATIONS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-6 | Date/Time Prepared: 11/27/2017 9:33 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	M - RECLASS FCC ADMIN COSTS					
1.00	IFCC	91.01	0	1,218,174	0	1.00
	TOTALS		0	1,218,174		
	N - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	93,873	28,272	0	1.00
	TOTALS		93,873	28,272		
	O - RECLASS LABOR AND DELIVERY EXPENSES					
1.00	ADULTS & PEDIATRICS	30.00	761,332	121,159	0	1.00
	TOTALS		761,332	121,159		
	Q - INTEREST EXPENSE					
1.00	INTEREST EXPENSE	113.00	0	3,682,431	11	1.00
	TOTALS		0	3,682,431		
	R - REMOVE NEGATIVE SALARIES					
1.00		0.00	0	0	0	1.00
	TOTALS		0	0		
	S - IMPLANT RECLASS					
1.00	OPERATING ROOM	50.00	0	5,973,619	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,113,944	0	2.00
	TOTALS		0	7,087,563		
500.00	Grand Total: Decreases		2,157,699	38,264,455		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-7 Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,433,901	2,400,094	0	2,400,094	0	1.00
2.00	Land Improvements	3,006,384	156,249	0	156,249	0	2.00
3.00	Buildings and Fixtures	128,732,852	3,779,458	0	3,779,458	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	39,206,302	7,612,384	0	7,612,384	23,250	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	176,379,439	13,948,185	0	13,948,185	23,250	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	176,379,439	13,948,185	0	13,948,185	23,250	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	7,833,995	0	1.00
2.00	Land Improvements	3,162,633	0	2.00
3.00	Buildings and Fixtures	132,512,310	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	46,795,436	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	190,304,374	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	190,304,374	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-7 Part II Date/Time Prepared: 11/27/2017 9:33 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	4,274,728	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,492,343	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,767,071	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	4,274,728	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,492,343	2.00
3.00	Total (sum of lines 1-2)	0	12,767,071	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-7 Part III Date/Time Prepared: 11/27/2017 9:33 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	143,508,938	0	143,508,938	0.754102	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	46,795,436	0	46,795,436	0.245898	0	2.00
3.00	Total (sum of lines 1-2)	190,304,374	0	190,304,374	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,132,561	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,492,343	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,624,904	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	3,682,431	0	0	0	8,814,992	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,492,343	2.00
3.00	Total (sum of lines 1-2)	3,682,431	0	0	0	17,307,335	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-55,671	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,590,293			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	5,463,142			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-8 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.00	OTHER OPERATING INCOME	B	13,453	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.06			0		0.00	0	34.06
34.09			0		0.00	0	34.09
35.19	POB DEPT RENTAL - RETINAL	B	-20,179	RETINAL VASCULAR	90.03	0	35.19
35.21	MISC REVENUE	B	-4,590	NURSING ADMINISTRATION	13.00	0	35.21
35.43	OTHER INCOME	B	-335	SPEECH PATHOLOGY	68.00	0	35.43
35.44	OTHER INCOME	B	-17,711	LABORATORY	60.00	0	35.44
35.47	OTHER INCOME	B	-1,431,964	IFCC	91.01	0	35.47
35.48	OTHER INCOME	B	-84,980	CARDIAC REHABILITATION	76.97	0	35.48
35.49	MISC REVENUE	B	-29,936	INFUSION THERAPY	73.01	0	35.49
35.51			0		0.00	0	35.51
35.52			0		0.00	0	35.52
35.53	MISC REVENUE	B	-59,873	FCC INFUSION THERAPY	73.04	0	35.53
35.55	OTHER INCOME	B	-1,337,611	PHYSICAL THERAPY	66.00	0	35.55
36.00	REMOVE LOBBYING EXPENSE	A	-39,084	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00	NONALLOWABLE MARKETING EXPENSE	A	-327	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	NONALLOWABLE MARKETING EXPENSE	A	-1,717,462	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	NONALLOWABLE MARKETING EXPENSE	A	-44	EMERGENCY	91.00	0	39.00
40.00	NONALLOWABLE MARKETING EXPENSE	A	-1,894	SUBPROVIDER - IRF	41.00	0	40.00
41.00	NONALLOWABLE MARKETING EXPENSE	A	-671	SPECIAL PROCEDURES	54.02	0	41.00
42.00	NONALLOWABLE MARKETING EXPENSE	A	-21,600	LABORATORY	60.00	0	42.00
43.00	NONALLOWABLE MARKETING EXPENSE	A	-8,375	OCCUPATIONAL THERAPY	67.00	0	43.00
44.00	NONALLOWABLE MARKETING EXPENSE	A	-211	PHYSICAL THERAPY	66.00	0	44.00
45.00	NONALLOWABLE MARKETING EXPENSE	A	-473	CARDIAC REHABILITATION	76.97	0	45.00
45.01	NONALLOWABLE MARKETING EXPENSE	A	-7,197	IFCC	91.01	0	45.01
45.02	OTHER INCOME	B	-2,002	HOME HEALTH AGENCY	101.00	0	45.02
46.00	OFFSET HHA INTEREST INCOME	B	-142,534	CAP REL COSTS-BLDG & FIXT	1.00	9	46.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,098,422				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: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/27/2017 9:33 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	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	12,280,764	6,991,002	1.00
2.00	101.00	HOME HEALTH AGENCY	MANAGEMENT FEE	477,856	304,476	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.			12,758,620	7,295,478	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	Related Organization(s) and/or Home Office: 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			0.00		0.00	6.00
7.00	B	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	100.00	7.00
8.00	C	INGALLS MEMORIA	100.00	INGALLS HOME CARE	100.00	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: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet A-8-1 Date/Time Prepared: 11/27/2017 9:33 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	5,289,762	0		1.00
2.00	173,380	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	5,463,142			5.00

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

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

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

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

6.00			6.00
7.00	ACUTE		7.00
8.00	HOME CARE		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: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet A-8-2 | Date/Time Prepared: 11/27/2017 9:33 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	41.00	SUBPROVIDER - IRF	25,538	25,538	0	0	0	1.00
2.00	43.00	NURSERY	461,250	461,250	0	0	0	2.00
3.00	50.00	OPERATING ROOM	238,950	198,950	40,000	246,400	267	3.00
4.00	53.00	ANESTHESIOLOGY	850,000	850,000	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	791,241	768,741	22,500	271,900	150	5.00
6.00	59.00	CARDIAC CATHETERIZATION	22,500	22,500	0	0	0	6.00
7.00	60.00	LABORATORY	18,750	18,750	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	18,900	0	18,900	211,500	126	8.00
9.00	69.00	ELECTROCARDIOLOGY	276,563	0	276,563	211,500	1,844	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	45,000	45,000	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	1,875	0	1,875	211,500	13	11.00
12.00	76.97	CARDIAC REHABILITATION	6,250	0	6,250	211,500	42	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	15,000	0	15,000	211,500	100	13.00
14.00	90.03	RETINAL VASCULAR	27,000	0	27,000	211,500	180	14.00
15.00	91.00	EMERGENCY	510,000	471,750	38,250	211,500	255	15.00
16.00	91.01	IFCC	788,703	788,703	0	0	0	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	20,583	20,583	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	783,735	783,735	0	0	0	18.00
200.00			4,901,838	4,455,500	446,338		2,977	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	1.00
2.00	43.00	NURSERY	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	31,629	1,581	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	19,608	980	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	12,812	641	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	187,503	9,375	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	1,322	66	0	0	0	11.00
12.00	76.97	CARDIAC REHABILITATION	4,271	214	0	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	10,168	508	0	0	0	13.00
14.00	90.03	RETINAL VASCULAR	18,303	915	0	0	0	14.00
15.00	91.00	EMERGENCY	25,929	1,296	0	0	0	15.00
16.00	91.01	IFCC	0	0	0	0	0	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	18.00
200.00			311,545	15,576	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	41.00	SUBPROVIDER - IRF	0	0	0	25,538		1.00
2.00	43.00	NURSERY	0	0	0	461,250		2.00
3.00	50.00	OPERATING ROOM	0	31,629	8,371	207,321		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	850,000		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	19,608	2,892	771,633		5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	22,500		6.00
7.00	60.00	LABORATORY	0	0	0	18,750		7.00
8.00	65.00	RESPIRATORY THERAPY	0	12,812	6,088	6,088		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	187,503	89,060	89,060		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	45,000		10.00
11.00	74.00	RENAL DIALYSIS	0	1,322	553	553		11.00
12.00	76.97	CARDIAC REHABILITATION	0	4,271	1,979	1,979		12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	0	10,168	4,832	4,832		13.00
14.00	90.03	RETINAL VASCULAR	0	18,303	8,697	8,697		14.00
15.00	91.00	EMERGENCY	0	25,929	12,321	484,071		15.00
16.00	91.01	IFCC	0	0	0	788,703		16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	20,583		17.00
18.00	30.00	ADULTS & PEDIATRICS	0	0	0	783,735		18.00
200.00			0	311,545	134,793	4,590,293		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	8,814,992	8,814,992				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,492,343		8,492,343			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,732,408	47,676	0	14,780,084		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,845,129	2,694,787	2,576,043	1,907,710	64,023,669	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,702,101	225,123	6,691	0	2,933,915	6.00
7.00	00700	OPERATION OF PLANT	5,885,437	640,867	41,238	173,119	6,740,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	872,822	44,150	928	17,416	935,316	8.00
9.00	00900	HOUSEKEEPING	2,946,470	52,362	25,390	0	3,024,222	9.00
10.00	01000	DIETARY	1,480,065	160,673	42,760	75	1,683,573	10.00
11.00	01100	CAFETERIA	1,178,540	76,683	694	0	1,255,917	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,490,096	31,108	1,577,924	439,240	4,538,368	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	263,097	57,977	62,087	42,906	426,067	14.00
15.00	01500	PHARMACY	3,127,421	83,687	197,930	509,460	3,918,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,616,689	121,317	3,586	380,766	3,122,358	16.00
17.00	01700	SOCIAL SERVICE	192,712	0	0	36,320	229,032	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	122,145	1,811	0	17,705	141,661	23.00
23.01	02301	PARAMED ED PRGM - EMS	532,420	9,057	13,795	97,076	652,348	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	74,444	27,932	0	12,902	115,278	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,610,035	1,596,075	303,061	2,310,260	19,819,431	30.00
31.00	03100	INTENSIVE CARE UNIT	2,446,871	153,620	96,068	401,637	3,098,196	31.00
40.00	04000	SUBPROVIDER - IPF	1,124,939	48,232	4,965	114,108	1,292,244	40.00
41.00	04100	SUBPROVIDER - IRF	2,107,971	610,266	7,441	351,527	3,077,205	41.00
43.00	04300	NURSERY	764,617	71,853	5,588	136,121	978,179	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,471,896	534,368	397,261	580,632	6,984,157	50.00
51.00	05100	RECOVERY ROOM	464,052	40,177	22,421	84,909	611,559	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	882,491	0	0	143,593	1,026,084	52.00
53.00	05300	ANESTHESIOLOGY	171,756	5,205	57,337	9,085	243,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,143,479	317,433	501,229	351,147	4,313,288	54.00
54.01	03630	ULTRA SOUND	725,718	34,453	50,701	125,910	936,782	54.01
54.02	05401	SPECIAL PROCEDURES	857,583	22,136	134,672	141,980	1,156,371	54.02
56.00	05600	RADIOISOTOPE	885,132	23,247	37,822	72,237	1,018,438	56.00
57.00	05700	CT SCAN	851,148	24,816	66,898	102,240	1,045,102	57.00
58.00	05800	MRI	368,251	65,537	17,902	56,310	508,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	747,826	44,319	277,968	98,333	1,168,446	59.00
60.00	06000	LABORATORY	7,793,787	166,300	159,960	763,614	8,883,661	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	829,103	6,340	1,706	39,954	877,103	63.00
65.00	06500	RESPIRATORY THERAPY	1,563,857	19,914	39,683	235,965	1,859,419	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,438	9,588	4,055	3,461	38,542	65.01
66.00	06600	PHYSICAL THERAPY	1,396,652	76,961	42,588	497,026	2,013,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,015,532	12,777	984	177,039	1,206,332	67.00
68.00	06800	SPEECH PATHOLOGY	293,806	8,743	7,579	54,306	364,434	68.00
69.00	06900	ELECTROCARDIOLOGY	1,182,556	45,310	114,031	146,808	1,488,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,498	24,647	17,389	16,847	149,381	70.00
70.01	03280	SLEEP LAB	66,567	0	10,318	12,442	89,327	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	850,879	0	0	75,987	926,866	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,845,322	0	0	0	7,845,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,087,563	0	0	0	7,087,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,148,142	0	0	0	13,148,142	73.00
73.01	03190	INFUSION THERAPY	420,165	18,766	1,905	69,038	509,874	73.01
73.03	07301	PHARMACY VACCINE	39,288	0	0	0	39,288	73.03
73.04	03480	FCC INFUSION THERAPY	397,306	7,789	0	74,713	479,808	73.04
74.00	07400	RENAL DIALYSIS	423,173	21,749	18,816	78,052	541,790	74.00
76.97	07697	CARDIAC REHABILITATION	272,775	24,623	10,646	50,339	358,383	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	943,232	0	1,491	131,532	1,076,255	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	1,176,737	169,053	0	0	1,345,790	90.02
90.03	09002	RETINAL VASCULAR	238,753	130,953	14,631	28,696	413,033	90.03
91.00	09100	EMERGENCY	3,240,070	113,177	65,153	509,732	3,928,132	91.00
91.01	09101	IFCC	14,680,401	0	1,449,377	1,900,180	18,029,958	91.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,171,294	74,642	0	960,189	8,206,125	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,688,621	0	0	193,707	1,882,328	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	223,870,613	8,798,279	8,490,712	14,734,351	223,806,536	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,755,433	0	1,631	45,707	1,802,771	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	139	10,675	0	26	10,840	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	6,038	0	0	6,038	192.03
192.04	19204	AMBULANCE	1,408,843	0	0	0	1,408,843	192.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	227,035,028	8,814,992	8,492,343	14,780,084	227,035,028	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	64,023,669					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,152,313	4,086,228				6.00
7.00	00700	OPERATION OF PLANT	2,647,435	447,844	9,835,940			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	367,351	30,853	83,406	1,416,926		8.00
9.00	00900	HOUSEKEEPING	1,187,781	36,591	98,920	0	4,347,514	9.00
10.00	01000	DIETARY	661,233	112,280	303,535	0	136,697	10.00
11.00	01100	CAFETERIA	493,269	53,587	144,866	0	65,241	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,782,471	21,739	58,768	0	26,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	167,340	40,515	109,528	2,913	49,326	14.00
15.00	01500	PHARMACY	1,539,014	58,482	158,098	0	71,200	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,226,325	84,777	229,185	0	103,214	16.00
17.00	01700	SOCIAL SERVICE	89,954	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	55,638	1,266	3,422	0	1,541	23.00
23.01	02301	PARAMED ED PRGM - EMS	256,214	6,329	17,110	0	7,706	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	45,276	19,519	52,768	0	23,764	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,784,179	1,115,356	3,015,225	693,726	1,357,910	30.00
31.00	03100	INTENSIVE CARE UNIT	1,216,835	107,351	290,212	84,218	130,697	31.00
40.00	04000	SUBPROVIDER - IPF	507,537	33,705	91,117	27,894	41,035	40.00
41.00	04100	SUBPROVIDER - IRF	1,208,591	426,460	1,152,884	73,461	519,203	41.00
43.00	04300	NURSERY	384,186	50,211	135,741	18,203	61,131	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,743,070	373,422	1,009,501	159,960	454,630	50.00
51.00	05100	RECOVERY ROOM	240,193	28,076	75,901	18,322	34,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	403,001	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	95,590	3,637	9,833	0	4,428	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,694,070	221,825	599,678	45,509	270,065	54.00
54.01	03630	ULTRA SOUND	367,927	24,076	65,087	22,104	29,312	54.01
54.02	05401	SPECIAL PROCEDURES	454,172	15,469	41,817	2,764	18,832	54.02
56.00	05600	RADIOISOTOPE	399,998	16,245	43,916	4,469	19,778	56.00
57.00	05700	CT SCAN	410,470	17,342	46,882	19,312	21,113	57.00
58.00	05800	MRI	199,520	45,798	123,809	9,260	55,758	58.00
59.00	05900	CARDIAC CATHETERIZATION	458,914	30,971	83,726	2,736	37,706	59.00
60.00	06000	LABORATORY	3,489,111	116,212	314,166	0	141,485	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	344,487	4,430	11,977	0	5,394	63.00
65.00	06500	RESPIRATORY THERAPY	730,298	13,916	37,620	0	16,942	65.00
65.01	03560	PULMONARY FUNCTION TESTING	15,138	6,700	18,114	0	8,158	65.01
66.00	06600	PHYSICAL THERAPY	790,707	53,781	145,391	33,419	65,477	66.00
67.00	06700	OCCUPATIONAL THERAPY	473,794	8,928	24,137	0	10,870	67.00
68.00	06800	SPEECH PATHOLOGY	143,134	6,110	16,517	0	7,438	68.00
69.00	06900	ELECTROCARDIOLOGY	584,698	31,663	85,597	14,916	38,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	58,670	17,224	46,563	2,312	20,969	70.00
70.01	03280	SLEEP LAB	35,084	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	364,032	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,081,297	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,783,683	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,164,012	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	200,256	13,114	35,452	3,692	15,966	73.01
73.03	07301	PHARMACY VACCINE	15,431	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	188,447	5,443	14,715	0	6,627	73.04
74.00	07400	RENAL DIALYSIS	212,791	15,198	41,087	0	18,504	74.00
76.97	07697	CARDIAC REHABILITATION	140,757	17,207	46,517	7,786	20,949	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	422,706	0	0	337	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	528,567	118,136	319,367	16,993	143,827	90.02
90.03	09002	RETINAL VASCULAR	162,221	91,511	247,391	0	111,413	90.03
91.00	09100	EMERGENCY	1,542,797	79,089	213,809	152,620	96,289	91.00
91.01	09101	IFCC	7,081,374	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,223,005	52,161	141,011	0	63,504	101.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	739,296	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,755,660	4,074,549	9,804,366	1,416,926	4,333,295	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	708,049	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	4,257	7,460	20,167	0	9,082	192.02
192.03	19203	RETINAL VASCULAR GRANTS	2,371	4,219	11,407	0	5,137	192.03
192.04	19204	AMBULANCE	553,332	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	64,023,669	4,086,228	9,835,940	1,416,926	4,347,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,897,318					10.00
11.00	01100	CAFETERIA	0	2,012,880				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	67,097	0	6,494,909		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,789	0	0	812,478	14.00
15.00	01500	PHARMACY	0	83,005	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	93,917	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,562	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	3,468	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	63,787	0	415,780	9	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	17,631	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,244,810	493,111	0	3,214,254	18,822	30.00
31.00	03100	INTENSIVE CARE UNIT	168,260	69,056	0	450,131	3,490	31.00
40.00	04000	SUBPROVIDER - IPF	120,661	25,761	0	167,921	35	40.00
41.00	04100	SUBPROVIDER - IRF	292,805	74,620	0	486,397	1,445	41.00
43.00	04300	NURSERY	0	21,765	0	141,871	650	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	128,592	0	838,201	9,461	50.00
51.00	05100	RECOVERY ROOM	0	11,284	0	73,553	317	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,349	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,801	0	0	343	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,901	0	0	220	54.00
54.01	03630	ULTRA SOUND	0	21,452	0	0	569	54.01
54.02	05401	SPECIAL PROCEDURES	0	24,723	0	0	1,166	54.02
56.00	05600	RADIOISOTOPE	0	11,304	0	0	99	56.00
57.00	05700	CT SCAN	0	18,846	0	0	510	57.00
58.00	05800	MRI	0	10,853	0	0	91	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,888	0	0	441	59.00
60.00	06000	LABORATORY	0	185,659	0	0	11,545	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,855	0	0	27	63.00
65.00	06500	RESPIRATORY THERAPY	0	48,917	0	0	25	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	784	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	102,458	0	0	2,945	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	48,134	0	0	205	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,698	0	0	18	68.00
69.00	06900	ELECTROCARDIOLOGY	0	28,622	0	0	788	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,389	0	0	15	70.00
70.01	03280	SLEEP LAB	0	2,057	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,310	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	387,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	350,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	13,615	0	0	710	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	11,872	0	0	1,220	73.04
74.00	07400	RENAL DIALYSIS	0	11,637	0	0	64	74.00
76.97	07697	CARDIAC REHABILITATION	0	9,893	0	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	24,547	0	0	1,109	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	35,391	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	7,895	0	0	2	90.03
91.00	09100	EMERGENCY	35,391	108,433	0	706,801	10,561	91.00
91.01	09101	IFCC	0	0	0	0	6,963	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,897,318	2,006,337	0	6,494,909	812,372	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,543	0	0	106	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,897,318	2,012,880	0	6,494,909	812,478	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	5,828,297					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,859,776				16.00
17.00	01700	SOCIAL SERVICE	0	0	326,548			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	1,137	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,285	2,008,817	247,844	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	915	185,509	18,578	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	22	203,391	13,321	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	77	325,362	32,328	0	0	41.00
43.00	04300	NURSERY	0	130,306	14,477	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,186	191,191	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,458	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	33,005	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,824	100,132	0	0	0	54.00
54.01	03630	ULTRA SOUND	3	34,621	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	9,283	60,461	0	0	0	54.02
56.00	05600	RADIOISOTOPE	293,151	26,795	0	0	0	56.00
57.00	05700	CT SCAN	38,133	127,655	0	0	0	57.00
58.00	05800	MRI	0	38,363	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,228	40,455	0	0	0	59.00
60.00	06000	LABORATORY	133,693	293,008	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,615	14,503	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10	32,183	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,271	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,347	93,195	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,142	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	18,569	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,491	67,756	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,216	0	0	0	70.00
70.01	03280	SLEEP LAB	0	2,573	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,471	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,667	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,083	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,128,785	173,803	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	12,626	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	28,628	47	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	4,635	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	2	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	591	2,555	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,898	9,156	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	13,197	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	498	1,909	0	0	0	90.03
91.00	09100	EMERGENCY	45	154,449	0	0	0	91.00
91.01	09101	IFCC	116,450	345,241	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,828,297	4,859,776	326,548	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,828,297	4,859,776	326,548	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			206,996			23.00
23.01	02301	PARAMED ED PRGM - EMS				1,420,420		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					274,236	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	189,389	145,870	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	142,042	36,468	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	21,881	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	64,183	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	47,347	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	47,347	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,347	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,917	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	946,948	2,917	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			21.00	22.00	23.00	23.01	23.02	
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	206,996	1,420,420	274,236	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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 118-201)	0	0	206,996	1,420,420	274,236	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					23.00
23.01	02301	PARAMED ED PRGM - EMS					23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	42,351,029	0	42,351,029		30.00
31.00	03100	INTENSIVE CARE UNIT	6,001,958	0	6,001,958		31.00
40.00	04000	SUBPROVIDER - IPF	2,546,525	0	2,546,525		40.00
41.00	04100	SUBPROVIDER - IRF	7,735,021	0	7,735,021		41.00
43.00	04300	NURSERY	1,936,720	0	1,936,720		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	12,940,718	0	12,940,718		50.00
51.00	05100	RECOVERY ROOM	1,105,845	0	1,105,845		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,455,434	0	1,455,434		52.00
53.00	05300	ANESTHESIOLOGY	393,020	0	393,020		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,317,512	0	7,317,512		54.00
54.01	03630	ULTRA SOUND	1,501,933	0	1,501,933		54.01
54.02	05401	SPECIAL PROCEDURES	1,785,058	0	1,785,058		54.02
56.00	05600	RADIOISOTOPE	1,834,193	0	1,834,193		56.00
57.00	05700	CT SCAN	1,745,365	0	1,745,365		57.00
58.00	05800	MRI	991,452	0	991,452		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,861,511	0	1,861,511		59.00
60.00	06000	LABORATORY	13,568,540	0	13,568,540		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,277,391	0	1,277,391		63.00
65.00	06500	RESPIRATORY THERAPY	2,786,677	0	2,786,677		65.00
65.01	03560	PULMONARY FUNCTION TESTING	89,707	0	89,707		65.01
66.00	06600	PHYSICAL THERAPY	3,302,947	0	3,302,947		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,791,542	0	1,791,542		67.00
68.00	06800	SPEECH PATHOLOGY	564,918	0	564,918		68.00
69.00	06900	ELECTROCARDIOLOGY	2,419,131	0	2,419,131		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300,739	0	300,739		70.00
70.01	03280	SLEEP LAB	129,041	0	129,041		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,305,596	0	1,305,596		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,324,277	0	11,324,277		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,282,844	0	10,282,844		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,821,738	0	23,821,738		73.00
73.01	03190	INFUSION THERAPY	805,305	0	805,305		73.01
73.03	07301	PHARMACY VACCINE	83,394	0	83,394		73.03
73.04	03480	FCC INFUSION THERAPY	712,767	0	712,767		73.04
74.00	07400	RENAL DIALYSIS	841,073	0	841,073		74.00
76.97	07697	CARDIAC REHABILITATION	604,639	0	604,639		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,536,008	0	1,536,008		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	2,521,268	0	2,521,268		90.02
90.03	09002	RETINAL VASCULAR	1,035,873	0	1,035,873		90.03
91.00	09100	EMERGENCY	7,978,281	0	7,978,281		91.00
91.01	09101	IFCC	25,579,986	0	25,579,986		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	11,685,806	0	11,685,806		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,621,624	0	2,621,624		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	222,474,406	0	222,474,406		118.00
		NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,517,469	0	2,517,469		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	51,806	0	51,806		192.02
192.03	19203	RETINAL VASCULAR GRANTS	29,172	0	29,172		192.03
192.04	19204	AMBULANCE	1,962,175	0	1,962,175		192.04
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	227,035,028	0	227,035,028		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	47,676	0	47,676	47,676	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	2,694,787	2,576,043	5,270,830	6,150	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	225,123	6,691	231,814	0	6.00
7.00	00700	OPERATION OF PLANT	0	640,867	41,238	682,105	558	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	44,150	928	45,078	56	8.00
9.00	00900	HOUSEKEEPING	0	52,362	25,390	77,752	0	9.00
10.00	01000	DIETARY	0	160,673	42,760	203,433	0	10.00
11.00	01100	CAFETERIA	0	76,683	694	77,377	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	31,108	1,577,924	1,609,032	1,416	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	57,977	62,087	120,064	138	14.00
15.00	01500	PHARMACY	0	83,687	197,930	281,617	1,642	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	121,317	3,586	124,903	1,227	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	117	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	1,811	0	1,811	57	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	9,057	13,795	22,852	313	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	27,932	0	27,932	42	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,596,075	303,061	1,899,136	7,477	30.00
31.00	03100	INTENSIVE CARE UNIT	0	153,620	96,068	249,688	1,295	31.00
40.00	04000	SUBPROVIDER - IPF	0	48,232	4,965	53,197	368	40.00
41.00	04100	SUBPROVIDER - IRF	0	610,266	7,441	617,707	1,133	41.00
43.00	04300	NURSERY	0	71,853	5,588	77,441	439	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	534,368	397,261	931,629	1,872	50.00
51.00	05100	RECOVERY ROOM	0	40,177	22,421	62,598	274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	463	52.00
53.00	05300	ANESTHESIOLOGY	0	5,205	57,337	62,542	29	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	317,433	501,229	818,662	1,132	54.00
54.01	03630	ULTRA SOUND	0	34,453	50,701	85,154	406	54.01
54.02	05401	SPECIAL PROCEDURES	0	22,136	134,672	156,808	458	54.02
56.00	05600	RADIOISOTOPE	0	23,247	37,822	61,069	233	56.00
57.00	05700	CT SCAN	0	24,816	66,898	91,714	330	57.00
58.00	05800	MRI	0	65,537	17,902	83,439	182	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,319	277,968	322,287	317	59.00
60.00	06000	LABORATORY	0	166,300	159,960	326,260	2,462	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,340	1,706	8,046	129	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,914	39,683	59,597	761	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	9,588	4,055	13,643	11	65.01
66.00	06600	PHYSICAL THERAPY	0	76,961	42,588	119,549	1,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,777	984	13,761	571	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,743	7,579	16,322	175	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,310	114,031	159,341	473	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24,647	17,389	42,036	54	70.00
70.01	03280	SLEEP LAB	0	0	10,318	10,318	40	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	245	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	18,766	1,905	20,671	223	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	7,789	0	7,789	241	73.04
74.00	07400	RENAL DIALYSIS	0	21,749	18,816	40,565	252	74.00
76.97	07697	CARDIAC REHABILITATION	0	24,623	10,646	35,269	162	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,491	1,491	424	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	169,053	0	169,053	0	90.02
90.03	09002	RETINAL VASCULAR	0	130,953	14,631	145,584	93	90.03
91.00	09100	EMERGENCY	0	113,177	65,153	178,330	1,643	91.00
91.01	09101	IFCC	0	0	1,449,377	1,449,377	6,125	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	74,642	0	74,642	3,095	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	624	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	8,798,279	8,490,712	17,288,991	47,529	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,631	1,631	147	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	10,675	0	10,675	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	6,038	0	6,038	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	8,814,992	8,492,343	17,307,335	47,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,276,980					5.00
6.00	00600	MAINTENANCE & REPAIRS	94,977	326,791				6.00
7.00	00700	OPERATION OF PLANT	218,209	35,816	936,688			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,278	2,467	7,943	85,822		8.00
9.00	00900	HOUSEKEEPING	97,900	2,926	9,420	0	187,998	9.00
10.00	01000	DIETARY	54,501	8,979	28,906	0	5,911	10.00
11.00	01100	CAFETERIA	40,657	4,286	13,796	0	2,821	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	146,916	1,739	5,597	0	1,144	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,793	3,240	10,430	176	2,133	14.00
15.00	01500	PHARMACY	126,850	4,677	15,056	0	3,079	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	101,077	6,780	21,826	0	4,463	16.00
17.00	01700	SOCIAL SERVICE	7,414	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,586	101	326	0	67	23.00
23.01	02301	PARAMED ED PRGM - EMS	21,118	506	1,629	0	333	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	3,732	1,561	5,025	0	1,028	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	641,565	89,199	287,143	42,018	58,721	30.00
31.00	03100	INTENSIVE CARE UNIT	100,295	8,585	27,637	5,101	5,652	31.00
40.00	04000	SUBPROVIDER - IPF	41,833	2,696	8,677	1,690	1,774	40.00
41.00	04100	SUBPROVIDER - IRF	99,615	34,106	109,791	4,449	22,452	41.00
43.00	04300	NURSERY	31,666	4,016	12,927	1,103	2,643	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	226,091	29,864	96,136	9,689	19,659	50.00
51.00	05100	RECOVERY ROOM	19,797	2,245	7,228	1,110	1,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,216	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,879	291	936	0	191	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,630	17,740	57,108	2,756	11,678	54.00
54.01	03630	ULTRA SOUND	30,326	1,925	6,198	1,339	1,268	54.01
54.02	05401	SPECIAL PROCEDURES	37,434	1,237	3,982	167	814	54.02
56.00	05600	RADIOISOTOPE	32,969	1,299	4,182	271	855	56.00
57.00	05700	CT SCAN	33,832	1,387	4,465	1,170	913	57.00
58.00	05800	MRI	16,445	3,663	11,791	561	2,411	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,825	2,477	7,973	166	1,631	59.00
60.00	06000	LABORATORY	287,582	9,294	29,918	0	6,118	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,394	354	1,141	0	233	63.00
65.00	06500	RESPIRATORY THERAPY	60,193	1,113	3,583	0	733	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,248	536	1,725	0	353	65.01
66.00	06600	PHYSICAL THERAPY	65,172	4,301	13,846	2,024	2,831	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,051	714	2,299	0	470	67.00
68.00	06800	SPEECH PATHOLOGY	11,797	489	1,573	0	322	68.00
69.00	06900	ELECTROCARDIOLOGY	48,192	2,532	8,151	903	1,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,836	1,377	4,434	140	907	70.00
70.01	03280	SLEEP LAB	2,892	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,005	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	253,969	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	229,439	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	425,632	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	16,506	1,049	3,376	224	690	73.01
73.03	07301	PHARMACY VACCINE	1,272	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	15,532	435	1,401	0	287	73.04
74.00	07400	RENAL DIALYSIS	17,539	1,215	3,913	0	800	74.00
76.97	07697	CARDIAC REHABILITATION	11,602	1,376	4,430	472	906	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,841	0	0	20	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	43,566	9,448	30,414	1,029	6,219	90.02
90.03	09002	RETINAL VASCULAR	13,371	7,319	23,559	0	4,818	90.03
91.00	09100	EMERGENCY	127,161	6,325	20,361	9,244	4,164	91.00
91.01	09101	IFCC	583,666	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	265,649	4,172	13,429	0	2,746	101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	60,935	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,172,468	325,857	933,681	85,822	187,383	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,359	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	351	597	1,921	0	393	192.02
192.03	19203	RETINAL VASCULAR GRANTS	195	337	1,086	0	222	192.03
192.04	19204	AMBULANCE	45,607	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,276,980	326,791	936,688	85,822	187,998	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	301,730					10.00
11.00	01100	CAFETERIA	0	138,937				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,631	0	1,770,475		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,159	0	0	151,133	14.00
15.00	01500	PHARMACY	0	5,729	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,482	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	522	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	239	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	4,403	0	113,339	2	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,217	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	233,776	34,039	0	876,188	3,501	30.00
31.00	03100	INTENSIVE CARE UNIT	17,523	4,767	0	122,703	649	31.00
40.00	04000	SUBPROVIDER - IPF	12,566	1,778	0	45,774	7	40.00
41.00	04100	SUBPROVIDER - IRF	30,493	5,151	0	132,589	269	41.00
43.00	04300	NURSERY	0	1,502	0	38,673	121	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	8,876	0	228,489	1,760	50.00
51.00	05100	RECOVERY ROOM	0	779	0	20,050	59	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,819	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	193	0	0	64	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,618	0	0	41	54.00
54.01	03630	ULTRA SOUND	0	1,481	0	0	106	54.01
54.02	05401	SPECIAL PROCEDURES	0	1,706	0	0	217	54.02
56.00	05600	RADIOISOTOPE	0	780	0	0	18	56.00
57.00	05700	CT SCAN	0	1,301	0	0	95	57.00
58.00	05800	MRI	0	749	0	0	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,097	0	0	82	59.00
60.00	06000	LABORATORY	0	12,815	0	0	2,147	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	611	0	0	5	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,376	0	0	5	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	54	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	7,072	0	0	548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,322	0	0	38	67.00
68.00	06800	SPEECH PATHOLOGY	0	600	0	0	3	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,976	0	0	146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	234	0	0	3	70.00
70.01	03280	SLEEP LAB	0	142	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	297	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	72,176	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	65,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	940	0	0	132	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	819	0	0	227	73.04
74.00	07400	RENAL DIALYSIS	0	803	0	0	12	74.00
76.97	07697	CARDIAC REHABILITATION	0	683	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,694	0	0	206	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	3,686	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	545	0	0	0	90.03
91.00	09100	EMERGENCY	3,686	7,484	0	192,670	1,964	91.00
91.01	09101	IFCC	0	0	0	0	1,295	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	301,730	138,485	0	1,770,475	151,113	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	452	0	0	20	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	301,730	138,937	0	1,770,475	151,133	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	438,650					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	266,758				16.00
17.00	01700	SOCIAL SERVICE	0	0	8,053			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	86	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	172	110,262	6,112			30.00
31.00	03100	INTENSIVE CARE UNIT	69	10,183	458			31.00
40.00	04000	SUBPROVIDER - IPF	2	11,164	329			40.00
41.00	04100	SUBPROVIDER - IRF	6	17,860	797			41.00
43.00	04300	NURSERY	0	7,153	357			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	89	10,495	0			50.00
51.00	05100	RECOVERY ROOM	0	684	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	1,812	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	438	5,496	0			54.00
54.01	03630	ULTRA SOUND	0	1,900	0			54.01
54.02	05401	SPECIAL PROCEDURES	699	3,319	0			54.02
56.00	05600	RADIOISOTOPE	22,063	1,471	0			56.00
57.00	05700	CT SCAN	2,870	7,007	0			57.00
58.00	05800	MRI	0	2,106	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	1,673	2,221	0			59.00
60.00	06000	LABORATORY	10,062	16,084	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	799	796	0			63.00
65.00	06500	RESPIRATORY THERAPY	1	1,767	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	125	0			65.01
66.00	06600	PHYSICAL THERAPY	177	5,116	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,051	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	1,019	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	3,719	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	122	0			70.00
70.01	03280	SLEEP LAB	0	141	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	410	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	531	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,353	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	386,002	9,540	0			73.00
73.01	03190	INFUSION THERAPY	0	693	0			73.01
73.03	07301	PHARMACY VACCINE	2,155	3	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	254	0			73.04
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
76.97	07697	CARDIAC REHABILITATION	45	140	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	143	503	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	724	0			90.02
90.03	09002	RETINAL VASCULAR	37	105	0			90.03
91.00	09100	EMERGENCY	3	8,478	0			91.00
91.01	09101	IFCC	8,764	18,951	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	438,650	266,758	8,053	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	REFERENCE LAB	0	0	0			192.01
192.02	19202	OP PHARMACY	0	0	0			192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0			192.03
192.04	19204	AMBULANCE	0	0	0			192.04
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	438,650	266,758	8,053	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			21.00	22.00	23.00	23.01	23.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			7,187			23.00
23.01	02301	PARAMED ED PRGM - EMS				164,581		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					40,537	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03630	ULTRA SOUND						54.01
54.02	05401	SPECIAL PROCEDURES						54.02
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	03280	SLEEP LAB						70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	03190	INFUSION THERAPY						73.01
73.03	07301	PHARMACY VACCINE						73.03
73.04	03480	FCC INFUSION THERAPY						73.04
74.00	07400	RENAL DIALYSIS						74.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY						90.02
90.03	09002	RETINAL VASCULAR						90.03
91.00	09100	EMERGENCY						91.00
91.01	09101	IFCC						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			21.00	22.00	23.00	23.01	23.02	
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	REFERENCE LAB						192.01
192.02	19202	OP PHARMACY						192.02
192.03	19203	RETINAL VASCULAR GRANTS						192.03
192.04	19204	AMBULANCE						192.04
200.00		Cross Foot Adjustments	0	0	7,187	164,581	40,537	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	7,187	164,581	40,537	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY					23.00
23.01	02301	PARAMED ED PRGM - EMS					23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					23.02
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	4,289,309	0	4,289,309		30.00
31.00	03100	INTENSIVE CARE UNIT	554,605	0	554,605		31.00
40.00	04000	SUBPROVIDER - IPF	181,855	0	181,855		40.00
41.00	04100	SUBPROVIDER - IRF	1,076,418	0	1,076,418		41.00
43.00	04300	NURSERY	178,041	0	178,041		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,564,649	0	1,564,649		50.00
51.00	05100	RECOVERY ROOM	116,302	0	116,302		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,498	0	35,498		52.00
53.00	05300	ANESTHESIOLOGY	73,937	0	73,937		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,059,299	0	1,059,299		54.00
54.01	03630	ULTRA SOUND	130,103	0	130,103		54.01
54.02	05401	SPECIAL PROCEDURES	206,841	0	206,841		54.02
56.00	05600	RADIOISOTOPE	125,210	0	125,210		56.00
57.00	05700	CT SCAN	145,084	0	145,084		57.00
58.00	05800	MRI	121,364	0	121,364		58.00
59.00	05900	CARDIAC CATHETERIZATION	377,749	0	377,749		59.00
60.00	06000	LABORATORY	702,742	0	702,742		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,508	0	40,508		63.00
65.00	06500	RESPIRATORY THERAPY	131,129	0	131,129		65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,695	0	17,695		65.01
66.00	06600	PHYSICAL THERAPY	222,238	0	222,238		66.00
67.00	06700	OCCUPATIONAL THERAPY	61,277	0	61,277		67.00
68.00	06800	SPEECH PATHOLOGY	32,300	0	32,300		68.00
69.00	06900	ELECTROCARDIOLOGY	229,395	0	229,395		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,143	0	54,143		70.00
70.01	03280	SLEEP LAB	13,533	0	13,533		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,957	0	30,957		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	326,676	0	326,676		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,990	0	297,990		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	821,174	0	821,174		73.00
73.01	03190	INFUSION THERAPY	44,504	0	44,504		73.01
73.03	07301	PHARMACY VACCINE	3,430	0	3,430		73.03
73.04	03480	FCC INFUSION THERAPY	26,985	0	26,985		73.04
74.00	07400	RENAL DIALYSIS	65,099	0	65,099		74.00
76.97	07697	CARDIAC REHABILITATION	55,085	0	55,085		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,322	0	39,322		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	264,139	0	264,139		90.02
90.03	09002	RETINAL VASCULAR	195,431	0	195,431		90.03
91.00	09100	EMERGENCY	561,513	0	561,513		91.00
91.01	09101	IFCC	2,068,178	0	2,068,178		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B Part II Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	363,733	0	363,733		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	61,559	0	61,559		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,966,999	0	16,966,999		118.00
		NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	60,609	0	60,609		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	13,937	0	13,937		192.02
192.03	19203	RETINAL VASCULAR GRANTS	7,878	0	7,878		192.03
192.04	19204	AMBULANCE	45,607	0	45,607		192.04
200.00		Cross Foot Adjustments	212,305	0	212,305		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	17,307,335	0	17,307,335		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	729,953					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,386,830				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,948	0	78,364,429			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	223,150	3,150,711	10,114,738	-64,023,669	163,011,359	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,642	8,184	0	0	2,933,915	6.00
7.00	00700	OPERATION OF PLANT	53,069	50,437	917,884	0	6,740,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	1,135	92,341	0	935,316	8.00
9.00	00900	HOUSEKEEPING	4,336	31,054	0	0	3,024,222	9.00
10.00	01000	DIETARY	13,305	52,299	396	0	1,683,573	10.00
11.00	01100	CAFETERIA	6,350	849	0	0	1,255,917	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	1,929,930	2,328,863	0	4,538,368	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	75,937	227,491	0	426,067	14.00
15.00	01500	PHARMACY	6,930	242,084	2,701,173	0	3,918,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	4,386	2,018,832	0	3,122,358	16.00
17.00	01700	SOCIAL SERVICE	0	0	192,568	0	229,032	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	0	93,873	0	141,661	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	16,872	514,700	0	652,348	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	0	68,405	0	115,278	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,168	370,668	12,249,047	0	19,819,431	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	117,499	2,129,489	0	3,098,196	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	6,072	605,006	0	1,292,244	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	9,101	1,863,808	0	3,077,205	41.00
43.00	04300	NURSERY	5,950	6,834	721,717	0	978,179	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,250	485,883	3,078,531	0	6,984,157	50.00
51.00	05100	RECOVERY ROOM	3,327	27,423	450,191	0	611,559	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	761,332	0	1,026,084	52.00
53.00	05300	ANESTHESIOLOGY	431	70,128	48,171	0	243,383	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	613,044	1,861,794	0	4,313,288	54.00
54.01	03630	ULTRA SOUND	2,853	62,012	667,577	0	936,782	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	164,715	752,781	0	1,156,371	54.02
56.00	05600	RADIOISOTOPE	1,925	46,259	383,002	0	1,018,438	56.00
57.00	05700	CT SCAN	2,055	81,822	542,078	0	1,045,102	57.00
58.00	05800	MRI	5,427	21,895	298,558	0	508,000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	339,978	521,362	0	1,168,446	59.00
60.00	06000	LABORATORY	13,771	195,644	4,048,703	0	8,883,661	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	2,087	211,837	0	877,103	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	48,536	1,251,094	0	1,859,419	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	4,960	18,350	0	38,542	65.01
66.00	06600	PHYSICAL THERAPY	6,373	52,089	2,635,246	0	2,013,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,203	938,666	0	1,206,332	67.00
68.00	06800	SPEECH PATHOLOGY	724	9,270	287,934	0	364,434	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	139,469	778,378	0	1,488,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	21,268	89,323	0	149,381	70.00
70.01	03280	SLEEP LAB	0	12,620	65,968	0	89,327	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	402,886	0	926,866	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,845,322	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,087,563	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,148,142	73.00
73.01	03190	INFUSION THERAPY	1,554	2,330	366,042	0	509,874	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	39,288	73.03
73.04	03480	FCC INFUSION THERAPY	645	0	396,131	0	479,808	73.04
74.00	07400	RENAL DIALYSIS	1,801	23,014	413,835	0	541,790	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	13,021	266,899	0	358,383	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,824	697,386	0	1,076,255	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	13,999	0	0	0	1,345,790	90.02
90.03	09002	RETINAL VASCULAR	10,844	17,895	152,148	0	413,033	90.03
91.00	09100	EMERGENCY	9,372	79,688	2,702,613	0	3,928,132	91.00
91.01	09101	IFCC	0	1,772,706	10,074,810	0	18,029,958	91.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,181	0	5,090,953	0	8,206,125	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,027,040	0	1,882,328	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	728,569	10,384,835	78,121,950	-64,023,669	159,782,867	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,995	242,340	0	1,802,771	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	0	139	0	10,840	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	0	0	0	6,038	192.03
192.04	19204	AMBULANCE	0	0	0	0	1,408,843	192.04
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)	8,814,992	8,492,343	14,780,084		64,023,669	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.076109	0.817607	0.188607		0.392756	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			47,676		5,276,980	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000608		0.032372	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	484,213					6.00
7.00	00700	OPERATION OF PLANT	53,069	431,144				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	3,656	1,610,869			8.00
9.00	00900	HOUSEKEEPING	4,336	4,336	0	423,152		9.00
10.00	01000	DIETARY	13,305	13,305	0	13,305	193,201	10.00
11.00	01100	CAFETERIA	6,350	6,350	0	6,350	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	2,576	0	2,576	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	4,801	3,312	4,801	0	14.00
15.00	01500	PHARMACY	6,930	6,930	0	6,930	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	10,046	0	10,046	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	150	0	150	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	750	0	750	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	2,313	0	2,313	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,168	132,168	788,680	132,168	149,690	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	12,721	95,745	12,721	11,220	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	3,994	31,712	3,994	8,046	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	50,535	83,516	50,535	19,525	41.00
43.00	04300	NURSERY	5,950	5,950	20,694	5,950	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,250	44,250	181,855	44,250	0	50.00
51.00	05100	RECOVERY ROOM	3,327	3,327	20,830	3,327	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	431	431	0	431	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	26,286	51,738	26,286	0	54.00
54.01	03630	ULTRA SOUND	2,853	2,853	25,130	2,853	0	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	1,833	3,142	1,833	0	54.02
56.00	05600	RADIOISOTOPE	1,925	1,925	5,081	1,925	0	56.00
57.00	05700	CT SCAN	2,055	2,055	21,955	2,055	0	57.00
58.00	05800	MRI	5,427	5,427	10,528	5,427	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	3,670	3,111	3,670	0	59.00
60.00	06000	LABORATORY	13,771	13,771	0	13,771	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	525	0	525	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	1,649	0	1,649	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	794	0	794	0	65.01
66.00	06600	PHYSICAL THERAPY	6,373	6,373	37,993	6,373	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,058	0	1,058	0	67.00
68.00	06800	SPEECH PATHOLOGY	724	724	0	724	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	3,752	16,958	3,752	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	2,041	2,628	2,041	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	1,554	1,554	4,197	1,554	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	645	645	0	645	0	73.04
74.00	07400	RENAL DIALYSIS	1,801	1,801	0	1,801	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	2,039	8,852	2,039	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	383	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	13,999	13,999	19,319	13,999	2,360	90.02
90.03	09002	RETINAL VASCULAR	10,844	10,844	0	10,844	0	90.03
91.00	09100	EMERGENCY	9,372	9,372	173,510	9,372	2,360	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
101.00	10100	HOME HEALTH AGENCY	6,181	6,181	0	6,181	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	482,829	429,760	1,610,869	421,768	193,201	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	884	0	884	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	500	0	500	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	4,086,228	9,835,940	1,416,926	4,347,514	2,897,318	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.438906	22.813584	0.879603	10.274119	14.996392	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	326,791	936,688	85,822	187,998	301,730	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.674891	2.172564	0.053277	0.444280	1.561741	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	102,748					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	3,425	0	50,862			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	857	0	0	16,428,577		14.00
15.00	01500	PHARMACY	4,237	0	0	0	14,868,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,794	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	386	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	177	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	3,256	0	3,256	190	2,900	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	900	0	0	0	0	23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,171	0	25,171	380,581	5,829	30.00
31.00	03100	INTENSIVE CARE UNIT	3,525	0	3,525	70,574	2,335	31.00
40.00	04000	SUBPROVIDER - IPF	1,315	0	1,315	708	56	40.00
41.00	04100	SUBPROVIDER - IRF	3,809	0	3,809	29,224	197	41.00
43.00	04300	NURSERY	1,111	0	1,111	13,145	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,564	0	6,564	191,297	3,025	50.00
51.00	05100	RECOVERY ROOM	576	0	576	6,418	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,345	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	143	0	0	6,938	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,415	0	0	4,443	14,857	54.00
54.01	03630	ULTRA SOUND	1,095	0	0	11,499	7	54.01
54.02	05401	SPECIAL PROCEDURES	1,262	0	0	23,569	23,682	54.02
56.00	05600	RADIOISOTOPE	577	0	0	1,992	747,872	56.00
57.00	05700	CT SCAN	962	0	0	10,306	97,282	57.00
58.00	05800	MRI	554	0	0	1,830	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	811	0	0	8,919	56,707	59.00
60.00	06000	LABORATORY	9,477	0	0	233,440	341,071	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	452	0	0	542	27,080	63.00
65.00	06500	RESPIRATORY THERAPY	2,497	0	0	500	26	65.00
65.01	03560	PULMONARY FUNCTION TESTING	40	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,230	0	0	59,541	5,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,457	0	0	4,152	0	67.00
68.00	06800	SPEECH PATHOLOGY	444	0	0	360	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,461	0	0	15,924	77,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173	0	0	294	0	70.00
70.01	03280	SLEEP LAB	105	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	220	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,845,320	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,087,563	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	13,084,289	73.00
73.01	03190	INFUSION THERAPY	695	0	0	14,364	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73,034	73.03
73.04	03480	FCC INFUSION THERAPY	606	0	0	24,674	0	73.04
74.00	07400	RENAL DIALYSIS	594	0	0	1,285	4	74.00
76.97	07697	CARDIAC REHABILITATION	505	0	0	25	1,509	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,253	0	0	22,419	4,843	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	403	0	0	49	1,271	90.03
91.00	09100	EMERGENCY	5,535	0	5,535	213,545	114	91.00
91.01	09101	IFCC	0	0	0	140,795	297,081	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,414	0	50,862	16,426,425	14,868,846	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	334	0	0	2,152	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,012,880	0	6,494,909	812,478	5,828,297	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.590454	0.000000	127.696689	0.049455	0.391980	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	138,937	0	1,770,475	151,133	438,650	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.352211	0.000000	34.809386	0.009199	0.029501	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,324,810					16.00
17.00	01700	SOCIAL SERVICE	0	52,556				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0				23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,374,331	39,889	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	126,916	2,990	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	139,150	2,144	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	222,596	5,203	0	0	0	41.00
43.00	04300	NURSERY	89,149	2,330	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	130,803	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	8,523	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,580	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,505	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	23,686	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	41,364	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	18,332	0	0	0	0	56.00
57.00	05700	CT SCAN	87,335	0	0	0	0	57.00
58.00	05800	MRI	26,246	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,677	0	0	0	0	59.00
60.00	06000	LABORATORY	200,461	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,922	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,018	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,554	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	63,759	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,096	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	12,704	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	46,355	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,516	0	0	0	0	70.00
70.01	03280	SLEEP LAB	1,760	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,111	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,614	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,790	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,907	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	8,638	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	32	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	3,171	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,748	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,264	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	9,029	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1,306	0	0	0	0	90.03
91.00	09100	EMERGENCY	105,666	0	0	0	0	91.00
91.01	09101	IFCC	236,196	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,324,810	52,556	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	4,859,776	326,548	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.461670	6.213334	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	266,758	8,053	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.080233	0.153227	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (MEALS SERVED)		
			22.00	23.00	23.01	23.02		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		100				23.00
23.01	02301	PARAMED ED PRGM - EMS			120			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				188		23.02
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	16	100		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12	25		31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	15		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	44		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	4	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	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0		90.03
91.00	09100	EMERGENCY	0	0	80	2		91.00
91.01	09101	IFCC	0	0	0	0		91.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet B-1 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (MEALS SERVED)		
			22.00	23.00	23.01	23.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	100	120	188		118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0		192.03
192.04	19204	AMBULANCE	0	0	0	0		192.04
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	206,996	1,420,420	274,236		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	2,069.960000	11,836.833333	1,458.702128		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	7,187	164,581	40,537		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	71.870000	1,371.508333	215.622340		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,351,029		42,351,029	0	42,351,029	30.00
31.00	03100	INTENSIVE CARE UNIT	6,001,958		6,001,958	0	6,001,958	31.00
40.00	04000	SUBPROVIDER - IPF	2,546,525		2,546,525	0	2,546,525	40.00
41.00	04100	SUBPROVIDER - IRF	7,735,021		7,735,021	0	7,735,021	41.00
43.00	04300	NURSERY	1,936,720		1,936,720	0	1,936,720	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,940,718		12,940,718	8,371	12,949,089	50.00
51.00	05100	RECOVERY ROOM	1,105,845		1,105,845	0	1,105,845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,455,434		1,455,434	0	1,455,434	52.00
53.00	05300	ANESTHESIOLOGY	393,020		393,020	0	393,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,317,512		7,317,512	2,892	7,320,404	54.00
54.01	03630	ULTRA SOUND	1,501,933		1,501,933	0	1,501,933	54.01
54.02	05401	SPECIAL PROCEDURES	1,785,058		1,785,058	0	1,785,058	54.02
56.00	05600	RADIOISOTOPE	1,834,193		1,834,193	0	1,834,193	56.00
57.00	05700	CT SCAN	1,745,365		1,745,365	0	1,745,365	57.00
58.00	05800	MRI	991,452		991,452	0	991,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,861,511		1,861,511	0	1,861,511	59.00
60.00	06000	LABORATORY	13,568,540		13,568,540	0	13,568,540	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,277,391		1,277,391	0	1,277,391	63.00
65.00	06500	RESPIRATORY THERAPY	2,786,677	0	2,786,677	6,088	2,792,765	65.00
65.01	03560	PULMONARY FUNCTION TESTING	89,707	0	89,707	0	89,707	65.01
66.00	06600	PHYSICAL THERAPY	3,302,947	0	3,302,947	0	3,302,947	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,791,542	0	1,791,542	0	1,791,542	67.00
68.00	06800	SPEECH PATHOLOGY	564,918	0	564,918	0	564,918	68.00
69.00	06900	ELECTROCARDIOLOGY	2,419,131		2,419,131	89,060	2,508,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300,739		300,739	0	300,739	70.00
70.01	03280	SLEEP LAB	129,041		129,041	0	129,041	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,305,596		1,305,596	0	1,305,596	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,324,277		11,324,277	0	11,324,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,282,844		10,282,844	0	10,282,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,821,738		23,821,738	0	23,821,738	73.00
73.01	03190	INFUSION THERAPY	805,305		805,305	0	805,305	73.01
73.03	07301	PHARMACY VACCINE	83,394		83,394	0	83,394	73.03
73.04	03480	FCC INFUSION THERAPY	712,767		712,767	0	712,767	73.04
74.00	07400	RENAL DIALYSIS	841,073		841,073	553	841,626	74.00
76.97	07697	CARDIAC REHABILITATION	604,639		604,639	1,979	606,618	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,536,008		1,536,008	4,832	1,540,840	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,521,268		2,521,268	0	2,521,268	90.02
90.03	09002	RETINAL VASCULAR	1,035,873		1,035,873	8,697	1,044,570	90.03
91.00	09100	EMERGENCY	7,978,281		7,978,281	12,321	7,990,602	91.00
91.01	09101	IFCC	25,579,986		25,579,986	0	25,579,986	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,074,880		7,074,880		7,074,880	92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	11,685,806		11,685,806		11,685,806	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,621,624		2,621,624		2,621,624	116.00
200.00		Subtotal (see instructions)	229,549,286	0	229,549,286	134,793	229,684,079	200.00
201.00		Less Observation Beds	7,074,880		7,074,880		7,074,880	201.00
202.00		Total (see instructions)	222,474,406	0	222,474,406	134,793	222,609,199	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,977,480		73,977,480			30.00
31.00	03100	INTENSIVE CARE UNIT	9,510,551		9,510,551			31.00
40.00	04000	SUBPROVIDER - IPF	3,440,010		3,440,010			40.00
41.00	04100	SUBPROVIDER - IRF	7,088,250		7,088,250			41.00
43.00	04300	NURSERY	4,018,264		4,018,264			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,731,236	30,777,866	61,509,102	0.210387	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,829,621	6,565,882	11,395,503	0.097042	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,175,165	165,453	2,340,618	0.621816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,884,488	5,782,019	11,666,507	0.033688	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,228,995	19,497,942	25,726,937	0.284430	0.000000	54.00
54.01	03630	ULTRA SOUND	3,106,824	7,200,696	10,307,520	0.145712	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	6,101,398	7,255,070	13,356,468	0.133647	0.000000	54.02
56.00	05600	RADIOISOTOPE	2,465,306	4,483,184	6,948,490	0.263970	0.000000	56.00
57.00	05700	CT SCAN	21,081,550	41,575,383	62,656,933	0.027856	0.000000	57.00
58.00	05800	MRI	5,871,829	6,941,475	12,813,304	0.077377	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,533,077	6,878,412	14,411,489	0.129169	0.000000	59.00
60.00	06000	LABORATORY	41,135,129	77,094,982	118,230,111	0.114764	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,459,483	1,815,501	5,274,984	0.242160	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	16,686,403	2,647,537	19,333,940	0.144134	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	83,428	640,450	723,878	0.123926	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,607,620	9,463,995	15,071,615	0.219150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,854,338	80,778	4,935,116	0.363019	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,203,849	49,084	2,252,933	0.250748	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,546,961	8,244,104	17,791,065	0.135974	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	549,985	230,814	780,799	0.385168	0.000000	70.00
70.01	03280	SLEEP LAB	536,095	227,916	764,011	0.168899	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,488,270	0	5,488,270	0.237888	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,594,687	3,857,232	8,451,919	1.339847	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,371,008	6,766,496	18,137,504	0.566938	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,963,482	71,427,572	104,391,054	0.228197	0.000000	73.00
73.01	03190	INFUSION THERAPY	15,674	3,259,828	3,275,502	0.245857	0.000000	73.01
73.03	07301	PHARMACY VACCINE	116,897	22,001	138,898	0.600397	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	30,313	6,045,418	6,075,731	0.117314	0.000000	73.04
74.00	07400	RENAL DIALYSIS	1,152,122	423,280	1,575,402	0.533878	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	45,748	551,801	597,549	1.011865	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,610,429	6,029,910	7,640,339	0.201039	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	7,182	3,274,060	3,281,242	0.768388	0.000000	90.02
90.03	09002	RETINAL VASCULAR	5,948	678,444	684,392	1.513567	0.000000	90.03
91.00	09100	EMERGENCY	13,549,637	67,713,538	81,263,175	0.098178	0.000000	91.00
91.01	09101	IFCC	3,950,679	197,538,586	201,489,265	0.126955	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,770,230	8,133,808	11,904,038	0.594326	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	7,591,648	7,591,648			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,370,495	3,370,495			116.00
200.00		Subtotal (see instructions)	357,379,641	624,302,660	981,682,301			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	357,379,641	624,302,660	981,682,301			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.210523		50.00
51.00	05100	RECOVERY ROOM	0.097042		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816		52.00
53.00	05300	ANESTHESIOLOGY	0.033688		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284542		54.00
54.01	03630	ULTRA SOUND	0.145712		54.01
54.02	05401	SPECIAL PROCEDURES	0.133647		54.02
56.00	05600	RADIOISOTOPE	0.263970		56.00
57.00	05700	CT SCAN	0.027856		57.00
58.00	05800	MRI	0.077377		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169		59.00
60.00	06000	LABORATORY	0.114764		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160		63.00
65.00	06500	RESPIRATORY THERAPY	0.144449		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926		65.01
66.00	06600	PHYSICAL THERAPY	0.219150		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019		67.00
68.00	06800	SPEECH PATHOLOGY	0.250748		68.00
69.00	06900	ELECTROCARDIOLOGY	0.140980		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168		70.00
70.01	03280	SLEEP LAB	0.168899		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197		73.00
73.01	03190	INFUSION THERAPY	0.245857		73.01
73.03	07301	PHARMACY VACCINE	0.600397		73.03
73.04	03480	FCC INFUSION THERAPY	0.117314		73.04
74.00	07400	RENAL DIALYSIS	0.534229		74.00
76.97	07697	CARDIAC REHABILITATION	1.015177		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201672		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.02	09001	PSYCH ANCILLARY	0.768388		90.02
90.03	09002	RETINAL VASCULAR	1.526274		90.03
91.00	09100	EMERGENCY	0.098330		91.00
91.01	09101	IFCC	0.126955		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326		92.00
		OTHER REIMBURSABLE COST CENTERS			
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/27/2017 9:33 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,351,029		42,351,029	0	42,351,029	30.00
31.00	03100	INTENSIVE CARE UNIT	6,001,958		6,001,958	0	6,001,958	31.00
40.00	04000	SUBPROVIDER - IPF	2,546,525		2,546,525	0	2,546,525	40.00
41.00	04100	SUBPROVIDER - IRF	7,735,021		7,735,021	0	7,735,021	41.00
43.00	04300	NURSERY	1,936,720		1,936,720	0	1,936,720	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,940,718		12,940,718	8,371	12,949,089	50.00
51.00	05100	RECOVERY ROOM	1,105,845		1,105,845	0	1,105,845	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,455,434		1,455,434	0	1,455,434	52.00
53.00	05300	ANESTHESIOLOGY	393,020		393,020	0	393,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,317,512		7,317,512	2,892	7,320,404	54.00
54.01	03630	ULTRA SOUND	1,501,933		1,501,933	0	1,501,933	54.01
54.02	05401	SPECIAL PROCEDURES	1,785,058		1,785,058	0	1,785,058	54.02
56.00	05600	RADIOISOTOPE	1,834,193		1,834,193	0	1,834,193	56.00
57.00	05700	CT SCAN	1,745,365		1,745,365	0	1,745,365	57.00
58.00	05800	MRI	991,452		991,452	0	991,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,861,511		1,861,511	0	1,861,511	59.00
60.00	06000	LABORATORY	13,568,540		13,568,540	0	13,568,540	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,277,391		1,277,391	0	1,277,391	63.00
65.00	06500	RESPIRATORY THERAPY	2,786,677	0	2,786,677	6,088	2,792,765	65.00
65.01	03560	PULMONARY FUNCTION TESTING	89,707	0	89,707	0	89,707	65.01
66.00	06600	PHYSICAL THERAPY	3,302,947	0	3,302,947	0	3,302,947	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,791,542	0	1,791,542	0	1,791,542	67.00
68.00	06800	SPEECH PATHOLOGY	564,918	0	564,918	0	564,918	68.00
69.00	06900	ELECTROCARDIOLOGY	2,419,131		2,419,131	89,060	2,508,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	300,739		300,739	0	300,739	70.00
70.01	03280	SLEEP LAB	129,041		129,041	0	129,041	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,305,596		1,305,596	0	1,305,596	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,324,277		11,324,277	0	11,324,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,282,844		10,282,844	0	10,282,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,821,738		23,821,738	0	23,821,738	73.00
73.01	03190	INFUSION THERAPY	805,305		805,305	0	805,305	73.01
73.03	07301	PHARMACY VACCINE	83,394		83,394	0	83,394	73.03
73.04	03480	FCC INFUSION THERAPY	712,767		712,767	0	712,767	73.04
74.00	07400	RENAL DIALYSIS	841,073		841,073	553	841,626	74.00
76.97	07697	CARDIAC REHABILITATION	604,639		604,639	1,979	606,618	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,536,008		1,536,008	4,832	1,540,840	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,521,268		2,521,268	0	2,521,268	90.02
90.03	09002	RETINAL VASCULAR	1,035,873		1,035,873	8,697	1,044,570	90.03
91.00	09100	EMERGENCY	7,978,281		7,978,281	12,321	7,990,602	91.00
91.01	09101	IFCC	25,579,986		25,579,986	0	25,579,986	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,074,880		7,074,880		7,074,880	92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	11,685,806		11,685,806		11,685,806	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,621,624		2,621,624		2,621,624	116.00
200.00		Subtotal (see instructions)	229,549,286	0	229,549,286	134,793	229,684,079	200.00
201.00		Less Observation Beds	7,074,880		7,074,880		7,074,880	201.00
202.00		Total (see instructions)	222,474,406	0	222,474,406	134,793	222,609,199	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Title XIX Cost or Other Ratio	Hospital Cost TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,977,480		73,977,480			30.00
31.00	03100	INTENSIVE CARE UNIT	9,510,551		9,510,551			31.00
40.00	04000	SUBPROVIDER - IPF	3,440,010		3,440,010			40.00
41.00	04100	SUBPROVIDER - IRF	7,088,250		7,088,250			41.00
43.00	04300	NURSERY	4,018,264		4,018,264			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,731,236	30,777,866	61,509,102	0.210387	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,829,621	6,565,882	11,395,503	0.097042	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,175,165	165,453	2,340,618	0.621816	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,884,488	5,782,019	11,666,507	0.033688	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,228,995	19,497,942	25,726,937	0.284430	0.000000	54.00
54.01	03630	ULTRA SOUND	3,106,824	7,200,696	10,307,520	0.145712	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	6,101,398	7,255,070	13,356,468	0.133647	0.000000	54.02
56.00	05600	RADIOISOTOPE	2,465,306	4,483,184	6,948,490	0.263970	0.000000	56.00
57.00	05700	CT SCAN	21,081,550	41,575,383	62,656,933	0.027856	0.000000	57.00
58.00	05800	MRI	5,871,829	6,941,475	12,813,304	0.077377	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,533,077	6,878,412	14,411,489	0.129169	0.000000	59.00
60.00	06000	LABORATORY	41,135,129	77,094,982	118,230,111	0.114764	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,459,483	1,815,501	5,274,984	0.242160	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	16,686,403	2,647,537	19,333,940	0.144134	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	83,428	640,450	723,878	0.123926	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,607,620	9,463,995	15,071,615	0.219150	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,854,338	80,778	4,935,116	0.363019	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,203,849	49,084	2,252,933	0.250748	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,546,961	8,244,104	17,791,065	0.135974	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	549,985	230,814	780,799	0.385168	0.000000	70.00
70.01	03280	SLEEP LAB	536,095	227,916	764,011	0.168899	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,488,270	0	5,488,270	0.237888	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,594,687	3,857,232	8,451,919	1.339847	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,371,008	6,766,496	18,137,504	0.566938	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,963,482	71,427,572	104,391,054	0.228197	0.000000	73.00
73.01	03190	INFUSION THERAPY	15,674	3,259,828	3,275,502	0.245857	0.000000	73.01
73.03	07301	PHARMACY VACCINE	116,897	22,001	138,898	0.600397	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	30,313	6,045,418	6,075,731	0.117314	0.000000	73.04
74.00	07400	RENAL DIALYSIS	1,152,122	423,280	1,575,402	0.533878	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	45,748	551,801	597,549	1.011865	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,610,429	6,029,910	7,640,339	0.201039	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	7,182	3,274,060	3,281,242	0.768388	0.000000	90.02
90.03	09002	RETINAL VASCULAR	5,948	678,444	684,392	1.513567	0.000000	90.03
91.00	09100	EMERGENCY	13,549,637	67,713,538	81,263,175	0.098178	0.000000	91.00
91.01	09101	IFCC	3,950,679	197,538,586	201,489,265	0.126955	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,770,230	8,133,808	11,904,038	0.594326	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	7,591,648	7,591,648			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,370,495	3,370,495			116.00
200.00		Subtotal (see instructions)	357,379,641	624,302,660	981,682,301			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	357,379,641	624,302,660	981,682,301			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet C Part I Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
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	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	SPECIAL PROCEDURES	0.000000			54.02
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	03280	SLEEP LAB	0.000000			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03190	INFUSION THERAPY	0.000000			73.01
73.03	07301	PHARMACY VACCINE	0.000000			73.03
73.04	03480	FCC INFUSION THERAPY	0.000000			73.04
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.000000			90.02
90.03	09002	RETINAL VASCULAR	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	IFCC	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
		OTHER REIMBURSABLE COST CENTERS				
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D Part I Date/Time Prepared: 11/27/2017 9:33 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	4,289,309	0	4,289,309	47,889	89.57	30.00
31.00	INTENSIVE CARE UNIT	554,605		554,605	2,990	185.49	31.00
40.00	SUBPROVIDER - IPF	181,855	0	181,855	2,144	84.82	40.00
41.00	SUBPROVIDER - IRF	1,076,418	0	1,076,418	5,203	206.88	41.00
43.00	NURSERY	178,041		178,041	2,330	76.41	43.00
200.00	Total (lines 30-199)	6,280,228		6,280,228	60,556		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	15,258	1,366,659	30.00
31.00	INTENSIVE CARE UNIT	1,389	257,646	31.00
40.00	SUBPROVIDER - IPF	975	82,700	40.00
41.00	SUBPROVIDER - IRF	3,517	727,597	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	21,139	2,434,602	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D Part II Date/Time Prepared: 11/27/2017 9:33 pm

		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)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,564,649	61,509,102	0.025438	12,660,458	322,057	50.00
51.00	05100	RECOVERY ROOM	116,302	11,395,503	0.010206	1,973,831	20,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,498	2,340,618	0.015166	0	0	52.00
53.00	05300	ANESTHESIOLOGY	73,937	11,666,507	0.006338	2,392,809	15,166	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,059,299	25,726,937	0.041175	3,131,640	128,945	54.00
54.01	03630	ULTRA SOUND	130,103	10,307,520	0.012622	1,376,851	17,379	54.01
54.02	05401	SPECIAL PROCEDURES	206,841	13,356,468	0.015486	3,024,824	46,842	54.02
56.00	05600	RADIOISOTOPE	125,210	6,948,490	0.018020	1,123,834	20,251	56.00
57.00	05700	CT SCAN	145,084	62,656,933	0.002316	10,655,603	24,678	57.00
58.00	05800	MRI	121,364	12,813,304	0.009472	2,511,596	23,790	58.00
59.00	05900	CARDIAC CATHETERIZATION	377,749	14,411,489	0.026212	2,979,296	78,093	59.00
60.00	06000	LABORATORY	702,742	118,230,111	0.005944	18,116,197	107,683	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,508	5,274,984	0.007679	1,621,135	12,449	63.00
65.00	06500	RESPIRATORY THERAPY	131,129	19,333,940	0.006782	7,887,390	53,492	65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,695	723,878	0.024445	42,978	1,051	65.01
66.00	06600	PHYSICAL THERAPY	222,238	15,071,615	0.014745	1,234,026	18,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,277	4,935,116	0.012417	836,567	10,388	67.00
68.00	06800	SPEECH PATHOLOGY	32,300	2,252,933	0.014337	556,720	7,982	68.00
69.00	06900	ELECTROCARDIOLOGY	229,395	17,791,065	0.012894	4,225,735	54,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,143	780,799	0.069343	291,700	20,227	70.00
70.01	03280	SLEEP LAB	13,533	764,011	0.017713	201,199	3,564	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,957	5,488,270	0.005641	476,592	2,688	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	326,676	8,451,919	0.038651	2,355,391	91,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,990	18,137,504	0.016429	5,223,419	85,816	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	821,174	104,391,054	0.007866	13,718,711	107,911	73.00
73.01	03190	INFUSION THERAPY	44,504	3,275,502	0.013587	13,950	190	73.01
73.03	07301	PHARMACY VACCINE	3,430	138,898	0.024694	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	26,985	6,075,731	0.004441	27,073	120	73.04
74.00	07400	RENAL DIALYSIS	65,099	1,575,402	0.041322	628,504	25,971	74.00
76.97	07697	CARDIAC REHABILITATION	55,085	597,549	0.092185	18,343	1,691	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,322	7,640,339	0.005147	779,647	4,013	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	264,139	3,281,242	0.080500	2,087	168	90.02
90.03	09002	RETINAL VASCULAR	195,431	684,392	0.285554	2,120	605	90.03
91.00	09100	EMERGENCY	561,513	81,263,175	0.006910	7,585,180	52,414	91.00
91.01	09101	IFCC	2,068,178	201,489,265	0.010264	973,885	9,996	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	716,544	11,904,038	0.060193	1,689,708	101,709	92.00
200.00		Total (lines 50-199)	10,978,023	872,685,603		110,338,999	1,471,195	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part III Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	272,485	0	0	272,485	30.00
31.00	03100	INTENSIVE CARE UNIT	0	154,216	0		154,216	31.00
40.00	04000	SUBPROVIDER - IPF	0	15,045	0	0	15,045	40.00
41.00	04100	SUBPROVIDER - IRF	0	44,131	0	0	44,131	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	485,877	0		485,877	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,889	5.69	15,258	86,818		30.00
31.00	03100	INTENSIVE CARE UNIT	2,990	51.58	1,389	71,645		31.00
40.00	04000	SUBPROVIDER - IPF	2,144	7.02	975	6,845		40.00
41.00	04100	SUBPROVIDER - IRF	5,203	8.48	3,517	29,824		41.00
43.00	04300	NURSERY	2,330	0.00	0	0		43.00
200.00		Total (lines 30-199)	60,556		21,139	195,132		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Title XVIII Non Physician Anesthetist Cost	Title XVIII Nursing School	Title XVIII Allied Health	Hospital All Other Medical Education Cost	PPS Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	43,047	0	43,047	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	43,047	0	43,047	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	43,047	0	43,047	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,006	0	2,006	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	206,996	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	862,950	0	862,950	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	45,520	0	45,520	92.00
200.00		Total (lines 50-199)	0	0	1,246,613	0	1,246,613	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII Total Charges (from Wkst. C, Part I, col. 8)	Title XVIII Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,047	61,509,102	0.000700	0.000700	12,660,458	50.00
51.00	05100	RECOVERY ROOM	0	11,395,503	0.000000	0.000000	1,973,831	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,340,618	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,666,507	0.000000	0.000000	2,392,809	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,726,937	0.000000	0.000000	3,131,640	54.00
54.01	03630	ULTRA SOUND	0	10,307,520	0.000000	0.000000	1,376,851	54.01
54.02	05401	SPECIAL PROCEDURES	0	13,356,468	0.000000	0.000000	3,024,824	54.02
56.00	05600	RADIOISOTOPE	0	6,948,490	0.000000	0.000000	1,123,834	56.00
57.00	05700	CT SCAN	0	62,656,933	0.000000	0.000000	10,655,603	57.00
58.00	05800	MRI	0	12,813,304	0.000000	0.000000	2,511,596	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,411,489	0.000000	0.000000	2,979,296	59.00
60.00	06000	LABORATORY	0	118,230,111	0.000000	0.000000	18,116,197	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,274,984	0.000000	0.000000	1,621,135	63.00
65.00	06500	RESPIRATORY THERAPY	43,047	19,333,940	0.002226	0.002226	7,887,390	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	723,878	0.000000	0.000000	42,978	65.01
66.00	06600	PHYSICAL THERAPY	0	15,071,615	0.000000	0.000000	1,234,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935,116	0.000000	0.000000	836,567	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,252,933	0.000000	0.000000	556,720	68.00
69.00	06900	ELECTROCARDIOLOGY	43,047	17,791,065	0.002420	0.002420	4,225,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	780,799	0.000000	0.000000	291,700	70.00
70.01	03280	SLEEP LAB	0	764,011	0.000000	0.000000	201,199	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,006	5,488,270	0.000366	0.000366	476,592	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,451,919	0.000000	0.000000	2,355,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,137,504	0.000000	0.000000	5,223,419	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,996	104,391,054	0.001983	0.001983	13,718,711	73.00
73.01	03190	INFUSION THERAPY	0	3,275,502	0.000000	0.000000	13,950	73.01
73.03	07301	PHARMACY VACCINE	0	138,898	0.000000	0.000000	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,075,731	0.000000	0.000000	27,073	73.04
74.00	07400	RENAL DIALYSIS	0	1,575,402	0.000000	0.000000	628,504	74.00
76.97	07697	CARDIAC REHABILITATION	0	597,549	0.000000	0.000000	18,343	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,640,339	0.000000	0.000000	779,647	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	3,281,242	0.000000	0.000000	2,087	90.02
90.03	09002	RETINAL VASCULAR	0	684,392	0.000000	0.000000	2,120	90.03
91.00	09100	EMERGENCY	862,950	81,263,175	0.010619	0.010619	7,585,180	91.00
91.01	09101	IFCC	0	201,489,265	0.000000	0.000000	973,885	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	45,520	11,904,038	0.003824	0.003824	1,689,708	92.00
200.00		Total (lines 50-199)	1,246,613	872,685,603			110,338,999	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Title XVIII Outpatient Program Charges	Title XVIII Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS	
			11.00	12.00	13.00			
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,862	7,646,482	5,353			50.00
51.00	05100	RECOVERY ROOM	0	1,678,338	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,498	0			52.00
53.00	05300	ANESTHESIOLOGY	0	1,475,133	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,289,387	0			54.00
54.01	03630	ULTRA SOUND	0	1,324,123	0			54.01
54.02	05401	SPECIAL PROCEDURES	0	5,472,897	0			54.02
56.00	05600	RADIOISOTOPE	0	1,497,703	0			56.00
57.00	05700	CT SCAN	0	9,254,852	0			57.00
58.00	05800	MRI	0	2,326,756	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,083,972	0			59.00
60.00	06000	LABORATORY	0	9,107,652	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	445,224	0			63.00
65.00	06500	RESPIRATORY THERAPY	17,557	281,044	626			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	194,750	0			65.01
66.00	06600	PHYSICAL THERAPY	0	27,626	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,843	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	13,871	0			68.00
69.00	06900	ELECTROCARDIOLOGY	10,226	2,123,515	5,139			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	76,444	0			70.00
70.01	03280	SLEEP LAB	0	67,867	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	174	0	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,227,708	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,639,333	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,204	34,034,275	67,490			73.00
73.01	03190	INFUSION THERAPY	0	1,536,913	0			73.01
73.03	07301	PHARMACY VACCINE	0	0	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	3,098,999	0			73.04
74.00	07400	RENAL DIALYSIS	0	256,391	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	296,885	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,209,888	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	284,433	0			90.02
90.03	09002	RETINAL VASCULAR	0	262,025	0			90.03
91.00	09100	EMERGENCY	80,547	8,286,840	87,998			91.00
91.01	09101	IFCC	0	29,401,720	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,461	2,080,421	7,956			92.00
200.00		Total (lines 50-199)	151,031	138,048,808	174,562			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D Part V | Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.210387	7,646,482	0	0	1,608,720	50.00
51.00	05100	RECOVERY ROOM	0.097042	1,678,338	0	0	162,869	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	17,498	0	0	10,881	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	1,475,133	0	0	49,694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284430	5,289,387	0	0	1,504,460	54.00
54.01	03630	ULTRA SOUND	0.145712	1,324,123	0	0	192,941	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	5,472,897	0	0	731,436	54.02
56.00	05600	RADIOISOTOPE	0.263970	1,497,703	0	3	395,349	56.00
57.00	05700	CT SCAN	0.027856	9,254,852	0	0	257,803	57.00
58.00	05800	MRI	0.077377	2,326,756	0	0	180,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	3,083,972	0	0	398,354	59.00
60.00	06000	LABORATORY	0.114764	9,107,652	0	0	1,045,231	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	445,224	0	0	107,815	63.00
65.00	06500	RESPIRATORY THERAPY	0.144134	281,044	0	0	40,508	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	194,750	0	0	24,135	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	27,626	0	0	6,054	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	27,843	0	0	10,108	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	13,871	0	0	3,478	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135974	2,123,515	0	0	288,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	76,444	0	0	29,444	70.00
70.01	03280	SLEEP LAB	0.168899	67,867	0	0	11,463	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	2,227,708	0	0	2,984,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	2,639,333	0	0	1,496,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	34,034,275	0	42,381	7,766,519	73.00
73.01	03190	INFUSION THERAPY	0.245857	1,536,913	0	0	377,861	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	3,098,999	0	0	363,556	73.04
74.00	07400	RENAL DIALYSIS	0.533878	256,391	0	0	136,882	74.00
76.97	07697	CARDIAC REHABILITATION	1.011865	296,885	0	0	300,408	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201039	2,209,888	0	20	444,274	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.768388	284,433	0	0	218,555	90.02
90.03	09002	RETINAL VASCULAR	1.513567	262,025	0	0	396,592	90.03
91.00	09100	EMERGENCY	0.098178	8,286,840	0	18	813,585	91.00
91.01	09101	IFCC	0.126955	29,401,720	0	47	3,732,695	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	2,080,421	0	0	1,236,448	92.00
200.00		Subtotal (see instructions)		138,048,808	0	42,469	27,328,024	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		138,048,808	0	42,469	27,328,024	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	0	1		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,671		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	2		91.00
91.01	09101	IFCC	0	6		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	9,684		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	9,684		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191
Component CCN: 14-S191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part II
Date/Time Prepared: 11/27/2017 9:33 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	1,564,649	61,509,102	0.025438	8,221	209	50.00
51.00	05100	RECOVERY ROOM	116,302	11,395,503	0.010206	1,858	19	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,498	2,340,618	0.015166	0	0	52.00
53.00	05300	ANESTHESIOLOGY	73,937	11,666,507	0.006338	1,908	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,059,299	25,726,937	0.041175	11,429	471	54.00
54.01	03630	ULTRA SOUND	130,103	10,307,520	0.012622	7,527	95	54.01
54.02	05401	SPECIAL PROCEDURES	206,841	13,356,468	0.015486	2,035	32	54.02
56.00	05600	RADIOISOTOPE	125,210	6,948,490	0.018020	1	0	56.00
57.00	05700	CT SCAN	145,084	62,656,933	0.002316	58,089	135	57.00
58.00	05800	MRI	121,364	12,813,304	0.009472	89,450	847	58.00
59.00	05900	CARDIAC CATHETERIZATION	377,749	14,411,489	0.026212	3,579	94	59.00
60.00	06000	LABORATORY	702,742	118,230,111	0.005944	223,849	1,331	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,508	5,274,984	0.007679	3,163	24	63.00
65.00	06500	RESPIRATORY THERAPY	131,129	19,333,940	0.006782	31,028	210	65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,695	723,878	0.024445	240	6	65.01
66.00	06600	PHYSICAL THERAPY	222,238	15,071,615	0.014745	10,020	148	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,277	4,935,116	0.012417	34,665	430	67.00
68.00	06800	SPEECH PATHOLOGY	32,300	2,252,933	0.014337	1,026	15	68.00
69.00	06900	ELECTROCARDIOLOGY	229,395	17,791,065	0.012894	39,525	510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,143	780,799	0.069343	997	69	70.00
70.01	03280	SLEEP LAB	13,533	764,011	0.017713	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,957	5,488,270	0.005641	146,847	828	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	326,676	8,451,919	0.038651	1,494	58	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,990	18,137,504	0.016429	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	821,174	104,391,054	0.007866	107,469	845	73.00
73.01	03190	INFUSION THERAPY	44,504	3,275,502	0.013587	34	0	73.01
73.03	07301	PHARMACY VACCINE	3,430	138,898	0.024694	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	26,985	6,075,731	0.004441	58	0	73.04
74.00	07400	RENAL DIALYSIS	65,099	1,575,402	0.041322	1,226	51	74.00
76.97	07697	CARDIAC REHABILITATION	55,085	597,549	0.092185	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,322	7,640,339	0.005147	4,955	26	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	264,139	3,281,242	0.080500	833	67	90.02
90.03	09002	RETINAL VASCULAR	195,431	684,392	0.285554	4	1	90.03
91.00	09100	EMERGENCY	561,513	81,263,175	0.006910	133,174	920	91.00
91.01	09101	IFCC	2,068,178	201,489,265	0.010264	9,218	95	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	7,812	0	92.00
200.00		Total (lines 50-199)	10,261,479	872,685,603		941,734	7,548	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-S191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 9:33 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	47,347	0	47,347	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	47,347	0	47,347	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	47,347	0	47,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,917	0	2,917	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	206,996	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	949,865	0	949,865	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,301,819	0	1,301,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-S191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,347	61,509,102	0.000770	0.000770	8,221	50.00
51.00	05100	RECOVERY ROOM	0	11,395,503	0.000000	0.000000	1,858	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,340,618	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,666,507	0.000000	0.000000	1,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,726,937	0.000000	0.000000	11,429	54.00
54.01	03630	ULTRA SOUND	0	10,307,520	0.000000	0.000000	7,527	54.01
54.02	05401	SPECIAL PROCEDURES	0	13,356,468	0.000000	0.000000	2,035	54.02
56.00	05600	RADIOISOTOPE	0	6,948,490	0.000000	0.000000	1	56.00
57.00	05700	CT SCAN	0	62,656,933	0.000000	0.000000	58,089	57.00
58.00	05800	MRI	0	12,813,304	0.000000	0.000000	89,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,411,489	0.000000	0.000000	3,579	59.00
60.00	06000	LABORATORY	0	118,230,111	0.000000	0.000000	223,849	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,274,984	0.000000	0.000000	3,163	63.00
65.00	06500	RESPIRATORY THERAPY	47,347	19,333,940	0.002449	0.002449	31,028	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	723,878	0.000000	0.000000	240	65.01
66.00	06600	PHYSICAL THERAPY	0	15,071,615	0.000000	0.000000	10,020	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935,116	0.000000	0.000000	34,665	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,252,933	0.000000	0.000000	1,026	68.00
69.00	06900	ELECTROCARDIOLOGY	47,347	17,791,065	0.002661	0.002661	39,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	780,799	0.000000	0.000000	997	70.00
70.01	03280	SLEEP LAB	0	764,011	0.000000	0.000000	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,917	5,488,270	0.000531	0.000531	146,847	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,451,919	0.000000	0.000000	1,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,137,504	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,996	104,391,054	0.001983	0.001983	107,469	73.00
73.01	03190	INFUSION THERAPY	0	3,275,502	0.000000	0.000000	34	73.01
73.03	07301	PHARMACY VACCINE	0	138,898	0.000000	0.000000	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,075,731	0.000000	0.000000	58	73.04
74.00	07400	RENAL DIALYSIS	0	1,575,402	0.000000	0.000000	1,226	74.00
76.97	07697	CARDIAC REHABILITATION	0	597,549	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,640,339	0.000000	0.000000	4,955	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	3,281,242	0.000000	0.000000	833	90.02
90.03	09002	RETINAL VASCULAR	0	684,392	0.000000	0.000000	4	90.03
91.00	09100	EMERGENCY	949,865	81,263,175	0.011689	0.011689	133,174	91.00
91.01	09101	IFCC	0	201,489,265	0.000000	0.000000	9,218	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	0.000000	7,812	92.00
200.00		Total (lines 50-199)	1,301,819	872,685,603			941,734	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	6	0	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	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	76	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	105	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	78	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	213	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0		90.03
91.00	09100	EMERGENCY	1,557	0	0		91.00
91.01	09101	IFCC	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	2,035	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191
Component CCN: 14-T191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part II
Date/Time Prepared: 11/27/2017 9:33 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	1,564,649	61,509,102	0.025438	67,724	1,723	50.00
51.00	05100	RECOVERY ROOM	116,302	11,395,503	0.010206	14,240	145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,498	2,340,618	0.015166	0	0	52.00
53.00	05300	ANESTHESIOLOGY	73,937	11,666,507	0.006338	9,537	60	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,059,299	25,726,937	0.041175	162,196	6,678	54.00
54.01	03630	ULTRA SOUND	130,103	10,307,520	0.012622	79,038	998	54.01
54.02	05401	SPECIAL PROCEDURES	206,841	13,356,468	0.015486	77,509	1,200	54.02
56.00	05600	RADIOISOTOPE	125,210	6,948,490	0.018020	6,925	125	56.00
57.00	05700	CT SCAN	145,084	62,656,933	0.002316	242,984	563	57.00
58.00	05800	MRI	121,364	12,813,304	0.009472	63,704	603	58.00
59.00	05900	CARDIAC CATHETERIZATION	377,749	14,411,489	0.026212	22,772	597	59.00
60.00	06000	LABORATORY	702,742	118,230,111	0.005944	782,507	4,651	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	40,508	5,274,984	0.007679	27,282	209	63.00
65.00	06500	RESPIRATORY THERAPY	131,129	19,333,940	0.006782	566,438	3,842	65.00
65.01	03560	PULMONARY FUNCTION TESTING	17,695	723,878	0.024445	7,717	189	65.01
66.00	06600	PHYSICAL THERAPY	222,238	15,071,615	0.014745	1,852,345	27,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	61,277	4,935,116	0.012417	2,158,033	26,796	67.00
68.00	06800	SPEECH PATHOLOGY	32,300	2,252,933	0.014337	783,302	11,230	68.00
69.00	06900	ELECTROCARDIOLOGY	229,395	17,791,065	0.012894	49,872	643	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	54,143	780,799	0.069343	7,198	499	70.00
70.01	03280	SLEEP LAB	13,533	764,011	0.017713	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	30,957	5,488,270	0.005641	4,706	27	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	326,676	8,451,919	0.038651	79,552	3,075	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,990	18,137,504	0.016429	9,221	151	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	821,174	104,391,054	0.007866	1,084,324	8,529	73.00
73.01	03190	INFUSION THERAPY	44,504	3,275,502	0.013587	414	6	73.01
73.03	07301	PHARMACY VACCINE	3,430	138,898	0.024694	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	26,985	6,075,731	0.004441	782	3	73.04
74.00	07400	RENAL DIALYSIS	65,099	1,575,402	0.041322	97,467	4,028	74.00
76.97	07697	CARDIAC REHABILITATION	55,085	597,549	0.092185	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	39,322	7,640,339	0.005147	419,094	2,157	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	264,139	3,281,242	0.080500	0	0	90.02
90.03	09002	RETINAL VASCULAR	195,431	684,392	0.285554	36	10	90.03
91.00	09100	EMERGENCY	561,513	81,263,175	0.006910	38,580	267	91.00
91.01	09101	IFCC	2,068,178	201,489,265	0.010264	34,762	357	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	94,945	0	92.00
200.00		Total (lines 50-199)	10,261,479	872,685,603		8,845,206	106,674	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-T191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 9:33 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	47,347	0	47,347	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	47,347	0	47,347	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	47,347	0	47,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,917	0	2,917	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	206,996	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	949,865	0	949,865	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,301,819	0	1,301,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-T191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,347	61,509,102	0.000770	0.000770	67,724	50.00
51.00	05100	RECOVERY ROOM	0	11,395,503	0.000000	0.000000	14,240	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,340,618	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,666,507	0.000000	0.000000	9,537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,726,937	0.000000	0.000000	162,196	54.00
54.01	03630	ULTRA SOUND	0	10,307,520	0.000000	0.000000	79,038	54.01
54.02	05401	SPECIAL PROCEDURES	0	13,356,468	0.000000	0.000000	77,509	54.02
56.00	05600	RADIOISOTOPE	0	6,948,490	0.000000	0.000000	6,925	56.00
57.00	05700	CT SCAN	0	62,656,933	0.000000	0.000000	242,984	57.00
58.00	05800	MRI	0	12,813,304	0.000000	0.000000	63,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,411,489	0.000000	0.000000	22,772	59.00
60.00	06000	LABORATORY	0	118,230,111	0.000000	0.000000	782,507	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,274,984	0.000000	0.000000	27,282	63.00
65.00	06500	RESPIRATORY THERAPY	47,347	19,333,940	0.002449	0.002449	566,438	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	723,878	0.000000	0.000000	7,717	65.01
66.00	06600	PHYSICAL THERAPY	0	15,071,615	0.000000	0.000000	1,852,345	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935,116	0.000000	0.000000	2,158,033	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,252,933	0.000000	0.000000	783,302	68.00
69.00	06900	ELECTROCARDIOLOGY	47,347	17,791,065	0.002661	0.002661	49,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	780,799	0.000000	0.000000	7,198	70.00
70.01	03280	SLEEP LAB	0	764,011	0.000000	0.000000	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,917	5,488,270	0.000531	0.000531	4,706	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,451,919	0.000000	0.000000	79,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,137,504	0.000000	0.000000	9,221	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,996	104,391,054	0.001983	0.001983	1,084,324	73.00
73.01	03190	INFUSION THERAPY	0	3,275,502	0.000000	0.000000	414	73.01
73.03	07301	PHARMACY VACCINE	0	138,898	0.000000	0.000000	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,075,731	0.000000	0.000000	782	73.04
74.00	07400	RENAL DIALYSIS	0	1,575,402	0.000000	0.000000	97,467	74.00
76.97	07697	CARDIAC REHABILITATION	0	597,549	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,640,339	0.000000	0.000000	419,094	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	3,281,242	0.000000	0.000000	0	90.02
90.03	09002	RETINAL VASCULAR	0	684,392	0.000000	0.000000	36	90.03
91.00	09100	EMERGENCY	949,865	81,263,175	0.011689	0.011689	38,580	91.00
91.01	09101	IFCC	0	201,489,265	0.000000	0.000000	34,762	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	0.000000	94,945	92.00
200.00		Total (lines 50-199)	1,301,819	872,685,603			8,845,206	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-T191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV
Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	52	0	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	42	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	19	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	1,387	35	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	152	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	133	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,150	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0		90.03
91.00	09100	EMERGENCY	451	0	0		91.00
91.01	09101	IFCC	0	92	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	4,175	340	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0191
Component CCN: 14-T191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D
Part V
Date/Time Prepared:
11/27/2017 9:33 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.210387	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097042	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284430	42	0	0	12	54.00
54.01	03630	ULTRA SOUND	0.145712	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	19	0	0	3	54.02
56.00	05600	RADIOISOTOPE	0.263970	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027856	0	0	0	0	57.00
58.00	05800	MRI	0.077377	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	0	0	0	0	59.00
60.00	06000	LABORATORY	0.114764	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.144134	35	0	0	5	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	152	0	0	19	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135974	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.245857	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.533878	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1.011865	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201039	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.768388	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.513567	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.098178	0	0	0	0	91.00
91.01	09101	IFCC	0.126955	92	0	0	12	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	0	0	0	0	92.00
200.00		Subtotal (see instructions)		340	0	0	51	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		340	0	0	51	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	IFCC	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part III Date/Time Prepared: 11/27/2017 9:33 pm

Title XIX Hospital Cost

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	335,259	0	0	335,259	30.00
31.00	03100	INTENSIVE CARE UNIT	0	178,510	0		178,510	31.00
40.00	04000	SUBPROVIDER - IPF	0	21,881	0	0	21,881	40.00
41.00	04100	SUBPROVIDER - IRF	0	64,183	0	0	64,183	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	599,833	0		599,833	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,889	7.00	2,340	16,380		30.00
31.00	03100	INTENSIVE CARE UNIT	2,990	59.70	97	5,791		31.00
40.00	04000	SUBPROVIDER - IPF	2,144	10.21	33	337		40.00
41.00	04100	SUBPROVIDER - IRF	5,203	12.34	111	1,370		41.00
43.00	04300	NURSERY	2,330	0.00	666	0		43.00
200.00		Total (lines 30-199)	60,556		3,247	23,878		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Title XIX Non Physician Anesthetist Cost	Title XIX Nursing School	Title XIX Allied Health	Hospital All Other Medical Education Cost	Cost Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	47,347	0	47,347	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	47,347	0	47,347	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	47,347	0	47,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,917	0	2,917	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	206,996	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	949,865	0	949,865	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,301,819	0	1,301,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XIX Total Charges (from Wkst. C, Part I, col. 8)	Title XIX Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,347	61,509,102	0.000770	0.000770	0	50.00
51.00	05100	RECOVERY ROOM	0	11,395,503	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,340,618	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,666,507	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,726,937	0.000000	0.000000	0	54.00
54.01	03630	ULTRA SOUND	0	10,307,520	0.000000	0.000000	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	13,356,468	0.000000	0.000000	0	54.02
56.00	05600	RADIOISOTOPE	0	6,948,490	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	62,656,933	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	12,813,304	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,411,489	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	118,230,111	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,274,984	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	47,347	19,333,940	0.002449	0.002449	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	723,878	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	15,071,615	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935,116	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,252,933	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,347	17,791,065	0.002661	0.002661	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	780,799	0.000000	0.000000	0	70.00
70.01	03280	SLEEP LAB	0	764,011	0.000000	0.000000	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,917	5,488,270	0.000531	0.000531	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,451,919	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,137,504	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,996	104,391,054	0.001983	0.001983	0	73.00
73.01	03190	INFUSION THERAPY	0	3,275,502	0.000000	0.000000	0	73.01
73.03	07301	PHARMACY VACCINE	0	138,898	0.000000	0.000000	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,075,731	0.000000	0.000000	0	73.04
74.00	07400	RENAL DIALYSIS	0	1,575,402	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	597,549	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,640,339	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	3,281,242	0.000000	0.000000	0	90.02
90.03	09002	RETINAL VASCULAR	0	684,392	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	949,865	81,263,175	0.011689	0.011689	0	91.00
91.01	09101	IFCC	0	201,489,265	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,301,819	872,685,603			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm

Title XIX | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	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	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	03190	INFUSION THERAPY	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0		90.03
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	IFCC	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet D Part V Date/Time Prepared: 11/27/2017 9:33 pm

Title XIX Hospital Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.210387	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097042	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284430	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.145712	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.263970	0	0	0	0	56.00
57.00	05700	CT SCAN	0.027856	0	0	0	0	57.00
58.00	05800	MRI	0.077377	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	0	0	0	0	59.00
60.00	06000	LABORATORY	0.114764	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.144134	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135974	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.245857	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.533878	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1.011865	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201039	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.768388	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.513567	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.098178	0	0	0	0	91.00
91.01	09101	IFCC	0.126955	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D Part V Date/Time Prepared: 11/27/2017 9:33 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	IFCC	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-S191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 9:33 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	47,347	0	47,347	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	47,347	0	47,347	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	47,347	0	47,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,917	0	2,917	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	206,996	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	949,865	0	949,865	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,301,819	0	1,301,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-S191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 9:33 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,347	61,509,102	0.000770	0.000770	0	50.00
51.00	05100	RECOVERY ROOM	0	11,395,503	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,340,618	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,666,507	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,726,937	0.000000	0.000000	0	54.00
54.01	03630	ULTRA SOUND	0	10,307,520	0.000000	0.000000	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	13,356,468	0.000000	0.000000	0	54.02
56.00	05600	RADIOISOTOPE	0	6,948,490	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	62,656,933	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	12,813,304	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,411,489	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	118,230,111	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,274,984	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	47,347	19,333,940	0.002449	0.002449	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	723,878	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	15,071,615	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935,116	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,252,933	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,347	17,791,065	0.002661	0.002661	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	780,799	0.000000	0.000000	0	70.00
70.01	03280	SLEEP LAB	0	764,011	0.000000	0.000000	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,917	5,488,270	0.000531	0.000531	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,451,919	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,137,504	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,996	104,391,054	0.001983	0.001983	0	73.00
73.01	03190	INFUSION THERAPY	0	3,275,502	0.000000	0.000000	0	73.01
73.03	07301	PHARMACY VACCINE	0	138,898	0.000000	0.000000	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,075,731	0.000000	0.000000	0	73.04
74.00	07400	RENAL DIALYSIS	0	1,575,402	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	597,549	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,640,339	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	3,281,242	0.000000	0.000000	0	90.02
90.03	09002	RETINAL VASCULAR	0	684,392	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	949,865	81,263,175	0.011689	0.011689	0	91.00
91.01	09101	IFCC	0	201,489,265	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,301,819	872,685,603			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IPF	Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	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	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	03190	INFUSION THERAPY	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0		90.03
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	IFCC	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-T191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 9:33 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	47,347	0	47,347	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	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	47,347	0	47,347	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	47,347	0	47,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,917	0	2,917	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	206,996	0	206,996	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	949,865	0	949,865	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,301,819	0	1,301,819	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191
Component CCN: 14-T191
Period: From 10/01/2016 To 06/30/2017
Worksheet D Part IV
Date/Time Prepared: 11/27/2017 9:33 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,347	61,509,102	0.000770	0.000770	0	50.00
51.00	05100	RECOVERY ROOM	0	11,395,503	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,340,618	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,666,507	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,726,937	0.000000	0.000000	0	54.00
54.01	03630	ULTRA SOUND	0	10,307,520	0.000000	0.000000	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	13,356,468	0.000000	0.000000	0	54.02
56.00	05600	RADIOISOTOPE	0	6,948,490	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	62,656,933	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	12,813,304	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,411,489	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	118,230,111	0.000000	0.000000	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,274,984	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	47,347	19,333,940	0.002449	0.002449	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	723,878	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	15,071,615	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,935,116	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,252,933	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	47,347	17,791,065	0.002661	0.002661	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	780,799	0.000000	0.000000	0	70.00
70.01	03280	SLEEP LAB	0	764,011	0.000000	0.000000	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,917	5,488,270	0.000531	0.000531	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,451,919	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,137,504	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	206,996	104,391,054	0.001983	0.001983	0	73.00
73.01	03190	INFUSION THERAPY	0	3,275,502	0.000000	0.000000	0	73.01
73.03	07301	PHARMACY VACCINE	0	138,898	0.000000	0.000000	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	6,075,731	0.000000	0.000000	0	73.04
74.00	07400	RENAL DIALYSIS	0	1,575,402	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	597,549	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	7,640,339	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0	3,281,242	0.000000	0.000000	0	90.02
90.03	09002	RETINAL VASCULAR	0	684,392	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	949,865	81,263,175	0.011689	0.011689	0	91.00
91.01	09101	IFCC	0	201,489,265	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,904,038	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,301,819	872,685,603			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IRF	Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	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	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0	0		56.00
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	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03280	SLEEP LAB	0	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
73.01	03190	INFUSION THERAPY	0	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0	0		90.03
91.00	09100	EMERGENCY	0	0	0		91.00
91.01	09101	IFCC	0	0	0		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Hospital	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)	47,889	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,889	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)	39,889	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)	15,258	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)	42,351,029	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)	42,351,029	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)	42,351,029	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)	884.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,493,565	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)	13,493,565	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Title XVIII Total Inpatient Cost	Title XVIII Total Inpatient Days	Title XVIII Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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	6,001,958	2,990	2,007.34	1,389	2,788,195	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	22,436,164	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	38,717,924	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)	1,782,768	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,622,226	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,404,994	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	35,312,930	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)	8,000	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	884.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	7,074,880	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,289,309	42,351,029	0.101280	7,074,880	716,544	90.00
91.00	Nursing School cost	0	42,351,029	0.000000	7,074,880	0	91.00
92.00	Allied health cost	272,485	42,351,029	0.006434	7,074,880	45,520	92.00
93.00	All other Medical Education	0	42,351,029	0.000000	7,074,880	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 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)	2,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,144	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)	2,144	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)	975	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)	2,546,525	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)	2,546,525	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)	2,546,525	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)	1,187.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,158,047	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)	1,158,047	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 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						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)	150,240	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,308,287	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)	89,545	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	9,583	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	99,128	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,209,159	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: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 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	181,855	2,546,525	0.071413	0	0	90.00
91.00	Nursing School cost	0	2,546,525	0.000000	0	0	91.00
92.00	Allied health cost	15,045	2,546,525	0.005908	0	0	92.00
93.00	All other Medical Education	0	2,546,525	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 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)	5,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,203	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)	5,203	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,517	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)	7,735,021	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)	7,735,021	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)	7,735,021	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)	1,486.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,228,548	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)	5,228,548	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,237,054	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,465,602	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)	757,421	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	110,849	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	868,270	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,597,332	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: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 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	1,076,418	7,735,021	0.139162	0	0	90.00
91.00	Nursing School cost	0	7,735,021	0.000000	0	0	91.00
92.00	Allied health cost	44,131	7,735,021	0.005705	0	0	92.00
93.00	All other Medical Education	0	7,735,021	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Title XIX Hospital Cost	
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	47,889	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	47,889	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)	39,889	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)	2,340	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)	2,330	15.00
16.00	Nursery days (title V or XIX only)	666	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)	42,351,029	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)	42,351,029	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)	42,351,029	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)	884.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,069,402	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)	2,069,402	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D-1 | Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,936,720	2,330	831.21	666	553,586	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,001,958	2,990	2,007.34	97	194,712	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,817,700	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	8,000	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	884.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	7,074,880	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Title XIX Hospital Total Observation Bed Cost (from line 89)	Title XIX Hospital 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	4,289,309	42,351,029	0.101280	7,074,880	716,544	90.00
91.00	Nursing School cost	0	42,351,029	0.000000	7,074,880	0	91.00
92.00	Allied health cost	335,259	42,351,029	0.007916	7,074,880	56,005	92.00
93.00	All other Medical Education	0	42,351,029	0.000000	7,074,880	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,144	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)	2,144	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)	33	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)	2,330	15.00
16.00	Nursery days (title V or XIX only)	666	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)	2,546,525	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)	2,546,525	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)	2,546,525	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)	1,187.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	39,195	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)	39,195	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IPF	Cost

	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						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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	39,195	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	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: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IPF	Cost

	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	181,855	2,546,525	0.071413	0	0	90.00
91.00	Nursing School cost	0	2,546,525	0.000000	0	0	91.00
92.00	Allied health cost	21,881	2,546,525	0.008592	0	0	92.00
93.00	All other Medical Education	0	2,546,525	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,203	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)	5,203	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)	111	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)	2,330	15.00
16.00	Nursery days (title V or XIX only)	666	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)	7,735,021	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)	7,735,021	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)	7,735,021	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)	1,486.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	165,018	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)	165,018	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IRF	Cost

	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						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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	165,018	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	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: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,076,418	7,735,021	0.139162	0	0	90.00
91.00	Nursing School cost	0	7,735,021	0.000000	0	0	91.00
92.00	Allied health cost	64,183	7,735,021	0.008298	0	0	92.00
93.00	All other Medical Education	0	7,735,021	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		28,460,007		30.00
31.00	03100	INTENSIVE CARE UNIT		4,395,904		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.210523	12,660,458	2,665,318	50.00
51.00	05100	RECOVERY ROOM	0.097042	1,973,831	191,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	2,392,809	80,609	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284542	3,131,640	891,083	54.00
54.01	03630	ULTRA SOUND	0.145712	1,376,851	200,624	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	3,024,824	404,259	54.02
56.00	05600	RADIOISOTOPE	0.263970	1,123,834	296,658	56.00
57.00	05700	CT SCAN	0.027856	10,655,603	296,822	57.00
58.00	05800	MRI	0.077377	2,511,596	194,340	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	2,979,296	384,833	59.00
60.00	06000	LABORATORY	0.114764	18,116,197	2,079,087	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	1,621,135	392,574	63.00
65.00	06500	RESPIRATORY THERAPY	0.144449	7,887,390	1,139,326	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	42,978	5,326	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	1,234,026	270,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	836,567	303,690	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	556,720	139,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140980	4,225,735	595,744	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	291,700	112,354	70.00
70.01	03280	SLEEP LAB	0.168899	201,199	33,982	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	476,592	113,376	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	2,355,391	3,155,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	5,223,419	2,961,355	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	13,718,711	3,130,569	73.00
73.01	03190	INFUSION THERAPY	0.245857	13,950	3,430	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	27,073	3,176	73.04
74.00	07400	RENAL DIALYSIS	0.534229	628,504	335,765	74.00
76.97	07697	CARDIAC REHABILITATION	1.015177	18,343	18,621	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201672	779,647	157,233	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.768388	2,087	1,604	90.02
90.03	09002	RETINAL VASCULAR	1.526274	2,120	3,236	90.03
91.00	09100	EMERGENCY	0.098330	7,585,180	745,851	91.00
91.01	09101	IFCC	0.126955	973,885	123,640	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	1,689,708	1,004,237	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		110,338,999	22,436,164	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		110,338,999		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0191
Component CCN: 14-S191

Period: From 10/01/2016 To 06/30/2017

Worksheet D-3
Date/Time Prepared: 11/27/2017 9:33 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
40.00	04000	SUBPROVIDER - IPF		1,383,290		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.210523	8,221	1,731	50.00
51.00	05100	RECOVERY ROOM	0.097042	1,858	180	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	1,908	64	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284542	11,429	3,252	54.00
54.01	03630	ULTRA SOUND	0.145712	7,527	1,097	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	2,035	272	54.02
56.00	05600	RADIOISOTOPE	0.263970	1	0	56.00
57.00	05700	CT SCAN	0.027856	58,089	1,618	57.00
58.00	05800	MRI	0.077377	89,450	6,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	3,579	462	59.00
60.00	06000	LABORATORY	0.114764	223,849	25,690	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	3,163	766	63.00
65.00	06500	RESPIRATORY THERAPY	0.144449	31,028	4,482	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	240	30	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	10,020	2,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	34,665	12,584	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	1,026	257	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140980	39,525	5,572	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	997	384	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	146,847	34,933	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	1,494	2,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	107,469	24,524	73.00
73.01	03190	INFUSION THERAPY	0.245857	34	8	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	58	7	73.04
74.00	07400	RENAL DIALYSIS	0.534229	1,226	655	74.00
76.97	07697	CARDIAC REHABILITATION	1.015177	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201672	4,955	999	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.768388	833	640	90.02
90.03	09002	RETINAL VASCULAR	1.526274	4	6	90.03
91.00	09100	EMERGENCY	0.098330	133,174	13,095	91.00
91.01	09101	IFCC	0.126955	9,218	1,170	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	7,812	4,643	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		941,734	150,240	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		941,734		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0191
Component CCN: 14-T191

Period: From 10/01/2016 To 06/30/2017

Worksheet D-3
Date/Time Prepared: 11/27/2017 9:33 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		4,790,168		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.210523	67,724	14,257	50.00
51.00	05100	RECOVERY ROOM	0.097042	14,240	1,382	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	9,537	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284542	162,196	46,152	54.00
54.01	03630	ULTRA SOUND	0.145712	79,038	11,517	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	77,509	10,359	54.02
56.00	05600	RADIOISOTOPE	0.263970	6,925	1,828	56.00
57.00	05700	CT SCAN	0.027856	242,984	6,769	57.00
58.00	05800	MRI	0.077377	63,704	4,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	22,772	2,941	59.00
60.00	06000	LABORATORY	0.114764	782,507	89,804	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	27,282	6,607	63.00
65.00	06500	RESPIRATORY THERAPY	0.144449	566,438	81,821	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	7,717	956	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	1,852,345	405,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	2,158,033	783,407	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	783,302	196,411	68.00
69.00	06900	ELECTROCARDIOLOGY	0.140980	49,872	7,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	7,198	2,772	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	4,706	1,120	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	79,552	106,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	9,221	5,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	1,084,324	247,439	73.00
73.01	03190	INFUSION THERAPY	0.245857	414	102	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	782	92	73.04
74.00	07400	RENAL DIALYSIS	0.534229	97,467	52,070	74.00
76.97	07697	CARDIAC REHABILITATION	1.015177	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201672	419,094	84,520	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.768388	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.526274	36	55	90.03
91.00	09100	EMERGENCY	0.098330	38,580	3,794	91.00
91.01	09101	IFCC	0.126955	34,762	4,413	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	94,945	56,428	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,845,206	2,237,054	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		8,845,206		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet D-3 | Date/Time Prepared: 11/27/2017 9:33 pm

		Cost Center Description	Title XIX Ratio of Cost To Charges	Hospital Inpatient Program Charges	Cost Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.210387	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097042	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284430	0	0	54.00
54.01	03630	ULTRA SOUND	0.145712	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	0	0	54.02
56.00	05600	RADIOISOTOPE	0.263970	0	0	56.00
57.00	05700	CT SCAN	0.027856	0	0	57.00
58.00	05800	MRI	0.077377	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	0	0	59.00
60.00	06000	LABORATORY	0.114764	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.144134	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135974	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	0	0	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	0	0	73.00
73.01	03190	INFUSION THERAPY	0.245857	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.533878	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1.011865	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201039	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.768388	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.513567	0	0	90.03
91.00	09100	EMERGENCY	0.098178	0	0	91.00
91.01	09101	IFCC	0.126955	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		0		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0191
Component CCN: 14-S191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D-3
Date/Time Prepared:
11/27/2017 9:33 pm

Title XIX | Subprovider - IPF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.210387	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097042	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284430	0	0	54.00
54.01	03630	ULTRA SOUND	0.145712	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	0	0	54.02
56.00	05600	RADIOISOTOPE	0.263970	0	0	56.00
57.00	05700	CT SCAN	0.027856	0	0	57.00
58.00	05800	MRI	0.077377	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	0	0	59.00
60.00	06000	LABORATORY	0.114764	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.144134	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135974	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	0	0	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	0	0	73.00
73.01	03190	INFUSION THERAPY	0.245857	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.533878	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1.011865	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201039	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.768388	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.513567	0	0	90.03
91.00	09100	EMERGENCY	0.098178	0	0	91.00
91.01	09101	IFCC	0.126955	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		0		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0191
Component CCN: 14-T191

Period:
From 10/01/2016
To 06/30/2017

Worksheet D-3
Date/Time Prepared:
11/27/2017 9:33 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.210387	0	0	50.00
51.00	05100	RECOVERY ROOM	0.097042	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.621816	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.033688	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284430	0	0	54.00
54.01	03630	ULTRA SOUND	0.145712	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.133647	0	0	54.02
56.00	05600	RADIOISOTOPE	0.263970	0	0	56.00
57.00	05700	CT SCAN	0.027856	0	0	57.00
58.00	05800	MRI	0.077377	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.129169	0	0	59.00
60.00	06000	LABORATORY	0.114764	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.242160	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.144134	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.123926	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.219150	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363019	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.250748	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135974	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.385168	0	0	70.00
70.01	03280	SLEEP LAB	0.168899	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.237888	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.339847	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.566938	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228197	0	0	73.00
73.01	03190	INFUSION THERAPY	0.245857	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.600397	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.117314	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.533878	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1.011865	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.201039	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.02	09001	PSYCH ANCILLARY	0.768388	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.513567	0	0	90.03
91.00	09100	EMERGENCY	0.098178	0	0	91.00
91.01	09101	IFCC	0.126955	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.594326	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		0	0	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		0		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 9:33 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)	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	27,748,402	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)	353,182	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	238.70	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 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 section 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 section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)	33.57	31.00
32.00	Sum of lines 30 and 31	40.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)	22.36	33.00
34.00	Disproportionate share adjustment (see instructions)	1,551,136	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 9:33 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)	0	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000621504	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	0	3,715,030	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	0	2,778,638	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,778,638		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

		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	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 an 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	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)	32,431,358		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)	32,431,358	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,460,236	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	46,759	53.00
54.00	Special add-on payments for new technologies	1,036	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	158,463	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	151,031	58.00
59.00	Total (sum of amounts on lines 49 through 58)	35,248,883	59.00
60.00	Primary payer payments	13,405	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	35,235,478	61.00
62.00	Deductibles billed to program beneficiaries	2,721,236	62.00
63.00	Coinsurance billed to program beneficiaries	217,343	63.00
64.00	Allowable bad debts (see instructions)	1,691,447	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,099,441	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	832,023	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	33,396,340	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 DEMONSTRATION PROJECT	0	70.50
70.88	SCH or MDH volume decrease adjustment	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)	190,793	70.93
70.94	HRR adjustment amount (see instructions)	-421,792	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 9:33 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)		33,165,341	71.00
71.01	Sequestration adjustment (see instructions)		663,307	71.01
72.00	Interim payments		31,644,654	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, 72, and 73)		857,380	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		174,086	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/27/2017 9:33 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	0	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,748,402	0		27,748,402	27,748,402	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	353,182	0	0	353,182	353,182	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2236	0.2236	0.2236	0.2236		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,551,136	0	0	1,551,136	1,551,136	11.00
11.01	Uncompensated care payments	36.00	2,778,638	0	0	5,186,449	5,186,449	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	32,431,358	0	0	32,431,358	32,431,358	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	32,431,358	0	0	32,431,358	32,431,358	15.00
16.00	Payment for inpatient program capital	50.00	2,460,236	0	0	2,460,236	2,460,236	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	0	1,036	1,036	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/27/2017 9:33 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	
19.00	SUBTOTAL			0	0	34,892,630	34,892,630	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,245,943	0	0	2,245,943	2,245,943	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	24,062	0	0	24,062	24,062	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0847	0.0847	0.0847	0.0847		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	190,231	0	0	190,231	190,231	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,460,236	0	0	2,460,236	2,460,236	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: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/27/2017 9:33 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	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	27,748,402		27,748,402	27,748,402	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	353,182	0	353,182	353,182	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2236	0.2236	0.2236		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,551,136	0	1,551,136	1,551,136	11.00
11.01	Uncompensated care payments	36.00	2,778,638	0	2,778,638	2,778,638	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	32,431,358	0	32,431,358	32,431,358	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	32,431,358	0	32,431,358	32,431,358	15.00
16.00	Payment for inpatient program capital	50.00	2,460,236	0	2,460,236	2,460,236	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	34,892,630	34,892,630	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,245,943	0	2,245,943	2,245,943	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	24,062	0	24,062	24,062	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0847	0.0847	0.0847		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	190,231	0	190,231	190,231	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,460,236	0	2,460,236	2,460,236	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	190,793	0	190,793	190,793	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	-421,792	0	-421,792	-421,792	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: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	9,684	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	27,153,462	2.00
3.00	PPS payments	22,548,775	3.00
4.00	Outlier payment (see instructions)	57,886	4.00
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 line 3 plus line 4 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	174,562	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	9,684	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	42,469	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)	42,469	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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	42,469	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	32,785	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 (line 11 minus line 20) (for CAH see instructions)	9,684	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, 8 and 9)	22,781,223	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,445,712	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)	18,345,195	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	18,345,195	30.00
31.00	Primary payer payments	4,640	31.00
32.00	Subtotal (line 30 minus line 31)	18,340,555	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)	1,735,082	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,127,803	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	849,449	36.00
37.00	Subtotal (see instructions)	19,468,358	37.00
38.00	MSP-LCC reconciliation amount from PS&R	56	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	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)	19,468,302	40.00
40.01	Sequestration adjustment (see instructions)	389,366	40.01
41.00	Interim payments	18,525,511	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	553,425	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	51	2.00
3.00	PPS payments	130	3.00
4.00	Outlier payment (see instructions)	0	4.00
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 line 3 plus line 4 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)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	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)	0	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 chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	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 (line 11 minus line 20) (for CAH see instructions)	0	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, 8 and 9)	130	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)	26	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)	104	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	104	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	104	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	104	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	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)	104	40.00
40.01	Sequestration adjustment (see instructions)	2	40.01
41.00	Interim payments	102	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/27/2017 9:33 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		30,694,395		17,793,571	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		950,259		731,940	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
3.08			0		0	3.08
	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)		31,644,654		18,525,511	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		857,380		553,425	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		32,502,034		19,078,936	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: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/27/2017 9:33 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		818,329		0	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		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)		818,329		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		62,491		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		880,820		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: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/27/2017 9:33 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		5,921,689		102	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		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)		5,921,689		102	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		29,242		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,950,931		102	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/27/2017 9:33 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 IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)		30.00
31.00	Other Adjustment (specify)		31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/27/2017 9:33 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)	903,103	1.00
2.00	Net IPF PPS Outlier Payments	13,510	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 instuctions)	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 instuctions)	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)	7.853480	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) 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)	916,613	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)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	916,613	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	916,613	18.00
19.00	Deductibles	71,708	19.00
20.00	Subtotal (line 18 minus line 19)	844,905	20.00
21.00	Coinsurance	9,870	21.00
22.00	Subtotal (line 20 minus line 21)	835,035	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	84,433	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	54,881	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	33,460	25.00
26.00	Subtotal (sum of lines 22 and 24)	889,916	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)	8,880	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	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	898,796	31.00
31.01	Sequestration adjustment (see instructions)	17,976	31.01
32.00	Interim payments	818,329	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, 32 and 33)	62,491	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	13,510	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: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	5,206,918	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0241	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	109,345	3.00
4.00	Outlier Payments	772,590	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)	19.058608	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)	6,088,853	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)	6,088,853	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	6,088,853	19.00
20.00	Deductibles	26,068	20.00
21.00	Subtotal (line 19 minus line 20)	6,062,785	21.00
22.00	Coinsurance	30,660	22.00
23.00	Subtotal (line 21 minus line 22)	6,032,125	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	9,623	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	6,255	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	2,835	26.00
27.00	Subtotal (sum of lines 23 and 25)	6,038,380	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)	33,999	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	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	6,072,379	32.00
32.01	Sequestration adjustment (see instructions)	121,448	32.01
33.00	Interim payments	5,921,689	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, 33, and 34)	29,242	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	5,510	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	772,590	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: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	2,817,700		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	2,817,700	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	2,817,700	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	2,817,700	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	2,817,700	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	39,195		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	39,195	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	39,195	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	39,195	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	39,195	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 10/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/27/2017 9:33 pm
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	165,018		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	165,018	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	165,018	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	165,018	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	165,018	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0191

Period: From 10/01/2016 To 06/30/2017

Worksheet G

Date/Time Prepared: 11/27/2017 9:33 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	536,000	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	40,149,000	0	0	0	4.00
5.00	Other receivable	2,963,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,128,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	16,872,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	69,648,000	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	177,612,000	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	177,612,000	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	226,035,000	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	9,276,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	235,311,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	482,571,000	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	32,678,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	23,053,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	55,731,000	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	107,061,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	18,301,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	125,362,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	181,093,000	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	301,478,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	301,478,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	482,571,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet G-1 | Date/Time Prepared: 11/27/2017 9:33 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		283,109,258		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		18,217,000				2.00
3.00	Total (sum of line 1 and line 2)		301,326,258		0		3.00
4.00	UNRESTRICTED CONTRIBUTIONS	151,742		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		151,742		0		10.00
11.00	Subtotal (line 3 plus line 10)		301,478,000		0		11.00
12.00		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)		301,478,000		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	UNRESTRICTED CONTRIBUTIONS		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00			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: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	73,977,480		73,977,480	1.00
2.00	SUBPROVIDER - IPF	3,440,010		3,440,010	2.00
3.00	SUBPROVIDER - IRF	7,088,250		7,088,250	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	84,505,740		84,505,740	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	9,510,551		9,510,551	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,510,551		9,510,551	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	94,016,291		94,016,291	17.00
18.00	Ancillary services	259,345,086	613,340,517	872,685,603	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		7,591,648	7,591,648	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1,013,707	2,356,788	3,370,495	26.00
27.00	NURSERY	4,018,264	0	4,018,264	27.00
27.01	AMBULANCE REVENUE	0	1,783,459	1,783,459	27.01
27.02		0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	358,393,348	625,072,412	983,465,760	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		231,133,450		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ADDITIONAL EXPENSE TO RECONCILE	0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	LESS EXPENSE TO RECONCILE	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)		231,133,450		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0191 | Period: From 10/01/2016 To 06/30/2017 | Worksheet G-3 | Date/Time Prepared: 11/27/2017 9:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	983,465,760	1.00
2.00	Less contractual allowances and discounts on patients' accounts	756,643,760	2.00
3.00	Net patient revenues (line 1 minus line 2)	226,822,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	231,133,450	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,311,450	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	862,000	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	4,599,000	24.00
24.01	INVESTMENT INCOME NET	13,506,000	24.01
24.02	CHANGE IN FAIR VALUE	3,561,000	24.02
24.03		0	24.03
24.04		0	24.04
24.05		0	24.05
24.06		0	24.06
24.07		0	24.07
24.08		0	24.08
24.09		0	24.09
24.10		0	24.10
24.11		0	24.11
24.12		0	24.12
24.13		0	24.13
24.14		0	24.14
24.15	RECONCILING ITEM	450	24.15
25.00	Total other income (sum of lines 6-24)	22,528,450	25.00
26.00	Total (line 5 plus line 25)	18,217,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,217,000	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H
Date/Time Prepared: 11/27/2017 9:33 pm

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	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	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,713,665	461,432	911	0	844,683	3,020,691	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,255,651	134,190	50,985	0	0	1,440,826	6.00
7.00	Physical Therapy	576,334	71,371	2,604	-1,482	0	648,827	7.00
8.00	Occupational Therapy	139,377	17,968	0	8,878	0	166,223	8.00
9.00	Speech Pathology	12,551	1,042	0	1,144	0	14,737	9.00
10.00	Medical Social Services	75,689	9,185	572	0	0	85,446	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	149,478	149,478	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	1,317,686	147,416	1,798	0	6,788	1,473,688	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	5,090,953	842,604	56,870	8,540	1,000,949	6,999,916	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	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	3,020,691	171,378	3,192,069			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,440,826	0	1,440,826			6.00
7.00	Physical Therapy	0	648,827	0	648,827			7.00
8.00	Occupational Therapy	0	166,223	0	166,223			8.00
9.00	Speech Pathology	0	14,737	0	14,737			9.00
10.00	Medical Social Services	0	85,446	0	85,446			10.00
11.00	Home Health Aide	0	0	0	0			11.00
12.00	Supplies (see instructions)	0	149,478	0	149,478			12.00
13.00	Drugs	0	0	0	0			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	1,473,688	0	1,473,688			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	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	6,999,916	171,378	7,171,294			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H-1 Part I
Date/Time Prepared: 11/27/2017 9:33 pm

Home Health Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.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	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	3,192,069	0	0	0	0	3,192,069	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,440,826	0	0	0	0	1,440,826	6.00
7.00	Physical Therapy	648,827	0	0	0	0	648,827	7.00
8.00	Occupational Therapy	166,223	0	0	0	0	166,223	8.00
9.00	Speech Pathology	14,737	0	0	0	0	14,737	9.00
10.00	Medical Social Services	85,446	0	0	0	0	85,446	10.00
11.00	Home Health Aide	0	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	149,478	0	0	0	0	149,478	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	1,473,688	0	0	0	0	1,473,688	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,171,294	0	0	0	0	7,171,294	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	3,192,069		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	949,549	2,390,375	6.00
7.00	Physical Therapy	548,759	1,197,586	7.00
8.00	Occupational Therapy	125,370	291,593	8.00
9.00	Speech Pathology	23,406	38,143	9.00
10.00	Medical Social Services	45,458	130,904	10.00
11.00	Home Health Aide	39,915	39,915	11.00
12.00	Supplies (see instructions)	81,616	231,094	12.00
13.00	Drugs	0	0	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	1,377,996	2,851,684	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		7,171,294	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0191
HHA CCN: 14-7435

Period:
From 10/01/2016
To 06/30/2017

Worksheet H-1
Part II
Date/Time Prepared:
11/27/2017 9:33 pm

Home Health Agency I | PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	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	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-3,192,069	5,846,223	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	298,258	1,739,084	6.00
7.00	Physical Therapy	0	0	0	0	356,216	1,005,043	7.00
8.00	Occupational Therapy	0	0	0	0	63,390	229,613	8.00
9.00	Speech Pathology	0	0	0	0	28,131	42,868	9.00
10.00	Medical Social Services	0	0	0	0	-2,190	83,256	10.00
11.00	Home Health Aide	0	0	0	0	73,104	73,104	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	149,478	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	1,050,089	2,523,777	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,325,071	5,846,223	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		3,192,069	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.546005	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H-2 Part I
Date/Time Prepared: 11/27/2017 9:33 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	74,642	0	323,209	397,851	20,410	1.00
2.00	Skilled Nursing Care	2,390,375	0	0	236,825	2,627,200	955,055	2.00
3.00	Physical Therapy	1,197,586	0	0	108,701	1,306,287	551,941	3.00
4.00	Occupational Therapy	291,593	0	0	26,287	317,880	126,097	4.00
5.00	Speech Pathology	38,143	0	0	2,367	40,510	23,542	5.00
6.00	Medical Social Services	130,904	0	0	14,275	145,179	45,722	6.00
7.00	Home Health Aide	39,915	0	0	0	39,915	40,147	7.00
8.00	Supplies (see instructions)	231,094	0	0	0	231,094	74,106	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	2,851,684	0	0	248,525	3,100,209	1,385,985	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	7,171,294	74,642	0	960,189	8,206,125	3,223,005	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	52,161	141,011	0	63,504	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)	52,161	141,011	0	63,504	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: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H-2 Part I
Date/Time Prepared: 11/27/2017 9:33 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		Home Health Agency I					PPS	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	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	0	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	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	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	0	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: 14-0191
HHA CCN: 14-7435

Period:
From 10/01/2016
To 06/30/2017

Worksheet H-2
Part I
Date/Time Prepared:
11/27/2017 9:33 pm

Home Health Agency I | PPS

	Cost Center Description	PARAMED ED PRGM - DIETETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	674,937	0	674,937			1.00
2.00	Skilled Nursing Care	0	3,582,255	0	3,582,255	219,581	3,801,836	2.00
3.00	Physical Therapy	0	1,858,228	0	1,858,228	113,904	1,972,132	3.00
4.00	Occupational Therapy	0	443,977	0	443,977	27,214	471,191	4.00
5.00	Speech Pathology	0	64,052	0	64,052	3,926	67,978	5.00
6.00	Medical Social Services	0	190,901	0	190,901	11,702	202,603	6.00
7.00	Home Health Aide	0	80,062	0	80,062	4,908	84,970	7.00
8.00	Supplies (see instructions)	0	305,200	0	305,200	18,708	323,908	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	4,486,194	0	4,486,194	274,994	4,761,188	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	11,685,806	0	11,685,806	674,937	11,685,806	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.					0.061297		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191
HHA CCN: 14-7435

Period:
From 10/01/2016
To 06/30/2017

Worksheet H-2
Part II
Date/Time Prepared:
11/27/2017 9:33 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	6,181	0	1,713,665	-334,203	63,648	6,181	1.00
2.00	Skilled Nursing Care	0	0	1,255,651	351,065	2,978,265	0	2.00
3.00	Physical Therapy	0	0	576,334	414,897	1,721,184	0	3.00
4.00	Occupational Therapy	0	0	139,377	75,343	393,223	0	4.00
5.00	Speech Pathology	0	0	12,551	32,904	73,414	0	5.00
6.00	Medical Social Services	0	0	75,689	-2,599	142,580	0	6.00
7.00	Home Health Aide	0	0	0	85,279	125,194	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	231,094	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	1,317,686	1,221,880	4,322,089	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)	6,181	0	5,090,953		10,050,691	6,181	20.00
21.00	Total cost to be allocated	74,642	0	960,189		3,223,005	52,161	21.00
22.00	Unit cost multiplier	12.076039	0.000000	0.188607		0.320675	8.438926	22.00

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	6,181	0	6,181	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)	6,181	0	6,181	0	0	0	20.00
21.00	Total cost to be allocated	141,011	0	63,504	0	0	0	21.00
22.00	Unit cost multiplier	22.813622	0.000000	10.274066	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H-2 Part II
Date/Time Prepared: 11/27/2017 9:33 pm

Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

	Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (MEALS SERVED)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	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)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H-3 Part I
Date/Time Prepared: 11/27/2017 9:33 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 (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	3,801,836		3,801,836	16,727	227.29	1.00
2.00	Physical Therapy	3.00	1,972,132	356,301	2,328,433	8,722	266.96	2.00
3.00	Occupational Therapy	4.00	471,191	162,088	633,279	2,344	270.17	3.00
4.00	Speech Pathology	5.00	67,978	18,438	86,416	252	342.92	4.00
5.00	Medical Social Services	6.00	202,603		202,603	453	447.25	5.00
6.00	Home Health Aide	7.00	84,970		84,970	860	98.80	6.00
7.00	Total (sum of lines 1-6)		6,600,710	536,827	7,137,537	29,358		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	9,453			8.00
9.00	Physical Therapy		16974	0	5,027			9.00
10.00	Occupational Therapy		16974	0	1,464			10.00
11.00	Speech Pathology		16974	0	181			11.00
12.00	Medical Social Services		16974	0	390			12.00
13.00	Home Health Aide		16974	0	594			13.00
14.00	Total (sum of lines 8-13)			0	17,109			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	323,908	387,438	711,346	211,926	3.356577	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	9,453		0	2,148,572		1.00
2.00	Physical Therapy	0	5,027		0	1,342,008		2.00
3.00	Occupational Therapy	0	1,464		0	395,529		3.00
4.00	Speech Pathology	0	181		0	62,069		4.00
5.00	Medical Social Services	0	390		0	174,428		5.00
6.00	Home Health Aide	0	594		0	58,687		6.00
7.00	Total (sum of lines 1-6)	0	17,109		0	4,181,293		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
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 10/01/2016 To 06/30/2017	Worksheet H-3 Part I Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Program Covered Charges			Cost of Services			
		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	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	183,089	0	0	614,552	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	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	2,148,572						1.00
2.00	Physical Therapy	1,342,008						2.00
3.00	Occupational Therapy	395,529						3.00
4.00	Speech Pathology	62,069						4.00
5.00	Medical Social Services	174,428						5.00
6.00	Home Health Aide	58,687						6.00
7.00	Total (sum of lines 1-6)	4,181,293						7.00
	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 10/01/2016 To 06/30/2017	Worksheet H-3 Part II Date/Time Prepared: 11/27/2017 9:33 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	0.219150	1,625,830	356,301	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.363019	446,500	162,088	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.250748	73,530	18,438	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	1.339847	289,166	387,438	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.228197	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	0.245857	0	0	col. 2, line 16.01		5.01
5.03	Cost of Drugs 3	73.03	0.600397	0	0	col. 2, line 16.03		5.03
5.04	Cost of Drugs 4	73.04	0.117314	0	0	col. 2, line 16.04		5.04

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 10/01/2016 To 06/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B 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	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		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	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	3,168,942	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	32,401	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	78,822	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	33,953	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	7,170	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	337	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	3,321,625	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	3,321,625	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	3,321,625	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	3,321,625	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	3,321,625	31.00
31.01	Sequestration adjustment (see instructions)	0	66,435	31.01
32.00	Interim payments (see instructions)	0	3,255,347	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-157	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 14-0191
HHA CCN: 14-7435

Period: From 10/01/2016 To 06/30/2017

Worksheet H-5
Date/Time Prepared: 11/27/2017 9:33 pm

Home Health Agency I | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,255,347	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		3,255,347	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		157	6.02
7.00	Total Medicare program liability (see instructions)		0		3,255,190	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	128,769	128,769	0	128,769	3.00
4.00	ADMINISTRATIVE & GENERAL*	207,284	270,425	477,709	0	477,709	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	114	114	0	114	13.00
14.00	PHARMACY*	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	215,179	215,179	0	215,179	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	481,402	0	481,402	0	481,402	28.00
29.00	LPN/LVN**	40,519	0	40,519	0	40,519	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	165,516	0	165,516	0	165,516	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	433	433	0	433	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	44,323	44,323	0	44,323	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	75,891	2,227	78,118	0	78,118	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	56,428	111	56,539	0	56,539	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,027,040	661,581	1,688,621	0	1,688,621	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	128,769		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	477,709		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0		6.00
7.00	HOUSEKEEPING*	0	0		7.00
8.00	DIETARY*	0	0		8.00
9.00	NURSING ADMINISTRATION*	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	114		13.00
14.00	PHARMACY*	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0		15.00
16.00	OTHER GENERAL SERVICE (DELETED)*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	215,179		26.00
27.00	NURSE PRACTITIONER**	21,334	21,334		27.00
28.00	REGISTERED NURSE**	-21,334	460,068		28.00
29.00	LPN/LVN**	0	40,519		29.00
30.00	PHYSICAL THERAPY**	0	0		30.00
31.00	OCCUPATIONAL THERAPY**	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0		33.00
34.00	SPIRITUAL COUNSELING**	0	0		34.00
35.00	DIETARY COUNSELING**	0	0		35.00
36.00	COUNSELING - OTHER**	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	165,516		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0		38.00
39.00	PATIENT TRANSPORTATION**	0	0		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	433		42.00
43.00	OUTPATIENT SERVICES**	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	44,323		46.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	78,118		60.00
61.00	VOLUNTEER PROGRAM *	0	0		61.00
62.00	FUNDRAISING*	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM*	0	56,539		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	1,688,621		100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-2
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	195,470	195,470	0	195,470	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	149,252	0	149,252	0	149,252	28.00
29.00	LPN/LVN	39,981	0	39,981	0	39,981	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	64,910	0	64,910	0	64,910	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	433	433	0	433	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	-4,875	-4,875	0	-4,875	46.00
100.00	TOTAL *	254,143	191,028	445,171	0	445,171	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	195,470		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	149,252		28.00
29.00	LPN/LVN	0	39,981		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	64,910		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	433		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	-4,875		46.00
100.00	TOTAL *	0	445,171		100.00

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

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-3
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	1,266	1,266		26.00
27.00	NURSE PRACTITIONER	21,334	21,334		27.00
28.00	REGISTERED NURSE	0	0		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	6,462	6,462		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	3,160	3,160		46.00
100.00	TOTAL *	32,222	32,222		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 52.

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-4
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	19,709	19,709	0	19,709	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	332,150	0	332,150	0	332,150	28.00
29.00	LPN/LVN	538	0	538	0	538	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	100,606	0	100,606	0	100,606	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN						38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	49,198	49,198	0	49,198	46.00
100.00	TOTAL *	433,294	68,907	502,201	0	502,201	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	-1,266	18,443		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	-21,334	310,816		28.00
29.00	LPN/LVN	0	538		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	-6,462	94,144		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	-3,160	46,038		46.00
100.00	TOTAL *	-32,222	469,979		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-5
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	128,769	193,707	322,476	3.00
4.00	ADMINISTRATIVE & GENERAL	477,709	739,296	1,217,005	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	114		114	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	445,171		445,171	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	32,222		32,222	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	469,979		469,979	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	78,118		78,118	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	56,539		56,539	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	1,688,621	933,003	2,621,624	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-6 Part I
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	322,476	0	0	322,476		3.00
4.00	ADMINISTRATIVE & GENERAL	1,217,005	0	0	65,084	1,282,089	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	114	0	0	0	114	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	445,171			79,797	524,968	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	32,222	0	0	8,728	40,950	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	469,979	0	0	127,320	597,299	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	78,118	0	0	23,829	101,947	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	56,539	0	0	17,718	74,257	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	2,621,624	0	0	322,476	2,621,624	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part I
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	1,282,089					4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	0	0		0	0	8.00
9.00	NURSING ADMINISTRATION	0	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	0	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	109	0		0		13.00
14.00	PHARMACY	0	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	502,455					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	39,194	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	571,684	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	97,575	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	71,072	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	1,282,089	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part I
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	223	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	223	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	223	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part I
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE (DELETED)	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0		1,027,423	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	80,144	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	1,168,983	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		199,522	60.00
61.00	VOLUNTEER PROGRAM	0		0		223	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		145,329	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	2,621,624	100.00

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part II
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,027,040			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	207,284	-1,282,089	1,339,535	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	114	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			254,143	0	524,968	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	27,796	0	40,950	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	405,498	0	597,299	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	75,891	0	101,947	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	56,428	0	74,257	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	322,476		1,282,089	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.313986		0.957115	101.00

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part II
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

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

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part II
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	100		13.00
14.00	PHARMACY			0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE (DELETED)			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	100	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	0	0	223	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	2.230000	0.000000	101.00

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period:
From 10/01/2016
To 06/30/2017

Worksheet O-6
Part II
Date/Time Prepared:
11/27/2017 9:33 pm

Hospice I

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

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

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-7
Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.219150	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.363019	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.250748	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.228197	0	0	0	4.00
4.01	INFUSION THERAPY	73.01	0.245857	0	0	0	4.01
4.03	PHARMACY VACCINE	73.03	0.600397	0	0	0	4.03
4.04	FCC INFUSION THERAPY	73.04	0.117314	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.114764	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.339847	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.97	CARDIAC REHABILITATION	76.97	1.011865	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.201039	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	INFUSION THERAPY	0	0	0	0	0	4.01
4.03	PHARMACY VACCINE	0	0	0	0	0	4.03
4.04	FCC INFUSION THERAPY	0	0	0	0	0	4.04
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0191
Hospice CCN: 14-1535

Period: From 10/01/2016 To 06/30/2017

Worksheet O-8

Date/Time Prepared: 11/27/2017 9:33 pm

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			1,027,423	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			9,390	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			109.42	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	8,218	483		9.00
10.00	Program cost (line 8 times line 9)	899,214	52,850		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			80,144	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			65	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,232.98	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	64	1		14.00
15.00	Program cost (line 13 times line 14)	78,911	1,233		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			1,168,983	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			947	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,234.41	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	751	79		19.00
20.00	Program cost (line 18 times line 19)	927,042	97,518		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,276,550	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,402	22.00
23.00	Average cost per diem (line 21 divided by line 22)			218.86	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0191	Period: From 10/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/27/2017 9:33 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,245,943	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	24,062	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)	158.07	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.60	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	33.57	8.00
9.00	Sum of lines 7 and 8	40.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.47	10.00
11.00	Disproportionate share adjustment (see instructions)	190,231	11.00
12.00	Total prospective capital payments (see instructions)	2,460,236	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