

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: 14-0208	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/25/2018 3:21 pm
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**PART I - COST REPORT STATUS**

Provider use only

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

Contractor use only

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

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

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

Date: 5/25/2018 Time: 3:21 pm

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE CHRIST HOSPITAL ( 14-0208 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) *[Signature]*  
 officer or Administrator of Provider(s)  
Director Reimbursement  
 Title  
May 29, 2018  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,884,464	3,327,788	0	0	1.00
2.00 Subprovider - IPF	0	123,657	0		0	2.00
3.00 Subprovider - IRF	0	-50,054	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,958,067	3,327,788	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: 14-0208

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 pm

		1.00	2.00	3.00	4.00					
<b>Hospital and Hospital Health Care Complex Address:</b>										
1.00	Street: 4440 WEST 95TH STREET	PO Box:		Zip Code: 60453-		County: COOK			1.00	
2.00	City: OAK LAWN	State: IL							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	
<b>Hospital and Hospital-Based Component Identification:</b>										
3.00	Hospital	ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)					1			21.00	
<b>Inpatient PPS Information</b>										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	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.	8,532	15,279	0	1,527	33,127	0		24.00	

		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		
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.	115	256	0	0	168		25.00	
								Urban/Rural S 1.00	
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: 1.00	
								Ending: 2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
								Y/N 1.00	
								Y/N 2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
								V 1.00	
								XVIII 2.00	
								XIX 3.00	
<b>Prospective Payment System (PPS)-capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.					N			59.00
								NAHE 413.85 Y/N 1.00	
								Worksheet A Line # 2.00	
								Pass-Through Qualification Criterion Code 3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1	60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.02	1	60.03

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5/25/2018 3:18 pm

	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	N			0.00	0.00	61.00	
61.01						61.01	
61.02						61.02	
61.03						61.03	
61.04						61.04	
61.05						61.05	
61.06						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				0.00	0.00	61.10	
61.20				0.00	0.00	61.20	
					1.00		
62.00		<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>				0.00	62.00
62.01		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	62.01
63.00		<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>				Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00		<b>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.</b>					
				2.53	12.67	0.166447	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
			1.00	2.00	3.00		4.00
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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01
			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	93.11	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)	FAMILY MEDICINE	1350	5.72	16.86	0.253322	67.00
67.01		INTERNAL MEDICINE	1400	0.00	66.84	0.000000	67.01
67.02		OBSTETRICS	1750	0.00	12.65	0.000000	67.02
67.03		PEDIATRICS	2000	9.30	30.24	0.235205	67.03
			1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>							
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 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(d)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
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

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
					1.00
<b>Long Term Care Hospital PPS</b>					
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
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
					V 1.00
					XIX 2.00
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00



		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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101				141.00		
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:						142.00		
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515					143.00		
								1.00		
144.00	Are provider based physicians' costs included in worksheet A?							Y	144.00	
								1.00		
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							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		
161.10	CORF		N	N	N			161.10		
								1.00		
<b>Multicampus</b>										
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		
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00	
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)							9.99	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)							01/01/2017	12/31/2017	170.00
								1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0171.00	

		Y/N	Date	
		1.00	2.00	
<b>General Instruction:</b> Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
<b>Bad Debts</b>				
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
<b>Bed Complement</b>				
15.00	did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
				Date
				4.00
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/25/2018	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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		19.00

		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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			Y	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.			N	23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	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.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	DAVE		STRIEPLING	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765		DAVE.STRIEPLING@ADVOCATEHEAL TH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0208

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/25/2018 3:18 pm

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	SENIOR REIMBURSEMENT SPECIALIST	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

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	Title V
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	514	187,610	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)		514	187,610	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	123	44,895	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	58	21,170	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		695	253,675	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,410		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		766				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)		24	8,760			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0208

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 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)	49,558	10,694	156,523			1.00
2.00 HMO and other (see instructions)	38,102	39,241				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	49,558	10,694	156,523			7.00
8.00 INTENSIVE CARE UNIT	10,539	3,305	33,483			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	2,798	16,194			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,427	9,332			13.00
14.00 Total (see instructions)	60,097	19,224	215,532	234.71	5,029.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,987	787	9,616	0.00	60.00	16.00
17.00 SUBPROVIDER - IRF	5,524	539	11,610	0.00	84.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	809			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	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)				234.71	5,173.00	27.00
28.00 Observation Bed Days		490	8,975			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	581	1,361			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

Component	Full Time Equivalents	Discharges				Total All Patients	
		Nonpaid Workers	Title V	Title XVIII	Title XIX		
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	10,724	2,391	41,603	1.00
2.00 HMO and other (see instructions)				0	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
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	10,724	2,391	41,603		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	324	134	1,459		16.00
17.00 SUBPROVIDER - IRF	0.00	0	433	8	912		17.00
18.00 SUBPROVIDER	0.00	0		0	0		18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 + col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	363,857,168	0	363,857,168	10,485,613.00	34.70 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	16,998,119	104,988	17,103,107	376,780.00	45.39 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)		13,946,908	2,119,499	16,066,407	405,553.00	39.62 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		5,960,237	0	5,960,237	114,247.00	52.17 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		1,263,347	0	1,263,347	6,834.00	184.86 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		40,658,219	0	40,658,219	597,729.00	68.02 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
<b>WAGE-RELATED COSTS</b>							
17.00	wage-related costs (core) (see instructions)		79,006,180	0	79,006,180		
18.00	wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,100,228	0	4,100,228		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,770,037	0	3,770,037		
25.50	Home office wage-related (core)		6,514,176	0	6,514,176		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	4,836,936	-3,208,666	1,628,270	20,933.00	77.78 26.00
27.00	Administrative & General	5.00	24,706,278	644,978	25,351,256	609,154.00	41.62 27.00

Provider CCN: 14-0208

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,523,516	0	4,523,516	39,149.00	115.55	28.00
29.00	Maintenance & Repairs	6.00	4,179,918	33,157	4,213,075	123,286.00	34.17	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	7,968,184	75,814	8,043,998	525,754.00	15.30	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	5,537,049	23,368	5,560,417	328,471.00	16.93	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	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	1,073,707	26,675	1,100,382	25,166.00	43.72	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	13,880,293	-184,822	13,695,471	278,744.00	49.13	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,651,317	17,736	2,669,053	71,078.00	37.55	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

Provider CCN: 14-0208

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2018 3:18 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	351,382,565	-104,988	351,277,577	10,147,982.00	34.62	1.00
2.00	Excluded area salaries (see instructions)	13,946,908	2,119,499	16,066,407	405,553.00	39.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	337,435,657	-2,224,487	335,211,170	9,742,429.00	34.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	47,881,803	0	47,881,803	718,810.00	66.61	4.00
5.00	Subtotal wage-related costs (see inst.)	85,520,356	0	85,520,356	0.00	25.51	5.00
6.00	Total (sum of lines 3 thru 5)	470,837,816	-2,224,487	468,613,329	10,461,239.00	44.80	6.00
7.00	Total overhead cost (see instructions)	69,357,198	-2,571,760	66,785,438	2,021,735.00	33.03	7.00

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	7,127,050	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)	4,943,115	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	337,161	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	27,893,857	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	8,610,364	9.00
10.00	Dental, Hearing and Vision Plan	1,076,896	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	386,974	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)	2,622,167	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	5,281,700	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	25,132,228	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	829,541	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	567,911	21.00
22.00	Day Care Cost and Allowances	-7,270,780	22.00
23.00	Tuition Reimbursement	1,467,995	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	79,006,179	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0208

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	5,960,237	79,006,179	1.00
2.00	Hospital	5,960,237	77,263,815	2.00
3.00	Subprovider - IPF	0	725,140	3.00
4.00	Subprovider - IRF	0	1,017,224	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

		1.00	
<b>Uncompensated and indigent care cost computation</b>			
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.263286	1.00
<b>Medicaid (see instructions for each line)</b>			
2.00	Net revenue from Medicaid	191,061,840	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	806,249,079	6.00
7.00	Medicaid cost (line 1 times line 6)	212,274,095	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)	21,212,255	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>			
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
<b>Other state or local government indigent care program (see instructions for each line)</b>			
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
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>			
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)	21,212,255	19.00
		<b>Uninsured patients</b>	<b>Insured patients</b>
		1.00	2.00
		<b>Total (col. 1 + col. 2)</b>	<b>3.00</b>
<b>Uncompensated Care (see instructions for each line)</b>			
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	27,630,221	3,040,306
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,274,650	3,040,306
22.00	Payments received from patients for amounts previously written off as charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	7,274,650	3,040,306
		<b>1.00</b>	<b>24.00</b>
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	21,826,747	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	2,910,304	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	4,477,391	27.01
28.00	Non-Medicare bad debt expense (see instructions)	17,349,356	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	6,134,930	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	16,449,886	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	37,662,141	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	28,134,568	28,134,568	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	24,299,576	24,299,576	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	4,836,936	61,473,337	66,310,273	-3,209,383	63,100,890	4.00
5.01	00540 NONPATIENT TELEPHONES	650,112	1,961,932	2,612,044	9,537	2,621,581	5.01
5.02	00550 DATA PROCESSING	2,399	42,907,535	42,909,934	-1,189,010	41,720,924	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	1,839,951	4,326,187	6,166,138	-120,315	6,045,823	5.03
5.04	00570 ADMITTING	0	103,625	103,625	-81,368	22,257	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	817,983	39,317,679	40,135,662	64,916	40,200,578	5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	21,395,833	159,169,401	180,565,234	-29,290,877	151,274,357	5.06
6.00	00600 MAINTENANCE & REPAIRS	4,179,918	23,252,855	27,432,773	-171,200	27,261,573	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	3,803,215	3,803,215	-23,304	3,779,911	8.00
9.00	00900 HOUSEKEEPING	7,968,184	4,705,777	12,673,961	9,732	12,683,693	9.00
10.00	01000 DIETARY	5,537,049	7,591,510	13,128,559	-315,790	12,812,769	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	1,073,707	1,771,173	2,844,880	-702,755	2,142,125	13.00
15.00	01500 PHARMACY	13,880,293	50,714,144	64,594,437	-48,972,332	15,622,105	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	50,603	50,603	-5,600	45,003	16.00
17.00	01700 SOCIAL SERVICE	2,651,317	294,513	2,945,830	17,736	2,963,566	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	16,998,119	0	16,998,119	104,988	17,103,107	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	33,479,959	33,479,959	-21,095,931	12,384,028	22.00
23.00	02300 ER PARAMEDIC TRNG	0	0	0	817,465	817,465	23.00
23.01	02301 PASTORAL CARE	0	0	0	200,010	200,010	23.01
23.02	02302 PHARMACY RESIDENCY	0	0	0	268,571	268,571	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	99,680,154	38,805,855	138,486,009	10,623,256	149,109,265	30.00
31.00	03100 INTENSIVE CARE UNIT	30,629,858	18,049,737	48,679,595	-7,604,193	41,075,402	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	12,755,201	8,031,283	20,786,484	-9,384,500	11,401,984	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	4,275,062	629,254	4,904,316	-61,768	4,842,548	40.00
41.00	04100 SUBPROVIDER - IRF	6,067,552	5,015,298	11,082,850	-248,863	10,833,987	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	0	9,471,122	9,471,122	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	35,179,568	130,199,874	165,379,442	-105,906,686	59,472,756	50.00
51.00	05100 RECOVERY ROOM	5,769,620	1,135,439	6,905,059	-449,587	6,455,472	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,606,597	2,687,957	9,294,554	-1,886,680	7,407,874	52.00
53.00	05300 ANESTHESIOLOGY	956,501	2,278,493	3,234,994	-1,498,308	1,736,686	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,839,115	35,515,108	56,354,223	-28,569,458	27,784,765	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	188,902	35,224,143	35,413,045	-6,712,257	28,700,788	60.00
60.01	06001 BLOOD LABORATORY	0	4,981,850	4,981,850	-871,811	4,110,039	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	13,963,660	11,858,988	25,822,648	-6,533,739	19,288,909	65.00
66.00	06600 PHYSICAL THERAPY	5,586,346	11,697,826	17,284,172	-11,068,068	6,216,104	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,833,065	672,167	5,505,232	-136,020	5,369,212	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,908,372	910,312	4,818,684	-508,397	4,310,287	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	198,702	70,910	269,612	-52,243	217,369	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	91,286,542	91,286,542	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	75,119,170	75,119,170	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	48,075,265	48,075,265	73.00
74.00	07400 RENAL DIALYSIS	1,750,108	857,271	2,607,379	-653,196	1,954,183	74.00
76.00	03020 DEV EVALUATION	2,662,766	372,040	3,034,806	-90,262	2,944,544	76.00
76.97	07697 CARDIAC REHABILITATION	884,298	151,405	1,035,703	-65,930	969,773	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	2,261,839	550,693	2,812,532	565,322	3,377,854	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	19,423,787	16,090,269	35,514,056	-4,735,856	30,778,200	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

worksheet A  
Date/Time Prepared:  
5/25/2018 3:18 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	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	1,468,628	1,679,665	3,148,293	-1,425,634	1,722,659	105.00
106.00 10600 HEART ACQUISITION	0	0	0	4,235,347	4,235,347	106.00
108.00 10800 LUNG ACQUISITION	0	0	0	431,974	431,974	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	361,721,502	762,389,282	1,124,110,784	93,776	1,124,204,560	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	420	0	420	190.00
190.01 19001 OTHER NONREIMB	2,135,666	1,921,612	4,057,278	-93,776	3,963,502	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 TOTAL (SUM OF LINES 118 through 199)	363,857,168	764,311,314	1,128,168,482	0	1,128,168,482	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

Period:

Worksheet A

From 01/01/2017

Date/Time Prepared:

To 12/31/2017

5/25/2018 3:18 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	8,374,526	36,509,094	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	5,896,099	30,195,675	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	16,610,174	79,711,064	4.00
5.01	00540 NONPATIENT TELEPHONES	-1,193	2,620,388	5.01
5.02	00550 DATA PROCESSING	-19,654,428	22,066,496	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	-46,759	5,999,064	5.03
5.04	00570 ADMITTING	0	22,257	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	-10,786	40,189,792	5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	-94,101,738	57,172,619	5.06
6.00	00600 MAINTENANCE & REPAIRS	-19,251	27,242,322	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	3,779,911	8.00
9.00	00900 HOUSEKEEPING	-374	12,683,319	9.00
10.00	01000 DIETARY	-3,719,933	9,092,836	10.00
11.00	01100 CAFETERIA	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	-39,301	2,102,824	13.00
15.00	01500 PHARMACY	-23,697	15,598,408	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-7,481	37,522	16.00
17.00	01700 SOCIAL SERVICE	-34,061	2,929,505	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	-1,405,846	15,697,261	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-613,851	11,770,177	22.00
23.00	02300 ER PARAMEDIC TRNG	0	817,465	23.00
23.01	02301 PASTORAL CARE	0	200,010	23.01
23.02	02302 PHARMACY RESIDENCY	0	268,571	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-27,879,317	121,229,948	30.00
31.00	03100 INTENSIVE CARE UNIT	-75,658	40,999,744	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	-2,808,610	8,593,374	31.01
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	-45,232	4,797,316	40.00
41.00	04100 SUBPROVIDER - IRF	-3,988,296	6,845,691	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	9,471,122	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-11,513,336	47,959,420	50.00
51.00	05100 RECOVERY ROOM	-83	6,455,389	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-1,014	7,406,860	52.00
53.00	05300 ANESTHESIOLOGY	-297	1,736,389	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-80,801	27,703,964	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-735,642	27,965,146	60.00
60.01	06001 BLOOD LABORATORY	0	4,110,039	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	-3,750,001	15,538,908	65.00
66.00	06600 PHYSICAL THERAPY	-45,048	6,171,056	66.00
67.00	06700 OCCUPATIONAL THERAPY	-3,715	5,365,497	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	-10,616	4,299,671	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	217,369	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	91,286,542	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	75,119,170	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,075,265	73.00
74.00	07400 RENAL DIALYSIS	0	1,954,183	74.00
76.00	03020 DEV EVALUATION	-1,843	2,942,701	76.00
76.97	07697 CARDIAC REHABILITATION	-3,941	965,832	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003 AMBULATORY CARE	-1,816	3,376,038	90.03
90.04	09004 OTHER	0	0	90.04
91.00	09100 EMERGENCY	-7,560,529	23,217,671	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	-98,243	1,624,416	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

worksheet A  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
106.00	10600 HEART ACQUISITION	0	4,235,347	106.00
108.00	10800 LUNG ACQUISITION	0	431,974	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-147,401,938	976,802,622	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	190.00
190.01	19001 OTHER NONREIMB	-107,132	3,856,370	190.01
190.02	19002 OTHER	0	0	190.02
200.00	TOTAL (SUM OF LINES 118 through 199)	-147,509,070	980,659,412	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - RECLASS IMPLANT COSTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	75,119,170	1.00
	TOTALS		0	75,119,170	
<b>B - RECLASS CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	48,075,265	1.00
	TOTALS		0	48,075,265	
<b>C - RECLASS MEDICAL SUPPLIES COST</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	166,405,712	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	72,715	2.00
3.00		0.00	0	0	3.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	TOTALS		0	166,478,427	
<b>D - RECLASS HOMEBOUND NURSERY</b>					
1.00	NURSERY	43.00	6,205,618	1,361,528	1.00
	TOTALS		6,205,618	1,361,528	
<b>E - RECLASS NURSERY</b>					
1.00	NURSERY	43.00	1,735,755	168,221	1.00
	TOTALS		1,735,755	168,221	
<b>F - RECLASS PARAMEDICAL EDUCATION</b>					
1.00	ER PARAMEDIC TRNG	23.00	607,776	209,689	1.00
	TOTALS		607,776	209,689	
<b>G - RECLASS PASTORAL CARE</b>					
1.00	PASTORAL CARE	23.01	160,427	39,583	1.00
	TOTALS		160,427	39,583	
<b>H - RECLASS BUILDING DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	25,895,131	1.00
	TOTALS		0	25,895,131	
<b>I - RECLASS EQUIPMENT DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	24,274,678	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00

	Cost Center	Increases				
		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	<b>TOTALS</b>		0	24,274,678		
<b>J - RECLASS LAND IMP. DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,647,351		1.00
	<b>TOTALS</b>		0	1,647,351		
<b>K - RECLASS LEASEHOLD IMP. DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	519,177		1.00
	<b>TOTALS</b>		0	519,177		
<b>L - RECLASS CAPITAL INTEREST</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,076		1.00
	<b>TOTALS</b>		0	29,076		
<b>M - RECLASS REMEDIATION COST</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	<b>TOTALS</b>		0	43,833		
<b>N - RECLASS VEHICLE DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	24,898		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
	<b>TOTALS</b>		0	24,898		
<b>P - RECLASS PHARMACY RESIDENCY</b>						
1.00	PHARMACY RESIDENCY	23.02	257,144	11,427		1.00
	<b>TOTALS</b>		257,144	11,427		
<b>Q - RECLASS KIDNEY TRANSP REL COST</b>						
1.00	OPERATING ROOM	50.00	957,769	803,737		1.00
	<b>TOTALS</b>		957,769	803,737		
<b>R - HEART TRANSP ACQUIS COST</b>						
1.00	HEART ACQUISITION	106.00	1,612,875	2,255,601		1.00
	<b>TOTALS</b>		1,612,875	2,255,601		
<b>S - ADDITIONAL TRANSPLANT SALARY</b>						
1.00	KIDNEY ACQUISITION	105.00	46,025	0		1.00
2.00	HEART ACQUISITION	106.00	146,897	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
	<b>TOTALS</b>		192,922	0		
<b>T - TRANSPLANT DIRECTOR HEART SALARY</b>						
1.00	HEART ACQUISITION	106.00	30,800	0		1.00
2.00	LUNG ACQUISITION	108.00	13,847	0		2.00
	<b>TOTALS</b>		44,647	0		
<b>U - RECLASS BONUS PAY</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,098	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	13,150	0		2.00

	Cost Center 2.00	Increases		Other 5.00	
		Line # 3.00	Salary 4.00		
4.00	PURCHASING RECEIVING AND STORES	5.03	39,989	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	68,438	0	5.00
6.00	ADMINISTRATIVE AND GENERAL	5.06	738,806	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	33,157	0	7.00
8.00	HOUSEKEEPING	9.00	75,814	0	8.00
9.00	DIETARY	10.00	55,797	0	9.00
10.00	NURSING ADMINISTRATION	13.00	26,675	0	10.00
11.00	PHARMACY	15.00	89,480	0	11.00
13.00	SOCIAL SERVICE	17.00	18,233	0	13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	104,988	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	815,190	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	165,553	0	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	52,957	0	17.00
18.00	SUBPROVIDER - IPF	40.00	50,447	0	18.00
19.00	SUBPROVIDER - IRF	41.00	51,302	0	19.00
20.00	OPERATING ROOM	50.00	204,090	0	20.00
21.00	RECOVERY ROOM	51.00	35,924	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	39,506	0	22.00
23.00	ANESTHESIOLOGY	53.00	5,871	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	137,219	0	24.00
25.00	LABORATORY	60.00	233	0	25.00
26.00	RESPIRATORY THERAPY	65.00	91,821	0	26.00
27.00	PHYSICAL THERAPY	66.00	21,461	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	29,825	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	26,516	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	1,166	0	30.00
31.00	RENAL DIALYSIS	74.00	12,884	0	31.00
32.00	DEV EVALUATION	76.00	18,958	0	32.00
33.00	CARDIAC REHABILITATION	76.97	4,509	0	33.00
34.00	AMBULATORY CARE	90.03	20,789	0	34.00
35.00	EMERGENCY	91.00	111,144	0	35.00
36.00	KIDNEY ACQUISITION	105.00	15,082	0	36.00
37.00	OTHER NONREIMB	190.01	31,692	0	37.00
	<b>TOTALS</b>		<b>3,232,764</b>	<b>0</b>	
<b>V - PAIN CENTER</b>					
1.00	AMBULATORY CARE	90.03	561,499	184,298	1.00
	<b>TOTALS</b>		<b>561,499</b>	<b>184,298</b>	
<b>W - NON TEACHING PEDIATRIC SPECIALISTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	21,092,791	1.00
	<b>TOTALS</b>		<b>0</b>	<b>21,092,791</b>	
<b>X - GIFT OF HOPE PRE TRANSPL LAB FEES</b>					
1.00	KIDNEY ACQUISITION	105.00	0	319,891	1.00
2.00	HEART ACQUISITION	106.00	0	189,174	2.00
3.00	LUNG ACQUISITION	108.00	0	50,279	3.00
	<b>TOTALS</b>		<b>0</b>	<b>559,344</b>	
<b>Y - LUNG TRANSPLANT COSTS</b>					
1.00	LUNG ACQUISITION	108.00	97,601	270,247	1.00
	<b>TOTALS</b>		<b>97,601</b>	<b>270,247</b>	
500.00	<b>Grand Total: Increases</b>		<b>15,666,797</b>	<b>369,063,472</b>	<b>500.00</b>

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - RECLASS IMPLANT COSTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	75,119,170	0	1.00	
	TOTALS		0	75,119,170			
<b>B - RECLASS CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	48,075,265	0	1.00	
	TOTALS		0	48,075,265			
<b>C - RECLASS MEDICAL SUPPLIES COST</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	3,483	0	1.00	
2.00	DATA PROCESSING	5.02	0	26,597	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	116,953	0	3.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	268	0	7.00	
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	686	0	8.00	
9.00	HOUSEKEEPING	9.00	0	3,495	0	9.00	
10.00	DIETARY	10.00	0	7,278	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	410,804	0	11.00	
12.00	PHARMACY	15.00	0	109,164	0	12.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,651	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	6,741,872	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	6,030,370	0	16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,458,299	0	17.00	
18.00	SUBPROVIDER - IPF	40.00	0	79,593	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	261,984	0	19.00	
20.00	OPERATING ROOM	50.00	0	98,046,313	0	20.00	
21.00	RECOVERY ROOM	51.00	0	219,682	0	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,671,560	0	22.00	
23.00	ANESTHESIOLOGY	53.00	0	1,433,118	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,271,260	0	24.00	
25.00	LABORATORY	60.00	0	6,151,497	0	25.00	
26.00	BLOOD LABORATORY	60.01	0	871,811	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	6,075,936	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	10,910,939	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	84,370	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	209,320	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,522	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	612,303	0	32.00	
33.00	DEV EVALUATION	76.00	0	91,486	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	20,031	0	34.00	
35.00	AMBULATORY CARE	90.03	0	116,235	0	35.00	
36.00	EMERGENCY	91.00	0	3,331,909	0	36.00	
37.00	KIDNEY ACQUISITION	105.00	0	479	0	37.00	
38.00	OTHER NONREIMB	190.01	0	101,159	0	38.00	
	TOTALS		0	166,478,427			
<b>D - RECLASS HOMEBOUND NURSERY</b>							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	6,205,618	1,361,528	0	1.00	
	TOTALS		6,205,618	1,361,528			
<b>E - RECLASS NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,735,755	168,221	0	1.00	
	TOTALS		1,735,755	168,221			
<b>F - RECLASS PARAMEDICAL EDUCATION</b>							
1.00	EMERGENCY	91.00	607,776	209,689	0	1.00	
	TOTALS		607,776	209,689			
<b>G - RECLASS PASTORAL CARE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	160,427	39,583	0	1.00	
	TOTALS		160,427	39,583			
<b>H - RECLASS BUILDING DEPRECIATION</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	25,895,131	9	1.00	
	TOTALS		0	25,895,131			
<b>I - RECLASS EQUIPMENT DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	130	9	2.00	
3.00	DATA PROCESSING	5.02	0	1,162,413	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	43,351	9	4.00	
5.00	ADMITTING	5.04	0	81,368	9	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,522	9	6.00	
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,687,944	9	7.00	
8.00	MAINTENANCE & REPAIRS	6.00	0	204,089	9	8.00	
9.00	HOUSEKEEPING	9.00	0	62,587	9	9.00	
10.00	DIETARY	10.00	0	331,880	9	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	318,626	9	11.00	

Decreases							
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	PHARMACY	15.00	0	591,654		9	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,600		9	13.00
14.00	I&R SERVICES-OTHER PRGM	22.00	0	1,489		9	14.00
	COSTS APPRVD						
15.00	ADULTS & PEDIATRICS	30.00	0	1,893,080		9	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	1,739,376		9	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	412,012		9	17.00
18.00	SUBPROVIDER - IPF	40.00	0	32,622		9	18.00
19.00	SUBPROVIDER - IRF	41.00	0	38,181		9	19.00
20.00	OPERATING ROOM	50.00	0	5,501,785		9	20.00
21.00	RECOVERY ROOM	51.00	0	265,829		9	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	254,626		9	22.00
23.00	ANESTHESIOLOGY	53.00	0	71,061		9	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,435,417		9	24.00
25.00	LABORATORY	60.00	0	1,649		9	25.00
26.00	RESPIRATORY THERAPY	65.00	0	549,624		9	26.00
27.00	PHYSICAL THERAPY	66.00	0	178,590		9	27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	81,475		9	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	325,593		9	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,887		9	30.00
31.00	RENAL DIALYSIS	74.00	0	53,777		9	31.00
32.00	DEV EVALUATION	76.00	0	17,734		9	32.00
33.00	CARDIAC REHABILITATION	76.97	0	50,408		9	33.00
34.00	AMBULATORY CARE	90.03	0	85,029		9	34.00
35.00	EMERGENCY	91.00	0	697,626		9	35.00
36.00		0.00	0	0		9	36.00
37.00	OTHER NONREIMB	190.01	0	24,309		0	37.00
38.00	LAUNDRY & LINEN SERVICE	8.00	0	23,304		0	38.00
	TOTALS		0	24,274,678			
<b>J - RECLASS LAND IMP. DEPRECIATION</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,647,351		9	1.00
	TOTALS		0	1,647,351			
<b>K - RECLASS LEASEHOLD IMP. DEPRECIATION</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	519,177		11	1.00
	TOTALS		0	519,177			
<b>L - RECLASS CAPITAL INTEREST</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076		11	1.00
	TOTALS		0	29,076			
<b>M - RECLASS REMEDIATION COST</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833		11	1.00
	TOTALS		0	43,833			
<b>N - RECLASS VEHICLE DEPRECIATION</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	24,898		9	1.00
2.00		0.00	0	0		9	2.00
3.00		0.00	0	0		9	3.00
4.00		0.00	0	0		9	4.00
	TOTALS		0	24,898			
<b>P - RECLASS PHARMACY RESIDENCY</b>							
1.00	PHARMACY	15.00	257,144	11,427		0	1.00
	TOTALS		257,144	11,427			
<b>Q - RECLASS KIDNEY TRANSP REL COST</b>							
1.00	KIDNEY ACQUISITION	105.00	957,769	803,737		0	1.00
	TOTALS		957,769	803,737			
<b>R - HEART TRANSPL ACQUIS COST</b>							
1.00	OPERATING ROOM	50.00	1,612,875	2,255,601		0	1.00
	TOTALS		1,612,875	2,255,601			
<b>S - ADDITIONAL TRANSPLANT SALARY</b>							
1.00	DIETARY	10.00	32,429	0		0	1.00
2.00	SOCIAL SERVICE	17.00	497	0		0	2.00
3.00	PHARMACY	15.00	17,158	0		0	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.06	54,978	0		0	4.00
5.00	OPERATING ROOM	50.00	87,860	0		0	5.00
	TOTALS		192,922	0			
<b>T - TRANSPLANT DIRECTOR HEART SALARY</b>							
1.00	KIDNEY ACQUISITION	105.00	44,647	0		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		44,647	0			
<b>U - RECLASS BONUS PAY</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,232,764	0		0	1.00
2.00		0.00	0	0		0	2.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00		0.00	0	0		0	7.00

		Decreases						
	Cost Center 6.00	Line # 7.00	Salary 8.00	Other 9.00	Wkst. A-7 10.00	Ref.		
8.00		0.00	0	0	0	0		8.00
9.00		0.00	0	0	0	0		9.00
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
TOTALS			3,232,764	0				
<b>V - PAIN CENTER</b>								
1.00	ADULTS & PEDIATRICS	30.00	561,499	184,298		0		1.00
TOTALS			561,499	184,298				
<b>W - NON TEACHING PEDS SPECIALISTS</b>								
1.00	I&R SERVICES-OTHER PRGM	22.00	0	21,092,791		0		1.00
TOTALS			0	21,092,791				
<b>X - GIFT OF HOPE PRE TRANSPL LAB FEES</b>								
1.00	LABORATORY	60.00	0	559,344		0		1.00
2.00		0.00	0	0		0		2.00
3.00		0.00	0	0		0		3.00
TOTALS			0	559,344				
<b>Y - LUNG TRANSPLANT COSTS</b>								
1.00	OPERATING ROOM	50.00	97,601	270,247		0		1.00
TOTALS			97,601	270,247				
500.00	Grand Total: Decreases		15,666,797	369,063,472				500.00

Provider CCN: 14-0208

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

Worksheet A-7  
 Part I  
 Date/Time Prepared:  
 5/25/2018 3:18 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	10,246,009	0	0	0	1.00
2.00	Land Improvements	29,749,240	0	0	1,898	2.00
3.00	Buildings and Fixtures	626,998,090	992,716	0	5,200,494	3.00
4.00	Building Improvements	5,681,326	0	0	76,894	4.00
5.00	Fixed Equipment	273,414,193	19,544,595	391,539	40,902,972	5.00
6.00	Movable Equipment	534,154	59,906	0	225,643	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	946,623,012	20,597,217	391,539	46,407,901	8.00
9.00	Reconciling Items	-99,211,855	-29,009,298	0	0	9.00
10.00	Total (line 8 minus line 9)	1,045,834,867	49,606,515	391,539	46,407,901	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	10,246,009	0			1.00
2.00	Land Improvements	29,747,342	3,248,650			2.00
3.00	Buildings and Fixtures	622,790,312	111,197,719			3.00
4.00	Building Improvements	5,604,432	2,151,569			4.00
5.00	Fixed Equipment	252,447,355	90,055,408			5.00
6.00	Movable Equipment	368,417	238,902			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	921,203,867	206,892,248			8.00
9.00	Reconciling Items	-128,221,153	0			9.00
10.00	Total (line 8 minus line 9)	1,049,425,020	206,892,248			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/25/2018 3:18 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	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

Provider CCN: 14-0208

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

Worksheet A-7  
 Part III  
 Date/Time Prepared:  
 5/25/2018 3:18 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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,049,056,603	0	1,049,056,603	0.999649	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	368,417	0	368,417	0.000351	0	2.00
3.00	Total (sum of lines 1-2)	1,049,425,020	0	1,049,425,020	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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	35,917,008	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	30,195,675	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	66,112,683	0	3.00
Cost Center Description		SUMMARY OF CAPITAL			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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	592,086	0	0	0	36,509,094	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	30,195,675	2.00
3.00	Total (sum of lines 1-2)	592,086	0	0	0	66,704,769	3.00

		Expense Classification on worksheet A To/From which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center		Line #	Wkst. A-7 Ref.
			3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-58,526,571			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	-29,608,692			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	A	-7,481	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		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 - NEW CAP REL COSTS-BLDG & FIXT	A	6,132,546	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-135,625	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		-401,493	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

		Expense Classification on worksheet A To/From which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	wkst. A-7 Ref.	
						1.00
32.00	CAH HIT Adjustment for Depreciation and Interest				0.00	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.00
	(3)					
33.01	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.01
	(3)					
33.02	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.02
	(3)					
33.03	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.03
	(3)					
33.04	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.04
	(3)					
33.05	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.05
	(3)					
33.06	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.06
	(3)					
33.07	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.07
	(3)					
33.08	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 33.08
	(3)					
34.00	MISC REV	B			0.00	0 34.00
35.00	MISC REV	B	-860	NONPATIENT TELEPHONES	5.01	0 35.00
38.00	MISC REV	B	-9	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 38.00
39.00	MISC REV	B	-501,543	ADMINISTRATIVE AND GENERAL	5.06	0 39.00
41.00	MISC REV	B	-39	MAINTENANCE & REPAIRS	6.00	0 41.00
42.00	MISC REV	B	-3,708,532	DIETARY	10.00	0 42.00
43.00	MISC REV	B	-2,431	NURSING ADMINISTRATION	13.00	0 43.00
44.00	MISC REV	B	-15,334	PHARMACY	15.00	0 44.00
45.00	MISC REV	B	-387,555	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.00
45.01	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.01
	(3)					
45.02	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.02
	(3)					
45.03	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.03
	(3)					
45.04	MISC REV	B	-234,016	ADULTS & PEDIATRICS	30.00	0 45.04
45.05	MISC REV	B	-600	INTENSIVE CARE UNIT	31.00	0 45.05
45.06	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.06
	(3)					
45.07	MISC REV	B	-88,515	NEONATAL INTENSIVE CARE UNIT	31.01	0 45.07
45.08	MISC REV	B	-13,000	SUBPROVIDER - IRF	41.00	0 45.08
45.09	MISC REV	B	0		0.00	0 45.09
45.10	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.10
	(3)					
45.11	MISC REV	B	-46,974	RADIOLOGY-DIAGNOSTIC	54.00	0 45.11
45.12	MISC REV	B	-686,510	LABORATORY	60.00	0 45.12
45.13	MISC REV	B	-12,148	PHYSICAL THERAPY	66.00	0 45.13
45.14	MISC REV	B	-65	OCCUPATIONAL THERAPY	67.00	0 45.14
45.15	MISC REV	B	0		0.00	0 45.15
45.16	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.16
	(3)					
45.17	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.17
	(3)					
45.18	MISC REV	B	-3,624	CARDIAC REHABILITATION	76.97	0 45.18
45.19	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.19
	(3)					
45.20	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.20
	(3)					
45.21	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.21
	(3)					
45.22	MISC REV	B	-254,903	EMERGENCY	91.00	0 45.22
45.23	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.23
	(3)					
45.24	NONALLOWABLE COSTS	A	-223,563	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.24
45.25	NON ALLOWABLE COST	A	-333	NONPATIENT TELEPHONES	5.01	0 45.25
45.26	NONALLOWABLE COSTS	A	-334	DATA PROCESSING	5.02	0 45.26
45.27	OTHER ADJUSTMENTS (SPECIFY)				0.00	0 45.27
	(3)					

Expense Classification on worksheet A To/From which the Amount is to be Adjusted						
Cost Center Description	Basis/Code (2)	Amount		Cost Center	Line #	Wkst. A-7 Ref.
		1.00	2.00			
45.28 NONALLOWABLE COSTS	A		-46,759	PURCHASING RECEIVING AND STORES	5.03	0 45.28
45.29 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 45.29
45.30 NONALLOWABLE COSTS	A		0		0.00	0 45.30
45.31 NONALLOWABLE COST	A		-10,777	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 45.31
45.32 NONALLOWABLE COST	A		-8,351,466	ADMINISTRATIVE AND GENERAL	5.06	0 45.32
45.33 NONALLOWABLE COSTS	A		-19,212	MAINTENANCE & REPAIRS	6.00	0 45.33
45.34 NONALLOWABLE COSTS	A		-374	HOUSEKEEPING	9.00	0 45.34
45.35 NONALLOWABLE COSTS	A		-11,401	DIETARY	10.00	0 45.35
45.36 NONALLOWABLE COSTS	A		-36,870	NURSING ADMINISTRATION	13.00	0 45.36
45.37 NONALLOWABLE COSTS	A		-8,363	PHARMACY	15.00	0 45.37
45.38 NONALLOWABLE COSTS	A		0		0.00	0 45.38
45.39 NONALLOWABLE COSTS	A		-34,061	SOCIAL SERVICE	17.00	0 45.39
45.40 NONALLOWABLE COSTS	A		-226,296	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.40
45.41 NONALLOWABLE COSTS	A		0		0.00	0 45.41
45.42 NONALLOWABLE COSTS	A		-409,005	ADULTS & PEDIATRICS	30.00	0 45.42
45.43 NONALLOWABLE COSTS	A		-73,367	INTENSIVE CARE UNIT	31.00	0 45.43
45.44 NONALLOWABLE COSTS	A		-15,387	NEONATAL INTENSIVE CARE UNIT	31.01	0 45.44
45.45 NONALLOWABLE COSTS	A		-45,232	SUBPROVIDER - IPF	40.00	0 45.45
45.46 NONALLOWABLE COSTS	A		-5,367	SUBPROVIDER - IRF	41.00	0 45.46
45.47 NONALLOWABLE COSTS	A		-223,087	OPERATING ROOM	50.00	0 45.47
45.48 NONALLOWABLE COSTS	A		-83	RECOVERY ROOM	51.00	0 45.48
45.49 NONALLOWABLE COSTS	A		-1,014	DELIVERY ROOM & LABOR ROOM	52.00	0 45.49
45.50 NONALLOWABLE COSTS	A		-297	ANESTHESIOLOGY	53.00	0 45.50
45.51 NONALLOWABLE COSTS	A		-15,584	RADIOLOGY-DIAGNOSTIC	54.00	0 45.51
45.52 NONALLOWABLE COSTS	A		-49,132	LABORATORY	60.00	0 45.52
45.53 NONALLOWABLE COSTS	A		-10,616	ELECTROCARDIOLOGY	69.00	0 45.53
45.54 NONALLOWABLE COSTS	A		-52,462	RESPIRATORY THERAPY	65.00	0 45.54
45.55 NONALLOWABLE COSTS	A		-24,210	PHYSICAL THERAPY	66.00	0 45.55
45.56 NONALLOWABLE COSTS	A		-3,650	OCCUPATIONAL THERAPY	67.00	0 45.56
45.57 NONALLOWABLE COSTS	A		0		0.00	0 45.57
45.58 NONALLOWABLE COSTS	A		0		0.00	0 45.58
45.59 NONALLOWABLE COSTS	A		-1,843	DEV EVALUATION	76.00	0 45.59
45.60 NONALLOWABLE COSTS	A		-317	CARDIAC REHABILITATION	76.97	0 45.60
45.61 NONALLOWABLE COST	A		-1,816	AMBULATORY CARE	90.03	0 45.61
45.62 NONALLOWABLE COSTS	A		-199,140	EMERGENCY	91.00	0 45.62
45.63 NONALLOWABLE COSTS	A		-98,243	KIDNEY ACQUISITION	105.00	0 45.63
45.64 NONALLOWABLE COSTS	A		-107,132	OTHER NONREIMB	190.01	0 45.64
45.65 PUBLIC RELATIONS	A		-5,504	ADMINISTRATIVE AND GENERAL	5.06	0 45.65
45.66 INTEREST OFFSET	A		-13,606,057	ADMINISTRATIVE AND GENERAL	5.06	0 45.66
45.67 ELIMINATE MEDICAID ASSESSMENT	A		-35,086,742	ADMINISTRATIVE AND GENERAL	5.06	0 45.67
45.71 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0 45.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)			-147,509,070			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: 14-0208

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

Worksheet A-8-1

Date/Time Prepared: 5/25/2018 3:18 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>					
<b>HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT PERSONNEL	16,833,737	0	1.00
2.00	5.02	DATA PROCESSING DATA PROCESSING	16,495,603	36,149,697	2.00
3.00	5.06	ADMINISTRATIVE AND GENERAL A&G	18,584,003	53,646,042	3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX NEW CAP.-B&F	2,241,980	0	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI NEW CAP.-M.E.	6,031,724	0	4.01
4.02	0.00		0	0	4.02
4.03	0.00		0	0	4.03
5.00	0	0	60,187,047	89,795,739	5.00

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTH	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2018 3:18 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	16,833,737	0	1.00
2.00	-19,654,094	0	2.00
3.00	-35,062,039	0	3.00
4.00	2,241,980	9	4.00
4.01	6,031,724	9	4.01
4.02	0	0	4.02
4.03	0	0	4.03
5.00	-29,608,692		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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>	

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

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

6.00	HEALTHCARE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0208

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

worksheet A-8-2

Date/Time Prepared:  
5/25/2018 3:18 pm

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
Wkst. A Line #	Cost Center/Physician Identifier		Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	5.06	ADMINISTRATIVE AND GENERAL	1,488,387	1,488,387	0	177,200	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,405,846	1,405,846	0	177,200	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	26,834,803	26,834,803	0	177,200	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	1,691	1,691	0	177,200	0	4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	2,704,708	2,704,708	0	154,100	0	5.00
6.00	41.00	SUBPROVIDER - IRF	3,969,929	3,969,929	0	177,200	0	6.00
7.00	50.00	OPERATING ROOM	11,290,249	11,290,249	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	18,243	18,243	0	208,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	3,697,539	3,697,539	0	225,300	0	9.00
10.00	66.00	PHYSICAL THERAPY	8,690	8,690	0	177,200	0	10.00
11.00	91.00	EMERGENCY	7,106,486	7,106,486	0	208,000	0	11.00
200.00			58,526,571	58,526,571	0		0	200.00

  

	8.00	9.00	12.00	13.00	14.00		
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	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	0	0
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0
7.00	50.00	OPERATING ROOM	0	0	0	0	0
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0
11.00	91.00	EMERGENCY	0	0	0	0	0
200.00			0	0	0	0	0

  

	15.00	16.00	17.00	18.00		
Wkst. A Line #	Cost Center/Physician Identifier		Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	1,488,387
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,405,846
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	26,834,803
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,691
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	2,704,708
6.00	41.00	SUBPROVIDER - IRF	0	0	0	3,969,929
7.00	50.00	OPERATING ROOM	0	0	0	11,290,249
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	18,243
9.00	65.00	RESPIRATORY THERAPY	0	0	0	3,697,539
10.00	66.00	PHYSICAL THERAPY	0	0	0	8,690
11.00	91.00	EMERGENCY	0	0	0	7,106,486
200.00			0	0	0	58,526,571

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT			
		1.00	2.00	4.00	5.01		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	36,509,094	36,509,094					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	30,195,675		30,195,675				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	79,711,064	92,482	39	79,803,585			4.00
5.01 00540 NONPATIENT TELEPHONES	2,620,388	238,503	162	146,125	3,005,178		5.01
5.02 00550 DATA PROCESSING	22,066,496	60,518	1,445,945	529	32,713		5.02
5.03 00560 PURCHASING RECEIVING AND STORES	5,999,064	607	53,925	414,175	32,713		5.03
5.04 00570 ADMITTING	22,257	1,680	101,215	0	25,279		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	40,189,792	430,535	4,381	195,290	166,541		5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	57,172,619	19,762,992	2,098,219	4,829,092	267,656		5.06
6.00 00600 MAINTENANCE & REPAIRS	27,242,322	4,194,665	253,870	928,195	151,672		6.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,779,911	0	28,988	0	0		8.00
9.00 00900 HOUSEKEEPING	12,683,319	434	77,853	1,772,197	19,331		9.00
10.00 01000 DIETARY	9,092,836	78,148	412,831	1,225,032	65,427		10.00
11.00 01100 CAFETERIA	0	0	0	0	0		11.00
13.00 01300 NURSING ADMINISTRATION	2,102,824	576,047	396,344	242,428	40,148		13.00
15.00 01500 PHARMACY	15,598,408	384,327	733,044	3,017,290	49,070		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	37,522	5,199	6,966	0	77,323		16.00
17.00 01700 SOCIAL SERVICE	2,929,505	0	0	588,027	26,766		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,697,261	0	0	3,768,037	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,770,177	0	1,852	0	84,758		22.00
23.00 02300 ER PARAMEDIC TRNG	817,465	15,379	5,836	133,901	17,844		23.00
23.01 02301 PASTORAL CARE	200,010	1,915	1,443	35,344	7,435		23.01
23.02 02302 PHARMACY RESIDENCY	268,571	1,536	2,924	56,652	0		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	121,229,948	1,854,995	2,098,244	21,634,168	514,494		30.00
31.00 03100 INTENSIVE CARE UNIT	40,999,744	96,174	2,163,639	6,784,629	56,505		31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	8,593,374	470,964	236,389	1,454,625	53,531		31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - IPF	4,797,316	2,858	40,579	952,966	110,036		40.00
41.00 04100 SUBPROVIDER - IRF	6,845,691	51,616	47,494	1,348,063	34,200		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	9,471,122	618,948	462,896	1,749,588	49,070		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	47,959,420	1,702,588	6,835,024	7,610,292	190,333		50.00
51.00 05100 RECOVERY ROOM	6,455,389	27,838	330,669	1,279,037	11,896		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,406,860	52,510	316,734	1,464,223	37,174		52.00
53.00 05300 ANESTHESIOLOGY	1,736,389	0	88,394	212,023	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,703,964	2,412,209	9,249,034	4,621,359	233,455		54.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	27,965,146	305,589	2,051	41,669	135,315		60.00
60.01 06001 BLOOD LABORATORY	4,110,039	0	0	0	11,896		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	15,538,908	413	683,687	3,096,605	38,661		65.00
66.00 06600 PHYSICAL THERAPY	6,171,056	7,576	222,151	1,235,473	31,226		66.00
67.00 06700 OCCUPATIONAL THERAPY	5,365,497	4,839	101,348	1,071,358	71,375		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	4,299,671	466	405,011	866,907	55,018		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	217,369	33,914	58,324	44,034	7,435		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	91,286,542	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	75,119,170	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48,075,265	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	1,954,183	246,139	66,894	388,410	0		74.00
76.00 03020 DEV EVALUATION	2,942,701	644	22,060	590,819	35,687		76.00
76.97 07697 CARDIAC REHABILITATION	965,832	0	62,703	195,816	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0		90.02
90.03 09003 AMBULATORY CARE	3,376,038	970	175,583	626,598	72,862		90.03
90.04 09004 OTHER	0	0	0	0	0		90.04
91.00 09100 EMERGENCY	23,217,671	1,684,628	861,952	4,169,898	148,698		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00

Provider CCN: 14-0208

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

Worksheet B  
 Part I  
 Date/Time Prepared:  
 5/25/2018 3:18 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	1,624,416	29,919	0	116,175	1,487	105.00
106.00 10600 HEART ACQUISITION	4,235,347	0	8,740	394,486	5,948	106.00
108.00 10800 LUNG ACQUISITION	431,974	0	0	24,553	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	976,802,622	35,450,764	30,165,437	79,326,088	2,970,978	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	420	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	3,856,370	1,058,330	30,238	477,497	34,200	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	980,659,412	36,509,094	30,195,675	79,803,585	3,005,178	202.00

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	23,606,201					5.02
5.03	00560		6,500,484				5.03
5.04	00570			150,431			5.04
5.05	00580				40,986,539		5.05
5.06	00590					84,130,578	5.06
6.00	00600		10			32,770,734	6.00
8.00	00800					3,808,899	8.00
9.00	00900		137			14,553,271	9.00
10.00	01000		284			10,874,558	10.00
11.00	01100						11.00
13.00	01300		16,055			3,373,846	13.00
15.00	01500		4,249			19,786,388	15.00
16.00	01600					127,010	16.00
17.00	01700					3,544,298	17.00
21.00	02100					19,465,298	21.00
22.00	02200		65			11,856,852	22.00
23.00	02300		39			990,464	23.00
23.01	02301					246,147	23.01
23.02	02302		17			329,700	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,320,997	258,676	28,504	5,768,027	156,708,053	30.00
31.00	03100	1,289,552	235,679	11,665	2,238,878	53,876,465	31.00
31.01	03101	276,003	26,545	2,497	479,188	11,593,116	31.01
32.00	03200						32.00
33.00	03300						33.00
34.00	03400						34.00
40.00	04000	159,924	3,111	1,447	277,655	6,345,892	40.00
41.00	04100	155,876	10,239	1,410	270,627	8,765,216	41.00
42.00	04200						42.00
43.00	04300	316,942	32,241	2,867	550,264	13,253,938	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,272,048	3,830,357	12,596	3,944,656	74,357,314	50.00
51.00	05100	280,368	8,586	1,066	486,766	8,881,615	51.00
52.00	05200	257,895	65,328	2,148	447,749	10,050,621	52.00
53.00	05300	455,179	56,009	2,629	790,266	3,340,889	53.00
54.00	05400	3,133,047	831,323	12,773	5,439,495	53,636,659	54.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000	1,767,347	240,413	10,932	3,068,410	33,536,872	60.00
60.01	06001	288,874	34,072	2,128	501,534	4,948,543	60.01
62.00	06200						62.00
65.00	06500	975,750	237,460	8,480	1,694,065	22,274,029	65.00
66.00	06600	361,835	426,421	2,062	628,207	9,086,007	66.00
67.00	06700	204,804	3,297	925	355,574	7,179,017	67.00
68.00	06800						68.00
69.00	06900	437,941	8,181	2,341	760,339	6,835,875	69.00
70.00	07000	29,774	255	228	51,693	443,026	70.00
71.00	07100	900,139		6,293	1,562,792	93,755,766	71.00
72.00	07200	1,557,175		10,750	2,703,516	79,390,611	72.00
73.00	07300	3,229,828		20,385	5,607,523	56,933,001	73.00
74.00	07400	59,612	23,930	513	103,497	2,843,178	74.00
76.00	03020	48,361	3,575	165	83,963	3,727,975	76.00
76.97	07697	24,812	783	45	43,078	1,293,069	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000						90.00
90.01	09001						90.01
90.02	09002						90.02
90.03	09003	123,592	7,560	7	214,576	4,597,786	90.03
90.04	09004						90.04
91.00	09100	1,637,273	130,179	5,202	2,842,581	34,698,082	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910						99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	9,757	6	88	16,939	1,798,787	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:  
From 01/01/2017  
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	22,325	1,449	202	38,759	4,707,256	106.00
108.00	10800	LUNG ACQUISITION	9,171	0	83	15,922	481,703	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,606,201	6,496,531	150,431	40,986,539	975,198,404	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01	19001	OTHER NONREIMB	0	3,953	0	0	5,460,588	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,606,201	6,500,484	150,431	40,986,539	980,659,412	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:  
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Part I  
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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	84,130,578					5.06
6.00	00600 MAINTENANCE & REPAIRS	3,075,206	35,845,940				6.00
8.00	00800 LAUNDRY & LINEN SERVICE	357,427	137,495	4,303,821			8.00
9.00	00900 HOUSEKEEPING	1,365,679	560,411	0	16,479,361		9.00
10.00	01000 DIETARY	1,020,469	1,454,711	0	771,088	14,120,826	10.00
11.00	01100 CAFETERIA	0	0	0	0	6,485,636	11.00
13.00	01300 NURSING ADMINISTRATION	316,602	118,136	0	184,979	0	13.00
15.00	01500 PHARMACY	1,856,755	513,546	0	183,720	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	11,919	180,612	0	133,657	0	16.00
17.00	01700 SOCIAL SERVICE	332,597	29,892	0	23,614	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,826,624	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,112,647	567,944	0	170,181	0	22.00
23.00	02300 ER PARAMEDIC TRNG	92,945	9,816	7,437	122,008	0	23.00
23.01	02301 PASTORAL CARE	23,098	27,676	0	10,548	0	23.01
23.02	02302 PHARMACY RESIDENCY	30,939	2,045	0	472	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	14,705,793	10,567,582	2,194,056	2,829,001	5,748,934	30.00
31.00	03100 INTENSIVE CARE UNIT	5,055,767	2,907,001	494,433	1,155,529	1,154,431	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	1,087,898	382,799	31,725	39,515	0	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	595,499	540,949	63,178	222,447	331,539	40.00
41.00	04100 SUBPROVIDER - IRF	822,528	706,291	84,646	175,533	400,286	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	1,243,750	803,056	55,988	126,888	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,977,690	5,091,453	124,088	624,679	0	50.00
51.00	05100 RECOVERY ROOM	833,451	834,482	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	943,150	2,018,530	96,739	40,774	0	52.00
53.00	05300 ANESTHESIOLOGY	313,509	96,867	0	8,186	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,033,264	3,326,952	564,569	2,348,212	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	3,147,100	789,423	30,023	575,561	0	60.00
60.01	06001 BLOOD LABORATORY	464,371	0	0	34,792	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	2,090,195	194,143	0	186,081	0	65.00
66.00	06600 PHYSICAL THERAPY	852,631	239,441	101,981	286,836	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	673,679	274,582	0	409,945	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	641,479	316,335	41,774	173,329	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	41,574	54,807	32,910	40,459	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,798,041	0	0	1,012,899	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7,450,015	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,342,593	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	266,804	114,352	0	23,142	0	74.00
76.00	03020 DEV EVALUATION	349,833	287,022	0	97,606	0	76.00
76.97	07697 CARDIAC REHABILITATION	121,342	129,554	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	431,456	664,504	31,589	312,969	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	3,256,068	1,723,464	290,269	2,008,795	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	168,798	35,311	0	0	0	105.00
106.00	10600 HEART ACQUISITION	441,729	47,275	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2017  
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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
108.00	10800 LUNG ACQUISITION	45,203	9,884	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	83,618,117	35,758,343	4,245,405	14,333,445	14,120,826	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39	70,759	0	62,972	0	190.00
190.01	19001 OTHER NONREIMB	512,422	16,838	58,416	2,082,944	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	84,130,578	35,845,940	4,303,821	16,479,361	14,120,826	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	6,485,636					11.00
13.00 01300 NURSING ADMINISTRATION	18,269	4,011,832				13.00
15.00 01500 PHARMACY	204,008	0	22,544,417			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	453,198		16.00
17.00 01700 SOCIAL SERVICE	51,763	27,640	0	345	4,010,149	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	275,563	1,845	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	200	0	0	22.00
23.00 02300 ER PARAMEDIC TRNG	12,180	249	8,848	0	0	23.00
23.01 02301 PASTORAL CARE	3,045	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	4,567	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,151,222	1,678,977	481,883	156,619	3,210,724	30.00
31.00 03100 INTENSIVE CARE UNIT	647,041	573,992	473,752	662	644,401	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	121,796	104,688	16,610	28,917	155,024	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	91,347	80,309	21,827	21,403	0	40.00
41.00 04100 SUBPROVIDER - IRF	127,886	107,325	8,268	22,624	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	155,290	138,551	22,843	5,351	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	675,968	401,892	333,561	54,487	0	50.00
51.00 05100 RECOVERY ROOM	115,706	102,144	35,601	2,275	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	140,065	125,404	53,439	3,580	0	52.00
53.00 05300 ANESTHESIOLOGY	25,882	22,933	288,691	1,501	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	411,061	117,324	75,749	46,890	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,045	0	60	16,528	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	1,100	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	307,535	101	246	5,509	0	65.00
66.00 06600 PHYSICAL THERAPY	108,094	13,039	1,458	3,971	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	94,392	1,074	0	2,536	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	83,735	61,652	6,002	27,323	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,090	1,349	0	270	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	20,399,565	5,080	0	73.00
74.00 07400 RENAL DIALYSIS	31,971	28,384	10,864	149	0	74.00
76.00 03020 DEV EVALUATION	50,241	1	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	15,224	14,288	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	50,241	54,135	29,166	65	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	429,331	347,666	274,173	46,013	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	6,090	53	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	24,359	581	0	0	0	106.00
108.00	10800 LUNG ACQUISITION	3,045	127	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,446,052	4,005,723	22,542,806	453,198	4,010,149	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	39,584	6,109	1,611	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,485,636	4,011,832	22,544,417	453,198	4,010,149	202.00

Cost Center Description	INTERNS & RESIDENTS		Subtotal 22A	ER PARAMEDIC TRNG 23.00	PASTORAL CARE 23.01	
	SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	21,569,330					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		13,707,824				22.00
23.00 02300 ER PARAMEDIC TRNG			1,243,947	1,243,947		23.00
23.01 02301 PASTORAL CARE					310,908	23.01
23.02 02302 PHARMACY RESIDENCY			367,723			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	11,127,778	7,071,968	218,632,590	277,754	213,719	30.00
31.00 03100 INTENSIVE CARE UNIT	2,380,026	1,512,563	70,876,063	90,013	40,603	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	1,151,117	731,563	15,444,768	19,615	9,769	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	8,314,390	10,559	11,661	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	11,220,603	14,250	14,079	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	15,805,655	20,073	21,077	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,521,716	1,602,611	92,765,459	117,812	0	50.00
51.00 05100 RECOVERY ROOM	0	0	10,805,274	13,723	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	13,472,302	17,110	0	52.00
53.00 05300 ANESTHESIOLOGY	240,781	153,022	4,492,261	5,705	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	65,560,680	83,262	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	38,098,612	48,385	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	5,448,806	6,920	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	25,057,839	31,823	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	10,693,458	13,581	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	8,635,225	10,967	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	629,734	400,211	9,217,449	11,706	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	620,485	788	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	103,566,706	131,530	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	86,840,626	110,288	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	82,680,239	105,004	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	3,318,844	4,215	0	74.00
76.00 03020 DEV EVALUATION	0	0	4,512,678	5,731	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,573,477	1,998	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	6,171,911	7,838	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,518,178	2,235,886	48,827,925	62,011	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10

Provider CCN: 14-0208

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

Worksheet B  
 Part I  
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Cost Center Description		INTERNS & RESIDENTS		Subtotal 22A	ER PARAMEDIC TRNG 23.00	PASTORAL CARE 23.01		
		SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00					
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,009,039	2,551	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,221,200	6,631	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	539,962	686	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,569,330	13,707,824	972,346,710	1,233,390	310,908	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	134,190	170	0	190.00
190.01	19001	OTHER NONREIMB	0	0	8,178,512	10,387	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	21,569,330	13,707,824	980,659,412	1,243,947	310,908	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B  
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5/25/2018 3:18 pm

Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23A.01	23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	ER PARAMEDIC TRNG					23.00
23.01	02301	PASTORAL CARE					23.01
23.02	02302	PHARMACY RESIDENCY	368,190	368,190			23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	219,124,063	81,990	219,206,053	-18,199,746	201,006,307
31.00	03100	INTENSIVE CARE UNIT	71,006,679	26,699	71,033,378	-3,892,589	67,140,789
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,474,152	5,818	15,479,970	-1,882,680	13,597,290
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	8,336,610	3,135	8,339,745	0	8,339,745
41.00	04100	SUBPROVIDER - IRF	11,248,932	4,230	11,253,162	0	11,253,162
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	15,846,805	5,958	15,852,763	0	15,852,763
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	92,883,271	34,924	92,918,195	-4,124,327	88,793,868
51.00	05100	RECOVERY ROOM	10,818,997	4,068	10,823,065	0	10,823,065
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,489,412	5,072	13,494,484	0	13,494,484
53.00	05300	ANESTHESIOLOGY	4,497,966	1,691	4,499,657	-393,803	4,105,854
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,643,942	24,682	65,668,624	0	65,668,624
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	38,146,997	14,343	38,161,340	0	38,161,340
60.01	06001	BLOOD LABORATORY	5,455,726	2,051	5,457,777	0	5,457,777
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	25,089,662	9,434	25,099,096	0	25,099,096
66.00	06600	PHYSICAL THERAPY	10,707,039	4,026	10,711,065	0	10,711,065
67.00	06700	OCCUPATIONAL THERAPY	8,646,192	3,251	8,649,443	0	8,649,443
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	9,229,155	3,470	9,232,625	-1,029,945	8,202,680
70.00	07000	ELECTROENCEPHALOGRAPHY	621,273	234	621,507	0	621,507
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	103,698,236	38,991	103,737,227	0	103,737,227
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	86,950,914	32,694	86,983,608	0	86,983,608
73.00	07300	DRUGS CHARGED TO PATIENTS	82,785,243	31,127	82,816,370	0	82,816,370
74.00	07400	RENAL DIALYSIS	3,323,059	1,249	3,324,308	0	3,324,308
76.00	03020	DEV EVALUATION	4,518,409	1,699	4,520,108	0	4,520,108
76.97	07697	CARDIAC REHABILITATION	1,575,475	592	1,576,067	0	1,576,067
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	6,179,749	2,324	6,182,073	0	6,182,073
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	48,889,936	18,383	48,908,319	-5,754,064	43,154,255
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B  
Part I  
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Cost Center Description	Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23A.01	23.02	24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	2,011,590	756	2,012,346	0	2,012,346 105.00
106.00	10600 HEART ACQUISITION	5,227,831	1,966	5,229,797	0	5,229,797 106.00
108.00	10800 LUNG ACQUISITION	540,648	203	540,851	0	540,851 108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	972,336,153	365,060	972,333,023	-35,277,154	937,055,869 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,360	51	134,411	0	134,411 190.00
190.01	19001 OTHER NONREIMB	8,188,899	3,079	8,191,978	0	8,191,978 190.01
190.02	19002 OTHER	0	0	0	0	0 190.02
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	980,659,412	368,190	980,659,412	-35,277,154	945,382,258 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00	2A		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	91,367	92,482	39	183,888	183,888	4.00
5.01 00540 NONPATIENT TELEPHONES	234,909	238,503	162	473,574	337	5.01
5.02 00550 DATA PROCESSING	66	60,518	1,445,945	1,506,529	1	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	30,537	607	53,925	85,069	955	5.03
5.04 00570 ADMITTING	0	1,680	101,215	102,895	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	425,089	430,535	4,381	860,005	450	5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	158,106	19,762,992	2,098,219	22,019,317	11,135	5.06
6.00 00600 MAINTENANCE & REPAIRS	45,594	4,194,665	253,870	4,494,129	2,140	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	28,988	28,988	0	8.00
9.00 00900 HOUSEKEEPING	0	434	77,853	78,287	4,086	9.00
10.00 01000 DIETARY	215,378	78,148	412,831	706,357	2,825	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	0	576,047	396,344	972,391	559	13.00
15.00 01500 PHARMACY	1,010	384,327	733,044	1,118,381	6,957	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	16,066	5,199	6,966	28,231	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	1,356	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,158	0	0	1,158	8,688	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,852	1,852	0	22.00
23.00 02300 ER PARAMEDIC TRNG	0	15,379	5,836	21,215	309	23.00
23.01 02301 PASTORAL CARE	0	1,915	1,443	3,358	81	23.01
23.02 02302 PHARMACY RESIDENCY	0	1,536	2,924	4,460	131	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,727,110	1,854,995	2,098,244	5,680,349	49,761	30.00
31.00 03100 INTENSIVE CARE UNIT	2,100	96,174	2,163,639	2,261,913	15,644	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	20,040	470,964	236,389	727,393	3,354	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	2,858	40,579	43,437	2,197	40.00
41.00 04100 SUBPROVIDER - IRF	29,464	51,616	47,494	128,574	3,108	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	618,948	462,896	1,081,844	4,034	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	852,752	1,702,588	6,835,024	9,390,364	17,548	50.00
51.00 05100 RECOVERY ROOM	0	27,838	330,669	358,507	2,949	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	52	52,510	316,734	369,296	3,376	52.00
53.00 05300 ANESTHESIOLOGY	0	0	88,394	88,394	489	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	792,298	2,412,209	9,249,034	12,453,541	10,656	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	305,589	2,051	307,640	96	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	129,098	413	683,687	813,198	7,140	65.00
66.00 06600 PHYSICAL THERAPY	149	7,576	222,151	229,876	2,849	66.00
67.00 06700 OCCUPATIONAL THERAPY	122	4,839	101,348	106,309	2,470	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	9,195	466	405,011	414,672	1,999	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	293	33,914	58,324	92,531	102	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	246,139	66,894	313,033	896	74.00
76.00 03020 DEV EVALUATION	3,905	644	22,060	26,609	1,362	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	62,703	62,703	452	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	288	970	175,583	176,841	1,445	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	10,818	1,684,628	861,952	2,557,398	9,615	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	94,645	29,919	0	124,564	268	105.00
106.00 10600 HEART ACQUISITION	0	0	8,740	8,740	910	106.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	57	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4,891,609	35,450,764	30,165,437	70,507,810	182,787	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	1,048,204	1,058,330	30,238	2,136,772	1,101	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	5,939,813	36,509,094	30,195,675	72,644,582	183,888	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:  
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES	473,911					5.01
5.02	00550 DATA PROCESSING	5,159	1,511,689				5.02
5.03	00560 PURCHASING RECEIVING AND STORES	5,159	0	91,183			5.03
5.04	00570 ADMITTING	3,986	0	0	106,881		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	26,263	0	0	0	886,718	5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	42,209	0	0	0	0	5.06
6.00	00600 MAINTENANCE & REPAIRS	23,918	0	0	0	0	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	3,048	0	2	0	0	9.00
10.00	01000 DIETARY	10,318	0	4	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	6,331	0	225	0	0	13.00
15.00	01500 PHARMACY	7,738	0	60	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	12,194	0	0	0	0	16.00
17.00	01700 SOCIAL SERVICE	4,221	0	0	0	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,366	0	1	0	0	22.00
23.00	02300 ER PARAMEDIC TRNG	2,814	0	1	0	0	23.00
23.01	02301 PASTORAL CARE	1,172	0	0	0	0	23.01
23.02	02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	81,138	211,941	3,627	19,500	125,222	30.00
31.00	03100 INTENSIVE CARE UNIT	8,911	82,626	3,305	8,360	48,409	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	8,442	17,685	372	1,789	10,361	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	17,353	10,247	44	1,037	6,003	40.00
41.00	04100 SUBPROVIDER - IRF	5,393	9,988	144	1,011	5,852	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	7,738	20,308	452	2,055	11,898	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	30,015	145,578	53,742	9,027	85,292	50.00
51.00	05100 RECOVERY ROOM	1,876	17,964	120	764	10,525	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,862	16,524	916	1,539	9,681	52.00
53.00	05300 ANESTHESIOLOGY	0	29,165	785	1,884	17,087	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	36,815	200,746	11,657	9,154	117,613	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	21,339	113,240	3,371	7,835	66,345	60.00
60.01	06001 BLOOD LABORATORY	1,876	18,509	478	1,525	10,844	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	6,097	62,520	3,330	6,077	36,629	65.00
66.00	06600 PHYSICAL THERAPY	4,924	23,184	5,979	1,478	13,583	66.00
67.00	06700 OCCUPATIONAL THERAPY	11,256	13,123	46	663	7,688	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,676	28,060	115	1,677	16,440	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,172	1,908	4	164	1,118	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	57,675	0	4,510	33,791	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	99,774	0	7,704	58,456	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	206,947	0	14,609	121,246	73.00
74.00	07400 RENAL DIALYSIS	0	3,820	336	368	2,238	74.00
76.00	03020 DEV EVALUATION	5,628	3,099	50	119	1,815	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,590	11	32	931	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	11,490	7,919	106	5	4,640	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	23,449	104,906	1,825	3,728	61,463	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	234	625	0	63	366	105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
106.00	10600 HEART ACQUISITION	938	1,430	20	145	838	106.00
108.00	10800 LUNG ACQUISITION	0	588	0	59	344	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	468,518	1,511,689	91,128	106,881	886,718	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	5,393	0	55	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	473,911	1,511,689	91,183	106,881	886,718	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	22,072,661					5.06
6.00	00600 MAINTENANCE & REPAIRS	806,815	5,327,002				6.00
8.00	00800 LAUNDRY & LINEN SERVICE	93,775	20,433	143,196			8.00
9.00	00900 HOUSEKEEPING	358,302	83,282	0	527,007		9.00
10.00	01000 DIETARY	267,732	216,182	0	24,659	1,228,077	10.00
11.00	01100 CAFETERIA	0	0	0	0	564,050	11.00
13.00	01300 NURSING ADMINISTRATION	83,064	17,556	0	5,916	0	13.00
15.00	01500 PHARMACY	487,141	76,317	0	5,875	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,127	26,840	0	4,274	0	16.00
17.00	01700 SOCIAL SERVICE	87,261	4,442	0	755	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	479,236	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	291,916	84,401	0	5,442	0	22.00
23.00	02300 ER PARAMEDIC TRNG	24,385	1,459	247	3,902	0	23.00
23.01	02301 PASTORAL CARE	6,060	4,113	0	337	0	23.01
23.02	02302 PHARMACY RESIDENCY	8,117	304	0	15	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	3,858,272	1,570,428	72,999	90,471	499,980	30.00
31.00	03100 INTENSIVE CARE UNIT	1,326,439	432,004	16,451	36,954	100,400	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	285,423	56,887	1,056	1,264	0	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	156,236	80,390	2,102	7,114	28,834	40.00
41.00	04100 SUBPROVIDER - IRF	215,800	104,961	2,816	5,614	34,813	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	326,312	119,341	1,863	4,058	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,830,677	756,632	4,129	19,977	0	50.00
51.00	05100 RECOVERY ROOM	218,665	124,011	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	247,446	299,970	3,219	1,304	0	52.00
53.00	05300 ANESTHESIOLOGY	82,253	14,395	0	262	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,320,535	494,413	18,784	75,095	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	825,678	117,315	999	18,406	0	60.00
60.01	06001 BLOOD LABORATORY	121,833	0	0	1,113	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	548,387	28,851	0	5,951	0	65.00
66.00	06600 PHYSICAL THERAPY	223,697	35,583	3,393	9,173	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	176,747	40,805	0	13,110	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	168,299	47,010	1,390	5,543	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	10,907	8,145	1,095	1,294	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,308,267	0	0	32,392	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,954,597	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,401,690	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	69,999	16,994	0	740	0	74.00
76.00	03020 DEV EVALUATION	91,783	42,654	0	3,121	0	76.00
76.97	07697 CARDIAC REHABILITATION	31,835	19,253	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	113,197	98,751	1,051	10,009	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	854,267	256,121	9,658	64,241	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	44,286	5,248	0	0	0	105.00
106.00	10600 HEART ACQUISITION	115,893	7,025	0	0	0	106.00

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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
108.00	10800	11,860	1,469	0	0	0	108.00
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		21,938,211	5,313,985	141,252	458,381	1,228,077	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	10	10,515	0	2,014	0	190.00
190.01	19001	134,440	2,502	1,944	66,612	0	190.01
190.02	19002	0	0	0	0	0	190.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		22,072,661	5,327,002	143,196	527,007	1,228,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	11.00	13.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	564,050					11.00
13.00 01300 NURSING ADMINISTRATION	1,589	1,087,631				13.00
15.00 01500 PHARMACY	17,742	0	1,720,211			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	74,666		16.00
17.00 01700 SOCIAL SERVICE	4,502	7,493	0	57	110,087	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	23,966	500	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	15	0	0	22.00
23.00 02300 ER PARAMEDIC TRNG	1,059	68	675	0	0	23.00
23.01 02301 PASTORAL CARE	265	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	397	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	187,090	455,184	36,770	25,802	88,141	30.00
31.00 03100 INTENSIVE CARE UNIT	56,273	155,613	36,149	109	17,690	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	10,592	28,381	1,267	4,764	4,256	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	7,944	21,772	1,666	3,526	0	40.00
41.00 04100 SUBPROVIDER - IRF	11,122	29,096	631	3,727	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	13,505	37,562	1,743	882	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	58,788	108,955	25,452	8,977	0	50.00
51.00 05100 RECOVERY ROOM	10,063	27,692	2,717	375	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,181	33,998	4,078	590	0	52.00
53.00 05300 ANESTHESIOLOGY	2,251	6,217	22,028	247	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,750	31,807	5,780	7,725	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	265	0	5	2,723	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	181	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	26,746	27	19	908	0	65.00
66.00 06600 PHYSICAL THERAPY	9,401	3,535	111	654	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	8,209	291	0	418	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	7,282	16,714	458	4,502	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	530	366	0	45	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,556,549	837	0	73.00
74.00 07400 RENAL DIALYSIS	2,781	7,695	829	25	0	74.00
76.00 03020 DEV EVALUATION	4,369	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1,324	3,873	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	4,369	14,676	2,225	11	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	37,339	94,254	20,921	7,581	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	530	14	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:  
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To 12/31/2017

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	2,118	158	0	0	0	0 106.00
108.00	10800 LUNG ACQUISITION	265	34	0	0	0	0 108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	560,607	1,085,975	1,720,088	74,666	110,087	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01	19001 OTHER NONREIMB	3,443	1,656	123	0	0	0 190.01
190.02	19002 OTHER	0	0	0	0	0	0 190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	564,050	1,087,631	1,720,211	74,666	110,087	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS				
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY
	21.00	22.00	23.00	23.01	23.02
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	513,548				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		396,993			22.00
23.00 02300 ER PARAMEDIC TRNG			56,134		23.00
23.01 02301 PASTORAL CARE				15,386	23.01
23.02 02302 PHARMACY RESIDENCY					13,424
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200 CORONARY CARE UNIT					32.00
33.00 03300 BURN INTENSIVE CARE UNIT					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000 SUBPROVIDER - IPF					40.00
41.00 04100 SUBPROVIDER - IRF					41.00
42.00 04200 SUBPROVIDER					42.00
43.00 04300 NURSERY					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
57.00 05700 CT SCAN					57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900 CARDIAC CATHETERIZATION					59.00
60.00 06000 LABORATORY					60.00
60.01 06001 BLOOD LABORATORY					60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
65.00 06500 RESPIRATORY THERAPY					65.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					73.00
74.00 07400 RENAL DIALYSIS					74.00
76.00 03020 DEV EVALUATION					76.00
76.97 07697 CARDIAC REHABILITATION					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000 CLINIC					90.00
90.01 09001 FAMILY PRACTICES					90.01
90.02 09002 WOMEN'S HEALTH CENTER					90.02
90.03 09003 AMBULATORY CARE					90.03
90.04 09004 OTHER					90.04
91.00 09100 EMERGENCY					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF					99.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		INTERNS & RESIDENTS					
		SERVICES-SALAR	SERVICES-OTHER	ER PARAMEDIC	PASTORAL CARE	PHARMACY	
		Y & FRINGES	PRGM COSTS	TRNG		RESIDENCY	
		21.00	22.00	23.00	23.01	23.02	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
111.00	11100	ISLET ACQUISITION					111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.01	19001	OTHER NONREIMB					190.01
190.02	19002	OTHER					190.02
200.00		Cross Foot Adjustments	513,548	396,993	56,134	15,386	13,424 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	513,548	396,993	56,134	15,386	13,424 202.00

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 ADMINISTRATIVE AND GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300 ER PARAMEDIC TRNG				23.00
23.01	02301 PASTORAL CARE				23.01
23.02	02302 PHARMACY RESIDENCY				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	13,056,675	0	13,056,675	30.00
31.00	03100 INTENSIVE CARE UNIT	4,607,250	0	4,607,250	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	1,163,286	0	1,163,286	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	389,902	0	389,902	40.00
41.00	04100 SUBPROVIDER - IRF	562,650	0	562,650	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	1,633,595	0	1,633,595	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	12,545,153	0	12,545,153	50.00
51.00	05100 RECOVERY ROOM	776,228	0	776,228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,009,980	0	1,009,980	52.00
53.00	05300 ANESTHESIOLOGY	265,457	0	265,457	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,830,071	0	14,830,071	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	1,485,257	0	1,485,257	60.00
60.01	06001 BLOOD LABORATORY	156,359	0	156,359	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,545,880	0	1,545,880	65.00
66.00	06600 PHYSICAL THERAPY	567,420	0	567,420	66.00
67.00	06700 OCCUPATIONAL THERAPY	381,135	0	381,135	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	722,837	0	722,837	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	119,381	0	119,381	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,436,635	0	2,436,635	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,120,531	0	2,120,531	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,301,878	0	3,301,878	73.00
74.00	07400 RENAL DIALYSIS	419,754	0	419,754	74.00
76.00	03020 DEV EVALUATION	180,609	0	180,609	76.00
76.97	07697 CARDIAC REHABILITATION	122,004	0	122,004	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	446,735	0	446,735	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	4,106,766	0	4,106,766	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION	176,198	0	176,198	105.00
106.00	10600 HEART ACQUISITION	138,215	0	138,215	106.00
108.00	10800 LUNG ACQUISITION	14,676	0	14,676	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	69,282,517	0	69,282,517	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,539	0	12,539	190.00
190.01	19001 OTHER NONREIMB	2,354,041	0	2,354,041	190.01
190.02	19002 OTHER	0	0	0	190.02
200.00	Cross Foot Adjustments	995,485	0	995,485	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	72,644,582	0	72,644,582	202.00

Cost Center Description		CAPITAL RELATED COSTS						
		NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)		
		1.00	2.00	4.00	5.01	5.02		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	35,982,619					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		24,274,678				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	91,148	31	362,228,898			4.00
5.01	00540	NONPATIENT TELEPHONES	235,064	130	663,262	2,021		5.01
5.02	00550	DATA PROCESSING	59,645	1,162,413	2,399	22	3,559,074,543	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	598	43,351	1,879,940	22	0	5.03
5.04	00570	ADMITTING	1,656	81,368	0	17	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	424,327	3,522	886,421	112	0	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	19,477,994	1,686,784	21,919,234	180	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,134,178	204,089	4,213,075	102	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,304	0	0	0	8.00
9.00	00900	HOUSEKEEPING	428	62,587	8,043,998	13	0	9.00
10.00	01000	DIETARY	77,021	331,880	5,560,417	44	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	567,740	318,626	1,100,382	27	0	13.00
15.00	01500	PHARMACY	378,785	589,303	13,695,471	33	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,124	5,600	0	52	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,669,053	18	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	17,103,107	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,489	0	57	0	22.00
23.00	02300	ER PARAMEDIC TRNG	15,157	4,692	607,776	12	0	23.00
23.01	02301	PASTORAL CARE	1,887	1,160	160,427	5	0	23.01
23.02	02302	PHARMACY RESIDENCY	1,514	2,351	257,144	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,828,246	1,686,804	98,198,090	346	500,850,149	30.00
31.00	03100	INTENSIVE CARE UNIT	94,787	1,739,376	30,795,411	38	194,414,565	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	464,173	190,036	6,602,540	36	41,610,605	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,817	32,622	4,325,509	74	24,110,345	40.00
41.00	04100	SUBPROVIDER - IRF	50,872	38,181	6,118,854	23	23,500,050	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	610,023	372,128	7,941,373	33	47,782,580	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,678,037	5,494,759	34,543,091	128	342,537,018	50.00
51.00	05100	RECOVERY ROOM	27,437	265,829	5,805,544	8	42,268,692	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,753	254,626	6,646,103	25	38,880,576	52.00
53.00	05300	ANESTHESIOLOGY	0	71,061	962,372	0	68,623,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,377,425	7,435,417	20,976,334	157	472,342,358	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	301,182	1,649	189,135	91	266,447,574	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	8	43,551,072	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	407	549,624	14,055,481	26	147,105,308	65.00
66.00	06600	PHYSICAL THERAPY	7,467	178,590	5,607,807	21	54,550,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,769	81,475	4,862,890	48	30,876,554	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	459	325,593	3,934,888	37	66,024,582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33,425	46,887	199,868	5	4,488,840	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	135,706,135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	234,761,758	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	486,933,180	73.00
74.00	07400	RENAL DIALYSIS	242,590	53,777	1,762,992	0	8,987,220	74.00
76.00	03020	DEV EVALUATION	635	17,734	2,681,724	24	7,290,970	76.00
76.97	07697	CARDIAC REHABILITATION	0	50,408	888,807	0	3,740,743	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	956	141,153	2,844,127	49	18,632,828	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,660,336	692,934	18,927,155	100	246,837,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR-NEW)				
	1.00	2.00	4.00	5.01	5.02	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	29,488	0	527,319	1	1,470,945	105.00
106.00 10600 HEART ACQUISITION	0	7,026	1,790,572	4	3,365,680	106.00
108.00 10800 LUNG ACQUISITION	0	0	111,448	0	1,382,590	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	34,939,550	24,250,369	360,061,540	1,998	3,559,074,543	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	1,043,069	24,309	2,167,358	23	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	36,509,094	30,195,675	79,803,585	3,005,178	23,606,201	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1.014631	1.243917	0.220313	1,486.975755	0.006633	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			183,888	473,911	1,511,689	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			0.000508	234.493320	0.000425	205.00
206.00 NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	ACCReconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES	166,329,977					5.03
5.04 00570 ADMITTING	0	2,499,846,938				5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,559,074,543			5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	0	0	0	-84,130,578	896,528,834	5.06
6.00 00600 MAINTENANCE & REPAIRS	268	0	0	0	32,770,734	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	3,808,899	8.00
9.00 00900 HOUSEKEEPING	3,495	0	0	0	14,553,271	9.00
10.00 01000 DIETARY	7,278	0	0	0	10,874,558	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	410,804	0	0	0	3,373,846	13.00
15.00 01500 PHARMACY	108,729	0	0	0	19,786,388	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	127,010	16.00
17.00 01700 SOCIAL SERVICE	4	0	0	0	3,544,298	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	19,465,298	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,651	0	0	0	11,856,852	22.00
23.00 02300 ER PARAMEDIC TRNG	986	0	0	0	990,464	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	246,147	23.01
23.02 02302 PHARMACY RESIDENCY	435	0	0	0	329,700	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,618,794	467,739,080	500,850,149	0	156,708,053	30.00
31.00 03100 INTENSIVE CARE UNIT	6,030,370	194,414,565	194,414,565	0	53,876,465	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	679,219	41,610,605	41,610,605	0	11,593,116	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	79,593	24,110,345	24,110,345	0	6,345,892	40.00
41.00 04100 SUBPROVIDER - IRF	261,984	23,500,050	23,500,050	0	8,765,216	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	824,954	47,782,580	47,782,580	0	13,253,938	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	98,008,823	209,941,094	342,537,018	0	74,357,314	50.00
51.00 05100 RECOVERY ROOM	219,682	17,771,280	42,268,692	0	8,881,615	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,671,560	35,792,288	38,880,576	0	10,050,621	52.00
53.00 05300 ANESTHESIOLOGY	1,433,118	43,811,180	68,623,324	0	3,340,889	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21,271,260	212,884,576	472,342,358	0	53,636,659	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,151,497	182,204,400	266,447,574	0	33,536,872	60.00
60.01 06001 BLOOD LABORATORY	871,811	35,470,049	43,551,072	0	4,948,543	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	6,075,936	141,326,454	147,105,308	0	22,274,029	65.00
66.00 06600 PHYSICAL THERAPY	10,910,939	34,368,602	54,550,766	0	9,086,007	66.00
67.00 06700 OCCUPATIONAL THERAPY	84,370	15,421,985	30,876,554	0	7,179,017	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	209,320	39,009,828	66,024,582	0	6,835,875	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6,522	3,805,860	4,488,840	0	443,026	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	104,885,537	135,706,135	0	93,755,766	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	179,160,147	234,761,758	0	79,390,611	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	339,744,634	486,933,180	0	56,933,001	73.00
74.00 07400 RENAL DIALYSIS	612,303	8,547,910	8,987,220	0	2,843,178	74.00
76.00 03020 DEV EVALUATION	91,486	2,756,547	7,290,970	0	3,727,975	76.00
76.97 07697 CARDIAC REHABILITATION	20,031	744,478	3,740,743	0	1,293,069	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	193,439	116,137	18,632,828	0	4,597,786	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,330,923	86,707,512	246,837,536	0	34,698,082	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORP	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	150	1,470,945	1,470,945	0	1,798,787	105.00
106.00 10600 HEART ACQUISITION	37,084	3,365,680	3,365,680	0	4,707,256	106.00
108.00 10800 LUNG ACQUISITION	0	1,382,590	1,382,590	0	481,703	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	166,228,818	2,499,846,938	3,559,074,543	-84,130,578	891,067,826	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	420	190.00
190.01 19001 OTHER NONREIMB	101,159	0	0	0	5,460,588	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	6,500,484	150,431	40,986,539		84,130,578	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.039082	0.000060	0.011516		0.093840	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	91,183	106,881	886,718		22,072,661	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000548	0.000043	0.000249		0.024620	205.00
206.00 NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	1,051,690					6.00
8.00	00800	4,034	4,646,040				8.00
9.00	00900	16,442		104,678			9.00
10.00	01000	42,680		4,898	1,768,921		10.00
11.00	01100	0		0	812,458	4,260	11.00
13.00	01300	3,466		1,175	0	12	13.00
15.00	01500	15,067		1,167	0	134	15.00
16.00	01600	5,299		849	0	0	16.00
17.00	01700	877		150	0	34	17.00
21.00	02100	0		0	0	181	21.00
22.00	02200	16,663		1,081	0	0	22.00
23.00	02300	288	8,028	775	0	8	23.00
23.01	02301	812		67	0	2	23.01
23.02	02302	60		3	0	3	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	310,044	2,368,515	17,970	720,171	1,413	30.00
31.00	03100	85,289	533,748	7,340	144,616	425	31.00
31.01	03101	11,231	34,248	251	0	80	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	15,871	68,202	1,413	41,532	60	40.00
41.00	04100	20,722	91,377	1,115	50,144	84	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	23,561	60,440	806	0	102	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	149,379	133,955	3,968	0	444	50.00
51.00	05100	24,483	0	0	0	76	51.00
52.00	05200	59,222	104,431	259	0	92	52.00
53.00	05300	2,842	0	52	0	17	53.00
54.00	05400	97,610	609,461	14,916	0	270	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	23,161	32,410	3,656	0	2	60.00
60.01	06001	0	0	221	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	5,696	0	1,182	0	202	65.00
66.00	06600	7,025	110,090	1,822	0	71	66.00
67.00	06700	8,056	0	2,604	0	62	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	9,281	45,096	1,101	0	55	69.00
70.00	07000	1,608	35,527	257	0	4	70.00
71.00	07100	0	0	6,434	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,355	0	147	0	21	74.00
76.00	03020	8,421	0	620	0	33	76.00
76.97	07697	3,801	0	0	0	10	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	19,496	34,101	1,988	0	33	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	50,565	313,350	12,760	0	282	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

Cost Center Description	MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
	6.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	1,036	0	0	0	0	4 105.00
106.00 10600 HEART ACQUISITION	1,387	0	0	0	0	16 106.00
108.00 10800 LUNG ACQUISITION	290	0	0	0	0	2 108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,049,120	4,582,979	91,047	1,768,921	4,234	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	400	0	0	0 190.00
190.01 19001 OTHER NONREIMB	494	63,061	13,231	0	0	26 190.01
190.02 19002 OTHER	0	0	0	0	0	0 190.02
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)	35,845,940	4,303,821	16,479,361	14,120,826	6,485,636	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	34.084131	0.926342	157.429078	7.982734	1,522.449765	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	5,327,002	143,196	527,007	1,228,077	564,050	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	5.065183	0.030821	5.034554	0.694252	132.406103	205.00
206.00 NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	6,131,055					13.00
15.00 01500 PHARMACY	0	52,625,728				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	42,241	0	37	71,111		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,820	0	0	0	23,291	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	467	0	0	0	22.00
23.00 02300 ER PARAMEDIC TRNG	381	20,655	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,565,884	1,124,865	16,801	56,935	12,016	30.00
31.00 03100 INTENSIVE CARE UNIT	877,200	1,105,884	71	11,427	2,570	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	159,988	38,772	3,102	2,749	1,243	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	122,732	50,952	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	164,018	19,299	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	211,739	53,322	574	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	614,189	778,636	5,845	0	2,723	50.00
51.00 05100 RECOVERY ROOM	156,101	83,104	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	191,648	124,744	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	35,047	673,894	161	0	260	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	179,299	176,821	5,030	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	141	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	155	574	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	19,927	3,403	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,642	0	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	94,220	14,010	2,931	0	680	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,061	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	47,618,975	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	43,377	25,360	16	0	0	74.00
76.00 03020 DEV EVALUATION	2	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	21,835	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	82,732	68,083	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	531,318	640,006	4,936	0	3,799	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:  
 5/25/2018 3:18 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING HOURS)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES (IR TIME)	
		13.00	15.00	16.00	17.00	21.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	81	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	888	0	0	0	0	106.00
108.00	10800 LUNG ACQUISITION	194	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,121,719	52,621,967	48,616	71,111	23,291	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	9,336	3,761	0	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	4,011,832	22,544,417	453,198	4,010,149	21,569,330	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.654346	0.428392	9.321993	56.392808	926.080031	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	1,087,631	1,720,211	74,666	110,087	513,548	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.177397	0.032688	1.535832	1.548101	22.049204	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (IR TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM COST)	PASTORAL CARE (DAYS)	Reconciliation	
		22.00	23A	23.00	23.01	23A.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 ADMINISTRATIVE AND GENERAL						5.06
6.00	00600 MAINTENANCE & REPAIRS						6.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE						17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	23,291					22.00
23.00	02300 ER PARAMEDIC TRNG		-1,243,947	979,415,465			23.00
23.01	02301 PASTORAL CARE				256,387		23.01
23.02	02302 PHARMACY RESIDENCY					-368,190	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	12,016	0	218,632,590	176,241	0	30.00
31.00	03100 INTENSIVE CARE UNIT	2,570	0	70,876,063	33,483	0	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	1,243	0	15,444,768	8,056	0	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	8,314,390	9,616	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	11,220,603	11,610	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	15,805,655	17,381	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,723	0	92,765,459	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	10,805,274	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	13,472,302	0	0	52.00
53.00	05300 ANESTHESIOLOGY	260	0	4,492,261	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	65,560,680	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	38,098,612	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	5,448,806	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	25,057,839	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	10,693,458	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	8,635,225	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	680	0	9,217,449	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	620,485	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	103,566,706	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	86,840,626	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	82,680,239	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	3,318,844	0	0	74.00
76.00	03020 DEV EVALUATION	0	0	4,512,678	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	1,573,477	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	6,171,911	0	0	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	3,799	0	48,827,925	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

Cost Center Description		INTERNS & RESIDENTS	SERVICES-OTHER	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		22.00		23A	23.00	23.01	23A.02	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910 CORF	0	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500 KIDNEY ACQUISITION	0	0	0	2,009,039	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	5,221,200	0	0	106.00
108.00	10800 LUNG ACQUISITION	0	0	0	539,962	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	23,291	-1,243,947	971,102,763	256,387	-368,190		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	134,190	0	0	190.00
190.01	19001 OTHER NONREIMB	0	0	0	8,178,512	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00
202.00	Cost to be allocated (per wkst. B, Part I)	13,707,824			1,243,947	310,908		202.00
203.00	Unit cost multiplier (wkst. B, Part I)	588.545962			0.001270	1.212651		203.00
204.00	Cost to be allocated (per wkst. B, Part II)	396,993			56,134	15,386		204.00
205.00	Unit cost multiplier (wkst. B, Part II)	17.044910			0.000057	0.060011		205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)				0	0		206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)				0.000000	0.000000		207.00

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST) 23.02	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 ER PARAMEDIC TRNG		23.00
23.01	02301 PASTORAL CARE		23.01
23.02	02302 PHARMACY RESIDENCY	980,291,222	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	219,124,063	30.00
31.00	03100 INTENSIVE CARE UNIT	71,006,679	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	15,474,152	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	8,336,610	40.00
41.00	04100 SUBPROVIDER - IRF	11,248,932	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	15,846,805	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	92,883,271	50.00
51.00	05100 RECOVERY ROOM	10,818,997	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,489,412	52.00
53.00	05300 ANESTHESIOLOGY	4,497,966	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	65,643,942	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	38,146,997	60.00
60.01	06001 BLOOD LABORATORY	5,455,726	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	25,089,662	65.00
66.00	06600 PHYSICAL THERAPY	10,707,039	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,646,192	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	9,229,155	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	621,273	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	103,698,236	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	86,950,914	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,785,243	73.00
74.00	07400 RENAL DIALYSIS	3,323,059	74.00
76.00	03020 DEV EVALUATION	4,518,409	76.00
76.97	07697 CARDIAC REHABILITATION	1,575,475	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 FAMILY PRACTICES	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	90.02
90.03	09003 AMBULATORY CARE	6,179,749	90.03
90.04	09004 OTHER	0	90.04
91.00	09100 EMERGENCY	48,889,936	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0208

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

Worksheet B-1

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	10500 KIDNEY ACQUISITION	2,011,590	105.00
106.00	10600 HEART ACQUISITION	5,227,831	106.00
108.00	10800 LUNG ACQUISITION	540,648	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	971,967,963	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	134,360	190.00
190.01	19001 OTHER NONREIMB	8,188,899	190.01
190.02	19002 OTHER	0	190.02
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)	368,190	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000376	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	13,424	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000014	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Total Cost (from wkst. 8, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs	Total Costs
				Costs			
				RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	201,006,307		201,006,307	0	201,006,307	30.00
31.00	03100 INTENSIVE CARE UNIT	67,140,789		67,140,789	0	67,140,789	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	13,597,290		13,597,290	0	13,597,290	31.01
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	8,339,745		8,339,745	0	8,339,745	40.00
41.00	04100 SUBPROVIDER - IRF	11,253,162		11,253,162	0	11,253,162	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	15,852,763		15,852,763	0	15,852,763	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	88,793,868		88,793,868	0	88,793,868	50.00
51.00	05100 RECOVERY ROOM	10,823,065		10,823,065	0	10,823,065	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,494,484		13,494,484	0	13,494,484	52.00
53.00	05300 ANESTHESIOLOGY	4,105,854		4,105,854	0	4,105,854	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	65,668,624		65,668,624	0	65,668,624	54.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	38,161,340		38,161,340	0	38,161,340	60.00
60.01	06001 BLOOD LABORATORY	5,457,777		5,457,777	0	5,457,777	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	25,099,096	0	25,099,096	0	25,099,096	65.00
66.00	06600 PHYSICAL THERAPY	10,711,065	0	10,711,065	0	10,711,065	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,649,443	0	8,649,443	0	8,649,443	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,202,680		8,202,680	0	8,202,680	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	621,507		621,507	0	621,507	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	103,737,227		103,737,227	0	103,737,227	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	86,983,608		86,983,608	0	86,983,608	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,816,370		82,816,370	0	82,816,370	73.00
74.00	07400 RENAL DIALYSIS	3,324,308		3,324,308	0	3,324,308	74.00
76.00	03020 DEV EVALUATION	4,520,108		4,520,108	0	4,520,108	76.00
76.97	07697 CARDIAC REHABILITATION	1,576,067		1,576,067	0	1,576,067	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003 AMBULATORY CARE	6,182,073		6,182,073	0	6,182,073	90.03
90.04	09004 OTHER	0		0	0	0	90.04
91.00	09100 EMERGENCY	43,154,255		43,154,255	0	43,154,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,900,586		10,900,586	0	10,900,586	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	2,012,346		2,012,346		2,012,346	105.00
106.00	10600 HEART ACQUISITION	5,229,797		5,229,797		5,229,797	106.00
108.00	10800 LUNG ACQUISITION	540,851		540,851		540,851	108.00
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
200.00	Subtotal (see instructions)	947,956,455	0	947,956,455	0	947,956,455	200.00
201.00	Less Observation Beds	10,900,586		10,900,586		10,900,586	201.00
202.00	Total (see instructions)	937,055,869	0	937,055,869	0	937,055,869	202.00

		Title XVIII			Hospital		PPS
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	460,427,055		460,427,055		30.00
31.00	03100	INTENSIVE CARE UNIT	194,414,565		194,414,565		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	41,610,605		41,610,605		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	24,110,345		24,110,345		40.00
41.00	04100	SUBPROVIDER - IRF	23,500,050		23,500,050		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	47,782,580		47,782,580		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	209,941,094	132,595,924	342,537,018	0.259224	50.00
51.00	05100	RECOVERY ROOM	17,771,280	24,497,412	42,268,692	0.256054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,792,288	3,088,288	38,880,576	0.347075	52.00
53.00	05300	ANESTHESIOLOGY	43,811,180	24,812,144	68,623,324	0.059832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,884,576	259,457,782	472,342,358	0.139028	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	182,204,400	84,243,174	266,447,574	0.143223	60.00
60.01	06001	BLOOD LABORATORY	35,470,049	8,081,023	43,551,072	0.125319	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	141,326,454	5,778,854	147,105,308	0.170620	65.00
66.00	06600	PHYSICAL THERAPY	34,368,602	20,182,164	54,550,766	0.196350	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,421,985	15,454,569	30,876,554	0.280130	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,009,828	27,014,754	66,024,582	0.124237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,805,860	682,980	4,488,840	0.138456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,885,537	30,820,598	135,706,135	0.764425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	179,160,147	55,601,611	234,761,758	0.370519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,744,634	147,188,546	486,933,180	0.170077	73.00
74.00	07400	RENAL DIALYSIS	8,547,910	439,310	8,987,220	0.369893	74.00
76.00	03020	DEV EVALUATION	2,756,547	4,534,423	7,290,970	0.619960	76.00
76.97	07697	CARDIAC REHABILITATION	744,478	2,996,265	3,740,743	0.421325	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	116,137	18,516,691	18,632,828	0.331784	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	86,707,512	160,130,024	246,837,536	0.174829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,312,025	33,111,069	40,423,094	0.269662	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	1,470,945	0	1,470,945		105.00
106.00	10600	HEART ACQUISITION	3,365,680	0	3,365,680		106.00
108.00	10800	LUNG ACQUISITION	1,382,590	0	1,382,590		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,499,846,938	1,059,227,605	3,559,074,543		200.00
201.00		Less observation Beds					201.00
202.00		Total (see instructions)	2,499,846,938	1,059,227,605	3,559,074,543		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.259224			50.00
51.00	05100 RECOVERY ROOM	0.256054			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075			52.00
53.00	05300 ANESTHESIOLOGY	0.059832			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028			54.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.143223			60.00
60.01	06001 BLOOD LABORATORY	0.125319			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500 RESPIRATORY THERAPY	0.170620			65.00
66.00	06600 PHYSICAL THERAPY	0.196350			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077			73.00
74.00	07400 RENAL DIALYSIS	0.369893			74.00
76.00	03020 DEV EVALUATION	0.619960			76.00
76.97	07697 CARDIAC REHABILITATION	0.421325			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 FAMILY PRACTICES	0.000000			90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000			90.02
90.03	09003 AMBULATORY CARE	0.331784			90.03
90.04	09004 OTHER	0.000000			90.04
91.00	09100 EMERGENCY	0.174829			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
200.00	Subtotal (see instructions)				200.00
201.00	Less observation Beds				201.00
202.00	Total (see instructions)				202.00

		Title XIX			Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	201,006,307		201,006,307	0	201,006,307	30.00
31.00	03100 INTENSIVE CARE UNIT	67,140,789		67,140,789	0	67,140,789	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	13,597,290		13,597,290	0	13,597,290	31.01
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	8,339,745		8,339,745	0	8,339,745	40.00
41.00	04100 SUBPROVIDER - IRF	11,253,162		11,253,162	0	11,253,162	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	15,852,763		15,852,763	0	15,852,763	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	88,793,868		88,793,868	0	88,793,868	50.00
51.00	05100 RECOVERY ROOM	10,823,065		10,823,065	0	10,823,065	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,494,484		13,494,484	0	13,494,484	52.00
53.00	05300 ANESTHESIOLOGY	4,105,854		4,105,854	0	4,105,854	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	65,668,624		65,668,624	0	65,668,624	54.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	38,161,340		38,161,340	0	38,161,340	60.00
60.01	06001 BLOOD LABORATORY	5,457,777		5,457,777	0	5,457,777	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	25,099,096	0	25,099,096	0	25,099,096	65.00
66.00	06600 PHYSICAL THERAPY	10,711,065	0	10,711,065	0	10,711,065	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,649,443	0	8,649,443	0	8,649,443	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,202,680		8,202,680	0	8,202,680	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	621,507		621,507	0	621,507	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	103,737,227		103,737,227	0	103,737,227	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	86,983,608		86,983,608	0	86,983,608	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,816,370		82,816,370	0	82,816,370	73.00
74.00	07400 RENAL DIALYSIS	3,324,308		3,324,308	0	3,324,308	74.00
76.00	03020 DEV EVALUATION	4,520,108		4,520,108	0	4,520,108	76.00
76.97	07697 CARDIAC REHABILITATION	1,576,067		1,576,067	0	1,576,067	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003 AMBULATORY CARE	6,182,073		6,182,073	0	6,182,073	90.03
90.04	09004 OTHER	0		0	0	0	90.04
91.00	09100 EMERGENCY	43,154,255		43,154,255	0	43,154,255	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,900,586		10,900,586	0	10,900,586	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	2,012,346		2,012,346	0	2,012,346	105.00
106.00	10600 HEART ACQUISITION	5,229,797		5,229,797	0	5,229,797	106.00
108.00	10800 LUNG ACQUISITION	540,851		540,851	0	540,851	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	947,956,455	0	947,956,455	0	947,956,455	200.00
201.00	Less Observation Beds	10,900,586		10,900,586	0	10,900,586	201.00
202.00	Total (see instructions)	937,055,869	0	937,055,869	0	937,055,869	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
	9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	460,427,055		460,427,055		30.00
31.00	03100	INTENSIVE CARE UNIT	194,414,565		194,414,565		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	41,610,605		41,610,605		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - IPF	24,110,345		24,110,345		40.00
41.00	04100	SUBPROVIDER - IRF	23,500,050		23,500,050		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	47,782,580		47,782,580		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	209,941,094	132,595,924	342,537,018	0.259224	50.00
51.00	05100	RECOVERY ROOM	17,771,280	24,497,412	42,268,692	0.256054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,792,288	3,088,288	38,880,576	0.347075	52.00
53.00	05300	ANESTHESIOLOGY	43,811,180	24,812,144	68,623,324	0.059832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	212,884,576	259,457,782	472,342,358	0.139028	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	182,204,400	84,243,174	266,447,574	0.143223	60.00
60.01	06001	BLOOD LABORATORY	35,470,049	8,081,023	43,551,072	0.125319	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	141,326,454	5,778,854	147,105,308	0.170620	65.00
66.00	06600	PHYSICAL THERAPY	34,368,602	20,182,164	54,550,766	0.196350	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,421,985	15,454,569	30,876,554	0.280130	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,009,828	27,014,754	66,024,582	0.124237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,805,860	682,980	4,488,840	0.138456	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,885,537	30,820,598	135,706,135	0.764425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	179,160,147	55,601,611	234,761,758	0.370519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,744,634	147,188,546	486,933,180	0.170077	73.00
74.00	07400	RENAL DIALYSIS	8,547,910	439,310	8,987,220	0.369893	74.00
76.00	03020	DEV EVALUATION	2,756,547	4,534,423	7,290,970	0.619960	76.00
76.97	07697	CARDIAC REHABILITATION	744,478	2,996,265	3,740,743	0.421325	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	116,137	18,516,691	18,632,828	0.331784	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	86,707,512	160,130,024	246,837,536	0.174829	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,312,025	33,111,069	40,423,094	0.269662	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	1,470,945	0	1,470,945		105.00
106.00	10600	HEART ACQUISITION	3,365,680	0	3,365,680		106.00
108.00	10800	LUNG ACQUISITION	1,382,590	0	1,382,590		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,499,846,938	1,059,227,605	3,559,074,543		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,499,846,938	1,059,227,605	3,559,074,543		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				30.00
31.00	03100				31.00
31.01	03101				31.01
32.00	03200				32.00
33.00	03300				33.00
34.00	03400				34.00
40.00	04000				40.00
41.00	04100				41.00
42.00	04200				42.00
43.00	04300				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.000000			50.00
51.00	05100	0.000000			51.00
52.00	05200	0.000000			52.00
53.00	05300	0.000000			53.00
54.00	05400	0.000000			54.00
57.00	05700	0.000000			57.00
58.00	05800	0.000000			58.00
59.00	05900	0.000000			59.00
60.00	06000	0.000000			60.00
60.01	06001	0.000000			60.01
62.00	06200	0.000000			62.00
65.00	06500	0.000000			65.00
66.00	06600	0.000000			66.00
67.00	06700	0.000000			67.00
68.00	06800	0.000000			68.00
69.00	06900	0.000000			69.00
70.00	07000	0.000000			70.00
71.00	07100	0.000000			71.00
72.00	07200	0.000000			72.00
73.00	07300	0.000000			73.00
74.00	07400	0.000000			74.00
76.00	03020	0.000000			76.00
76.97	07697	0.000000			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0.000000			88.00
89.00	08900	0.000000			89.00
90.00	09000	0.000000			90.00
90.01	09001	0.000000			90.01
90.02	09002	0.000000			90.02
90.03	09003	0.000000			90.03
90.04	09004	0.000000			90.04
91.00	09100	0.000000			91.00
92.00	09200	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500				105.00
106.00	10600				106.00
108.00	10800				108.00
109.00	10900				109.00
110.00	11000				110.00
111.00	11100				111.00
200.00					200.00
201.00					201.00
202.00					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	13,056,675	0	13,056,675	165,498	78.89	30.00
31.00	INTENSIVE CARE UNIT	4,607,250		4,607,250	33,483	137.60	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,163,286		1,163,286	16,194	71.83	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	389,902	0	389,902	9,616	40.55	40.00
41.00	SUBPROVIDER - IRF	562,650	0	562,650	11,610	48.46	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	1,633,595		1,633,595	9,332	175.05	43.00
200.00	Total (lines 30 through 199)	21,413,358		21,413,358	245,733		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	49,558	3,909,631				30.00
31.00	INTENSIVE CARE UNIT	10,539	1,450,166				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	2,987	121,123				40.00
41.00	SUBPROVIDER - IRF	5,524	267,693				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	68,608	5,748,613				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Capital Related Cost (from wkst. 8, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,545,153	342,537,018	0.036624	59,363,105	2,174,114	50.00
51.00	05100 RECOVERY ROOM	776,228	42,268,692	0.018364	5,736,823	105,351	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,009,980	38,880,576	0.025976	85,107	2,211	52.00
53.00	05300 ANESTHESIOLOGY	265,457	68,623,324	0.003868	11,573,285	44,765	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,830,071	472,342,358	0.031397	65,710,874	2,063,124	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,485,257	266,447,574	0.005574	53,992,199	300,953	60.00
60.01	06001 BLOOD LABORATORY	156,359	43,551,072	0.003590	9,487,069	34,059	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,545,880	147,105,308	0.010509	32,712,798	343,779	65.00
66.00	06600 PHYSICAL THERAPY	567,420	54,550,766	0.010402	9,059,548	94,237	66.00
67.00	06700 OCCUPATIONAL THERAPY	381,135	30,876,554	0.012344	48,330	597	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	722,837	66,024,582	0.010948	12,922,727	141,478	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	119,381	4,488,840	0.026595	1,010,301	26,869	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,436,635	135,706,135	0.017955	29,135,608	523,130	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,120,531	234,761,758	0.009033	58,894,043	531,990	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,301,878	486,933,180	0.006781	94,663,494	641,913	73.00
74.00	07400 RENAL DIALYSIS	419,754	8,987,220	0.046706	4,191,010	195,745	74.00
76.00	03020 DEV EVALUATION	180,609	7,290,970	0.024772	3,477	86	76.00
76.97	07697 CARDIAC REHABILITATION	122,004	3,740,743	0.032615	293,815	9,583	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	446,735	18,632,828	0.023976	79,036	1,895	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	4,106,766	246,837,536	0.016638	24,092,333	400,848	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	708,069	40,423,094	0.017516	3,330,972	58,345	92.00
200.00	Total (lines 50 through 199)	48,248,139	2,761,010,128		476,385,954	7,695,072	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-0208

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

Worksheet D  
Part III  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS	0	0	0	573,463	0	30.00	
31.00	03100 INTENSIVE CARE UNIT	0	0	0	157,315	0	31.00	
31.01	03101 NEONATAL INTENSIVE CARE UNIT	0	0	0	35,202	0	31.01	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	25,355	0	40.00	
41.00	04100 SUBPROVIDER - IRF	0	0	0	32,559	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300 NURSERY	0	0	0	47,108	0	43.00	
200.00	Total (lines 30 through 199)	0	0	0	871,002	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 - col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS	0	573,463	165,498	3.47	49,558	30.00	
31.00	03100 INTENSIVE CARE UNIT		157,315	33,483	4.70	10,539	31.00	
31.01	03101 NEONATAL INTENSIVE CARE UNIT		35,202	16,194	2.17	0	31.01	
32.00	03200 CORONARY CARE UNIT		0	0	0.00	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000 SUBPROVIDER - IPF	0	25,355	9,616	2.64	2,987	40.00	
41.00	04100 SUBPROVIDER - IRF	0	32,559	11,610	2.80	5,524	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300 NURSERY		47,108	9,332	5.05	0	43.00	
200.00	Total (lines 30 through 199)		871,002	245,733		68,608	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS	171,966						30.00
31.00	03100 INTENSIVE CARE UNIT	49,533						31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200 CORONARY CARE UNIT	0						32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000 SUBPROVIDER - IPF	7,886						40.00
41.00	04100 SUBPROVIDER - IRF	15,467						41.00
42.00	04200 SUBPROVIDER	0						42.00
43.00	04300 NURSERY	0						43.00
200.00	Total (lines 30 through 199)	244,852						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	152,736	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	17,791	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	22,182	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	7,396	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	107,944	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	62,728	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	8,971	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	41,257	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	17,607	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	14,218	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	15,176	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,022	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	170,521	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	142,982	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	136,131	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	5,464	74.00
76.00	03020 DEV EVALUATION	0	0	0	0	7,430	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	2,590	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	10,162	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	80,394	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	31,099	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,055,801	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Title XVIII			Hospital	PPS		
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	152,736	152,736	342,537,018	0.000446	50.00
51.00	05100	RECOVERY ROOM	0	17,791	17,791	42,268,692	0.000421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,182	22,182	38,880,576	0.000571	52.00
53.00	05300	ANESTHESIOLOGY	0	7,396	7,396	68,623,324	0.000108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	107,944	107,944	472,342,358	0.000229	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	62,728	62,728	266,447,574	0.000235	60.00
60.01	06001	BLOOD LABORATORY	0	8,971	8,971	43,551,072	0.000206	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	41,257	41,257	147,105,308	0.000280	65.00
66.00	06600	PHYSICAL THERAPY	0	17,607	17,607	54,550,766	0.000323	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,218	14,218	30,876,554	0.000460	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,176	15,176	66,024,582	0.000230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,022	1,022	4,488,840	0.000228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	170,521	170,521	135,706,135	0.001257	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	142,982	142,982	234,761,758	0.000609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	136,131	136,131	486,933,180	0.000280	73.00
74.00	07400	RENAL DIALYSIS	0	5,464	5,464	8,987,220	0.000608	74.00
76.00	03020	DEV EVALUATION	0	7,430	7,430	7,290,970	0.001019	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,590	2,590	3,740,743	0.000692	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	10,162	10,162	18,632,828	0.000545	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	80,394	80,394	246,837,536	0.000326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	31,099	31,099	40,423,094	0.000769	92.00
200.00		Total (lines 50 through 199)	0	1,055,801	1,055,801	2,761,010,128		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII			Hospital PPS		
			Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000446	59,363,105	26,476	23,324,613	10,403	50.00
51.00	05100	RECOVERY ROOM	0.000421	5,736,823	2,415	4,747,905	1,999	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000571	85,107	49	2,776	2	52.00
53.00	05300	ANESTHESIOLOGY	0.000108	11,573,285	1,250	3,810,055	411	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000229	65,710,874	15,048	59,511,461	13,628	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000235	53,992,199	12,688	13,745,140	3,230	60.00
60.01	06001	BLOOD LABORATORY	0.000206	9,487,069	1,954	1,092,258	225	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000280	32,712,798	9,160	904,830	253	65.00
66.00	06600	PHYSICAL THERAPY	0.000323	9,059,548	2,926	364,969	118	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000460	48,330	22	534,151	246	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000230	12,922,727	2,972	5,765,215	1,326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000228	1,010,301	230	28,745	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.001257	29,135,608	36,623	7,900,906	9,931	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000609	58,894,043	35,866	13,647,954	8,312	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000280	94,663,494	26,506	31,955,297	8,947	73.00
74.00	07400	RENAL DIALYSIS	0.000608	4,191,010	2,548	246,255	150	74.00
76.00	03020	DEV EVALUATION	0.001019	3,477	4	808	1	76.00
76.97	07697	CARDIAC REHABILITATION	0.000692	293,815	203	1,007,626	697	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.000545	79,036	43	4,114,571	2,242	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000326	24,092,333	7,854	14,762,039	4,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000769	3,330,972	2,562	4,514,446	3,472	92.00
200.00		Total (lines 50 through 199)		476,385,954	187,399	191,982,020	70,412	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.259224	23,324,613	0	0	6,046,299	50.00
51.00	05100 RECOVERY ROOM	0.256054	4,747,905	0	0	1,215,720	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075	2,776	0	0	963	52.00
53.00	05300 ANESTHESIOLOGY	0.059832	3,810,055	0	0	227,963	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028	59,511,461	0	0	8,273,759	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.143223	13,745,140	0	0	1,968,620	60.00
60.01	06001 BLOOD LABORATORY	0.125319	1,092,258	0	0	136,881	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170620	904,830	0	0	154,382	65.00
66.00	06600 PHYSICAL THERAPY	0.196350	364,969	0	0	71,662	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130	534,151	0	0	149,632	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237	5,765,215	0	0	716,253	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456	28,745	0	0	3,980	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425	7,900,906	0	0	6,039,650	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519	13,647,954	0	0	5,056,826	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077	31,955,297	0	0	5,434,861	73.00
74.00	07400 RENAL DIALYSIS	0.369893	246,255	0	0	91,088	74.00
76.00	03020 DEV EVALUATION	0.619960	808	0	0	501	76.00
76.97	07697 CARDIAC REHABILITATION	0.421325	1,007,626	0	0	424,538	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.331784	4,114,571	0	0	1,365,149	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.174829	14,762,039	0	0	2,580,833	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662	4,514,446	0	0	1,217,375	92.00
200.00	Subtotal (see instructions)		191,982,020	0	0	41,176,935	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		191,982,020	0	0	41,176,935	202.00

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 DEV EVALUATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICES	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0		90.02
90.03 09003 AMBULATORY CARE	0	0		90.03
90.04 09004 OTHER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	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		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

Period: From 01/01/2017

Worksheet D

Component CCN: 14-S208

To 12/31/2017

Part II  
Date/Time Prepared: 5/25/2018 3:18 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,545,153	342,537,018	0.036624	7,319	268	50.00
51.00	05100 RECOVERY ROOM	776,228	42,268,692	0.018364	3,705	68	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,009,980	38,880,576	0.025976	0	0	52.00
53.00	05300 ANESTHESIOLOGY	265,457	68,623,324	0.003868	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,830,071	472,342,358	0.031397	305,583	9,594	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,485,257	266,447,574	0.005574	660,341	3,681	60.00
60.01	06001 BLOOD LABORATORY	156,359	43,551,072	0.003590	2,995	11	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,545,880	147,105,308	0.010509	138,528	1,456	65.00
66.00	06600 PHYSICAL THERAPY	567,420	54,550,766	0.010402	68,560	713	66.00
67.00	06700 OCCUPATIONAL THERAPY	381,135	30,876,554	0.012344	130,465	1,610	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	722,837	66,024,582	0.010948	114,435	1,253	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	119,381	4,488,840	0.026595	7,480	199	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,436,635	135,706,135	0.017955	78,010	1,401	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,120,531	234,761,758	0.009033	4,010	36	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,301,878	486,933,180	0.006781	1,158,373	7,855	73.00
74.00	07400 RENAL DIALYSIS	419,754	8,987,220	0.046706	20,900	976	74.00
76.00	03020 DEV EVALUATION	180,609	7,290,970	0.024772	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	122,004	3,740,743	0.032615	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	446,735	18,632,828	0.023976	0	0	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	4,106,766	246,837,536	0.016638	508,584	8,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	40,423,094	0.000000	8,145	0	92.00
200.00	Total (lines 50 through 199)	47,540,070	2,761,010,128		3,217,433	37,583	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

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

Worksheet D

Part IV

Date/Time Prepared:  
5/25/2018 3:18 pm

Component CCN: 14-S208

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	152,736	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	17,791	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	22,182	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	7,396	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	107,944	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	62,728	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	8,971	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	41,257	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	17,607	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	14,218	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	15,176	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,022	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	170,521	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	142,982	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	136,131	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	5,464	74.00
76.00	03020 DEV EVALUATION	0	0	0	0	7,430	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	2,590	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	10,162	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	80,394	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,024,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

Period: From 01/01/2017

Worksheet D

Component CCN: 14-S208

To 12/31/2017

Part IV

Date/Time Prepared: 5/25/2018 3:18 pm

Title XVIII

Subprovider - IPF

PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	152,736	152,736	342,537,018	0.000446	50.00
51.00 05100 RECOVERY ROOM	0	17,791	17,791	42,268,692	0.000421	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	22,182	22,182	38,880,576	0.000571	52.00
53.00 05300 ANESTHESIOLOGY	0	7,396	7,396	68,623,324	0.000108	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	107,944	107,944	472,342,358	0.000229	54.00
57.00 05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00 06000 LABORATORY	0	62,728	62,728	266,447,574	0.000235	60.00
60.01 06001 BLOOD LABORATORY	0	8,971	8,971	43,551,072	0.000206	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00 06500 RESPIRATORY THERAPY	0	41,257	41,257	147,105,308	0.000280	65.00
66.00 06600 PHYSICAL THERAPY	0	17,607	17,607	54,550,766	0.000323	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	14,218	14,218	30,876,554	0.000460	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	15,176	15,176	66,024,582	0.000230	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,022	1,022	4,488,840	0.000228	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	170,521	170,521	135,706,135	0.001257	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	142,982	142,982	234,761,758	0.000609	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	136,131	136,131	486,933,180	0.000280	73.00
74.00 07400 RENAL DIALYSIS	0	5,464	5,464	8,987,220	0.000608	74.00
76.00 03020 DEV EVALUATION	0	7,430	7,430	7,290,970	0.001019	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,590	2,590	3,740,743	0.000692	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03 09003 AMBULATORY CARE	0	10,162	10,162	18,632,828	0.000545	90.03
90.04 09004 OTHER	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	80,394	80,394	246,837,536	0.000326	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	40,423,094	0.000000	92.00
200.00 Total (lines 50 through 199)	0	1,024,702	1,024,702	2,761,010,128		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2018 3:18 pm

Component CCN: 14-S208

Title XVIII

Subprovider -  
IPF

PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000446	7,319	3	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000421	3,705	2	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000571	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000108	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000229	305,583	70	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000235	660,341	155	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000206	2,995	1	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000280	138,528	39	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000323	68,560	22	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000460	130,465	60	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000230	114,435	26	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000228	7,480	2	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.001257	78,010	98	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000609	4,010	2	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000280	1,158,373	324	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000608	20,900	13	0	0	74.00
76.00	03020 DEV EVALUATION	0.001019	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000692	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.000545	0	0	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000326	508,584	166	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,145	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,217,433	983	0	0	0,200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0208	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/25/2018 3:18 pm
	Component CCN: 14-T208		

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,545,153	342,537,018	0.036624	39,074	1,431	50.00
51.00	05100 RECOVERY ROOM	776,228	42,268,692	0.018364	11,385	209	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,009,980	38,880,576	0.025976	0	0	52.00
53.00	05300 ANESTHESIOLOGY	265,457	68,623,324	0.003868	4,176	16	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,830,071	472,342,358	0.031397	693,056	21,760	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	1,485,257	266,447,574	0.005574	1,048,433	5,844	60.00
60.01	06001 BLOOD LABORATORY	156,359	43,551,072	0.003590	52,393	188	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,545,880	147,105,308	0.010509	281,258	2,956	65.00
66.00	06600 PHYSICAL THERAPY	567,420	54,550,766	0.010402	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	381,135	30,876,554	0.012344	6,856,335	84,635	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	722,837	66,024,582	0.010948	89,030	975	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	119,381	4,488,840	0.026595	15,975	425	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,436,635	135,706,135	0.017955	385,535	6,922	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	2,120,531	234,761,758	0.009033	49,875	451	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,301,878	486,933,180	0.006781	2,834,829	19,223	73.00
74.00	07400 RENAL DIALYSIS	419,754	8,987,220	0.046706	143,000	6,679	74.00
76.00	03020 DEV EVALUATION	180,609	7,290,970	0.024772	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	122,004	3,740,743	0.032615	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	446,735	18,632,828	0.023976	0	0	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	4,106,766	246,837,536	0.016638	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	40,423,094	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	47,540,070	2,761,010,128		12,504,354	151,714	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

Period: From 01/01/2017

Worksheet D

Component CCN: 14-T208

To 12/31/2017

Part IV

Date/Time Prepared: 5/25/2018 3:18 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	152,736	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	17,791	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	22,182	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	7,396	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	107,944	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	62,728	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	8,971	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	41,257	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	17,607	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	14,218	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	15,176	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,022	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	170,521	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	142,982	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	136,131	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	5,464	74.00
76.00	03020 DEV EVALUATION	0	0	0	0	7,430	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	2,590	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	10,162	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	80,394	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,024,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2018 3:18 pm

Component CCN: 14-T208

Title XVIII

Subprovider -  
IRF

PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	152,736	152,736	342,537,018	0.000446	50.00
51.00	05100	RECOVERY ROOM	0	17,791	17,791	42,268,692	0.000421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,182	22,182	38,880,576	0.000571	52.00
53.00	05300	ANESTHESIOLOGY	0	7,396	7,396	68,623,324	0.000108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	107,944	107,944	472,342,358	0.000229	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	62,728	62,728	266,447,574	0.000235	60.00
60.01	06001	BLOOD LABORATORY	0	8,971	8,971	43,551,072	0.000206	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	41,257	41,257	147,105,308	0.000280	65.00
66.00	06600	PHYSICAL THERAPY	0	17,607	17,607	54,550,766	0.000323	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,218	14,218	30,876,554	0.000460	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,176	15,176	66,024,582	0.000230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,022	1,022	4,488,840	0.000228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	170,521	170,521	135,706,135	0.001257	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	142,982	142,982	234,761,758	0.000609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	136,131	136,131	486,933,180	0.000280	73.00
74.00	07400	RENAL DIALYSIS	0	5,464	5,464	8,987,220	0.000608	74.00
76.00	03020	DEV EVALUATION	0	7,430	7,430	7,290,970	0.001019	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,590	2,590	3,740,743	0.000692	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	10,162	10,162	18,632,828	0.000545	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	80,394	80,394	246,837,536	0.000326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	40,423,094	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,024,702	1,024,702	2,761,010,128		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0208  
Component CCN: 14-T208

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2018 3:18 pm  
PPS

Title XVIII

Subprovider -  
IRF

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000446	39,074		17	0	50.00
51.00	05100 RECOVERY ROOM	0.000421	11,385		5	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000571	0		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000108	4,176		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000229	693,056		159	0	54.00
57.00	05700 CT SCAN	0.000000	0		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
60.00	06000 LABORATORY	0.000235	1,048,433		246	0	60.00
60.01	06001 BLOOD LABORATORY	0.000206	52,393		11	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0		0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000280	281,258		79	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000323	0		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000460	6,856,335		3,154	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000230	89,030		20	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000228	15,975		4	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.001257	385,535		485	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000609	49,875		30	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000280	2,834,829		794	0	73.00
74.00	07400 RENAL DIALYSIS	0.000608	143,000		87	0	74.00
76.00	03020 DEV EVALUATION	0.001019	0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000692	0		0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0		0	0	89.00
90.00	09000 CLINIC	0.000000	0		0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0		0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0		0	0	90.02
90.03	09003 AMBULATORY CARE	0.000545	0		0	0	90.03
90.04	09004 OTHER	0.000000	0		0	0	90.04
91.00	09100 EMERGENCY	0.000326	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0		0	0	92.00
200.00	Total (lines 50 through 199)		12,504,354		5,091	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Title XIX		Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs		
			Cost Reimbursed Subject To Ded. & Coins. (see inst.)	3.00	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	4.00	PPS Services (see inst.)
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.259224	0	2,727,805	0	0	50.00
51.00	05100 RECOVERY ROOM	0.256054	0	661,420	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075	0	255,718	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059832	0	721,340	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028	0	8,235,896	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.143223	0	3,450,211	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.125319	0	844,504	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170620	0	271,479	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.196350	0	447,596	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130	0	447,756	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237	0	1,422,364	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456	0	116,700	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425	0	617,453	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519	0	1,844,749	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077	0	4,352,848	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.369893	0	44,710	0	0	74.00
76.00	03020 DEV EVALUATION	0.619960	0	731,889	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.421325	0	12,180	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.331784	0	241,358	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.174829	0	10,838,033	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662	0	1,376,620	0	0	92.00
200.00	Subtotal (see instructions)		0	39,662,629	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	39,662,629	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Costs		Title XIX	Hospital	Cost
Cost Center Description		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	707,113	0			50.00
51.00	05100 RECOVERY ROOM	169,359	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	88,753	0			52.00
53.00	05300 ANESTHESIOLOGY	43,159	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,145,020	0			54.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	494,150	0			60.00
60.01	06001 BLOOD LABORATORY	105,832	0			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	46,320	0			65.00
66.00	06600 PHYSICAL THERAPY	87,885	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	125,430	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	176,710	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,158	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	471,997	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	683,515	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	740,319	0			73.00
74.00	07400 RENAL DIALYSIS	16,538	0			74.00
76.00	03020 DEV EVALUATION	453,742	0			76.00
76.97	07697 CARDIAC REHABILITATION	5,132	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 FAMILY PRACTICES	0	0			90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0			90.02
90.03	09003 AMBULATORY CARE	80,079	0			90.03
90.04	09004 OTHER	0	0			90.04
91.00	09100 EMERGENCY	1,894,802	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	371,222	0			92.00
200.00	Subtotal (see instructions)	7,923,235	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)	7,923,235	0			202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:  
5/25/2018 3:18 pm

Title XVIII

Hospital

PPS

Cost Center Description			
		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	165,498	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	165,498	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)	156,523	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)	49,558	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
<b>SWING BED ADJUSTMENT</b>			
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)	201,006,307	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)	201,006,307	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
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)	201,006,307	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,214.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	60,190,669	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)	60,190,669	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description	Title XVIII			Hospital		Program Cost (col. 3 x col. 4)	PPS
	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	67,140,789	33,483	2,005.22	10,539	21,133,014	43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	13,597,290	16,194	839.65	0	0	43.01	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					111,762,061	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					193,085,744	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					5,581,296	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					7,882,471	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					13,463,767	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					179,621,977	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					8,975	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,214.55	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,900,586	89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

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

Worksheet D-1

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	13,056,675	201,006,307	0.064957	10,900,586	708,069	90.00
91.00	Nursing School cost	0	201,006,307	0.000000	10,900,586	0	91.00
92.00	Allied health cost	573,463	201,006,307	0.002853	10,900,586	31,099	92.00
93.00	All other Medical Education	0	201,006,307	0.000000	10,900,586	0	93.00

Provider CCN: 14-0208	Period: From 01/01/2017	Worksheet D-1
Component CCN: 14-S208	To 12/31/2017	Date/Time Prepared: 5/23/2018 3:18 pm
Title XVIII	Subprovider - IPF	PPS

Cost Center Description		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,616	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,616	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)	9,616	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)	2,987	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
<b>SWING-BED ADJUSTMENT</b>			
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)	8,339,745	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)	8,339,745	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
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)	8,339,745	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	867.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,590,565	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)	2,590,565	41.00

Provider CCN: 14-0208      Period: From 01/01/2017 To 12/31/2017      Worksheet D-1  
 Component CCN: 14-S208      Date/Time Prepared: 5/25/2018 3:18 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
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					586,154	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,176,719	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					129,009	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					38,566	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					167,575	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,009,144	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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

Provider CCN: 14-0208  
 Component CCN: 14-S208

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

worksheet D-1  
 Date/Time Prepared:  
 5/25/2018 3:18 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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	389,902	8,339,745	0.046752	0	0	90.00
91.00 Nursing School cost	0	8,339,745	0.000000	0	0	91.00
92.00 Allied health cost	25,355	8,339,745	0.003040	0	0	92.00
93.00 All other Medical Education	0	8,339,745	0.000000	0	0	93.00

Provider CCN: 14-0208	Period: From 01/01/2017	Worksheet D-1
Component CCN: 14-T208	To 12/31/2017	Date/Time Prepared: 5/25/2018 3:18 pm
Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	11,610	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	11,610	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)	11,610	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)	5,524	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
<b>SWING BED ADJUSTMENT</b>			
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)	11,253,162	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)	11,253,162	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
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)	11,253,162	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	969.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,354,192	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)	5,354,192	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0208

Period:

worksheet D-1

Component CCN: 14-T208

From 01/01/2017

Date/Time Prepared:

To 12/31/2017

5/25/2018 3:18 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	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
<b>Cost Center Description</b>						
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				3,096,527	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				8,450,719	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)				283,160	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				156,805	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				439,965	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				8,010,754	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				70.00	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00	71.00
72.00	Program routine service cost (line 9 x line 71)				72.00	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)				75.00	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00	76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00	80.00
81.00	Inpatient routine service cost per diem limitation				81.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00	82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00	83.00
84.00	Program inpatient ancillary services (see instructions)				84.00	84.00
85.00	Utilization review - physician compensation (see instructions)				85.00	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00	86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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: 14-0208

Period:

Worksheet D-1

Component CCN: 14-T208

From 01/01/2017

Date/Time Prepared:  
5/25/2018 3:18 pm

To 12/31/2017

PPS

Title XVIII

Subprovider -  
IRF

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
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>					
90.00 Capital-related cost	562,650	11,253,162	0.049999	0	0
91.00 Nursing School cost	0	11,253,162	0.000000	0	0
92.00 Allied health cost	32,559	11,253,162	0.002893	0	0
93.00 All other Medical Education	0	11,253,162	0.000000	0	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0208

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

Worksheet D-3

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	PPS
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		143,301,661		30.00
31.00	03100 INTENSIVE CARE UNIT		61,646,831		31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.259224	59,363,105	15,388,342	50.00
51.00	05100 RECOVERY ROOM	0.256054	5,736,823	1,468,936	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075	85,107	29,539	52.00
53.00	05300 ANESTHESIOLOGY	0.059832	11,573,285	692,453	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028	65,710,874	9,135,651	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.143223	53,992,199	7,732,925	60.00
60.01	06001 BLOOD LABORATORY	0.125319	9,487,069	1,188,910	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170620	32,712,798	5,581,458	65.00
66.00	06600 PHYSICAL THERAPY	0.196350	9,059,548	1,778,842	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130	48,330	13,539	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237	12,922,727	1,605,481	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456	1,010,301	139,882	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425	29,135,608	22,271,987	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519	58,894,043	21,821,362	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077	94,663,494	16,100,083	73.00
74.00	07400 RENAL DIALYSIS	0.369893	4,191,010	1,550,225	74.00
76.00	03020 DEV EVALUATION	0.619960	3,477	2,156	76.00
76.97	07697 CARDIAC REHABILITATION	0.421325	293,815	123,792	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.331784	79,036	26,223	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.174829	24,092,333	4,212,038	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662	3,330,972	898,237	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		476,385,954	111,762,061	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		476,385,954		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3
		Component CCN: 14-S208	Date/Time Prepared: 5/25/2018 3:18 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		6,928,115	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.259224	7,319	50.00
51.00	05100 RECOVERY ROOM	0.256054	3,705	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059832	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028	305,583	54.00
57.00	05700 CT SCAN	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.143223	660,341	60.00
60.01	06001 BLOOD LABORATORY	0.125319	2,995	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170620	138,528	65.00
66.00	06600 PHYSICAL THERAPY	0.196350	68,560	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130	130,465	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237	114,435	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456	7,480	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425	78,010	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519	4,010	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077	1,158,373	73.00
74.00	07400 RENAL DIALYSIS	0.369893	20,900	74.00
76.00	03020 DEV EVALUATION	0.619960	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.421325	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	0.331784	0	90.03
90.04	09004 OTHER	0.000000	0	90.04
91.00	09100 EMERGENCY	0.174829	508,584	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662	8,145	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,217,433	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		3,217,433	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0208

Period:

Worksheet D-3

Component CCN: 14-T208

From 01/01/2017

Date/Time Prepared:

To 12/31/2017

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Title XVIII

Subprovider -

PPS

IRF

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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		11,181,220		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.259224	39,074	10,129	50.00
51.00	05100 RECOVERY ROOM	0.256054	11,385	2,915	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059832	4,176	250	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028	693,056	96,354	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.143223	1,048,433	150,160	60.00
60.01	06001 BLOOD LABORATORY	0.125319	52,393	6,566	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170620	281,258	47,988	65.00
66.00	06600 PHYSICAL THERAPY	0.196350	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130	6,856,335	1,920,665	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237	89,030	11,061	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456	15,975	2,212	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425	385,535	294,713	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519	49,875	18,480	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077	2,834,829	482,139	73.00
74.00	07400 RENAL DIALYSIS	0.369893	143,000	52,895	74.00
76.00	03020 DEV EVALUATION	0.619960	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.421325	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.331784	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.174829	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,504,354	3,096,527	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		12,504,354		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0208

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

Worksheet D-3

Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000		ADULTS & PEDIATRICS	30,957,128	30.00
31.00	03100		INTENSIVE CARE UNIT	12,520,070	31.00
31.01	03101		NEONATAL INTENSIVE CARE UNIT	26,758,008	31.01
32.00	03200		CORONARY CARE UNIT	0	32.00
33.00	03300		BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400		SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000		SUBPROVIDER - IPF	0	40.00
41.00	04100		SUBPROVIDER - IRF	0	41.00
42.00	04200		SUBPROVIDER	0	42.00
43.00	04300		NURSERY	5,708,336	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.259224	OPERATING ROOM	13,054,338	50.00
51.00	05100	0.256054	RECOVERY ROOM	706,523	51.00
52.00	05200	0.347075	DELIVERY ROOM & LABOR ROOM	2,285,781	52.00
53.00	05300	0.059832	ANESTHESIOLOGY	2,984,192	53.00
54.00	05400	0.139028	RADIOLOGY-DIAGNOSTIC	12,696,000	54.00
57.00	05700	0.000000	CT SCAN	0	57.00
58.00	05800	0.000000	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	0.000000	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	0.143223	LABORATORY	11,597,627	60.00
60.01	06001	0.125319	BLOOD LABORATORY	3,337,300	60.01
62.00	06200	0.000000	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	0.170620	RESPIRATORY THERAPY	14,729,729	65.00
66.00	06600	0.196350	PHYSICAL THERAPY	1,011,660	66.00
67.00	06700	0.280130	OCCUPATIONAL THERAPY	33,580	67.00
68.00	06800	0.000000	SPEECH PATHOLOGY	0	68.00
69.00	06900	0.124237	ELECTROCARDIOLOGY	2,094,337	69.00
70.00	07000	0.138456	ELECTROENCEPHALOGRAPHY	382,315	70.00
71.00	07100	0.764425	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,761,696	71.00
72.00	07200	0.370519	IMPL. DEV. CHARGED TO PATIENT	7,996,405	72.00
73.00	07300	0.170077	DRUGS CHARGED TO PATIENTS	26,406,763	73.00
74.00	07400	0.369893	RENAL DIALYSIS	170,053	74.00
76.00	03020	0.619960	DEV EVALUATION	702,339	76.00
76.97	07697	0.421325	CARDIAC REHABILITATION	21,293	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0.000000	RURAL HEALTH CLINIC	0	88.00
89.00	08900	0.000000	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	0.000000	CLINIC	0	90.00
90.01	09001	0.000000	FAMILY PRACTICES	0	90.01
90.02	09002	0.000000	WOMEN'S HEALTH CENTER	0	90.02
90.03	09003	0.331784	AMBULATORY CARE	397	90.03
90.04	09004	0.000000	OTHER	0	90.04
91.00	09100	0.174829	EMERGENCY	5,525,565	91.00
92.00	09200	0.269662	OBSERVATION BEDS (NON-DISTINCT PART)	528,360	92.00
200.00			Total (sum of lines 50 through 94 and 96 through 98)	114,026,253	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)	114,026,253	202.00

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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	2,073,388	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,696	54.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	246,891	60.00
60.01	06001	BLOOD LABORATORY	648	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,873	65.00
66.00	06600	PHYSICAL THERAPY	8,567	66.00
67.00	06700	OCCUPATIONAL THERAPY	65,398	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,443	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	203,996	73.00
74.00	07400	RENAL DIALYSIS	4,384	74.00
76.00	03020	DEV EVALUATION	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	FAMILY PRACTICES	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	90.02
90.03	09003	AMBULATORY CARE	0	90.03
90.04	09004	OTHER	0	90.04
91.00	09100	EMERGENCY	275,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)	926,041	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)	926,041	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0208

Period:

Worksheet D-3

Component CCN: 14-T208

From 01/01/2017

Date/Time Prepared:

To 12/31/2017

5/25/2018 3:18 pm

Title XIX

Subprovider -

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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		187,838		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.259224	0	0	50.00
51.00	05100 RECOVERY ROOM	0.256054	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347075	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059832	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139028	8,390	1,166	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.143223	7,374	1,056	60.00
60.01	06001 BLOOD LABORATORY	0.125319	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.170620	7,590	1,295	65.00
66.00	06600 PHYSICAL THERAPY	0.196350	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.280130	110,665	31,001	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.124237	1,420	176	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.138456	1,075	149	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.764425	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.370519	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170077	57,494	9,778	73.00
74.00	07400 RENAL DIALYSIS	0.369893	4,400	1,628	74.00
76.00	03020 DEV EVALUATION	0.619960	28,395	17,604	76.00
76.97	07697 CARDIAC REHABILITATION	0.421325	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.331784	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.174829	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.269662	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		226,803	63,853	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		226,803		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

Period: From 01/01/2017

Worksheet D-4

Component CCN:

To 12/31/2017

Date/Time Prepared: 5/25/2018 3:18 pm

Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Kidney Hospital Organ Acquisition	Cost (col. 2 x col. 3)		
					0	1.00	2.00
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	18,569	1,214.55	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	9,309	2,005.22	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	839.65	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		27,878		0	0	7.00
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	Cost		
					0	1.00	2.00
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>							
8.00	OPERATING ROOM	50.00	0.259224	340,183	88,184	8.00	
9.00	RECOVERY ROOM	51.00	0.256054	6,655	1,704	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347075	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.059832	77,850	4,658	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.139028	987,368	137,272	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.143223	844,861	121,004	18.00	
18.01	BLOOD LABORATORY	60.01	0.125319	74,553	9,343	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.170620	83,343	14,220	23.00	
24.00	PHYSICAL THERAPY	66.00	0.196350	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.280130	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.124237	441,471	54,847	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138456	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.764425	81,586	62,366	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.370519	2,242	831	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.170077	309,390	52,620	31.00	
32.00	RENAL DIALYSIS	74.00	0.369893	1,190	440	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.619960	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.421325	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.331784	245	81	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.174829	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.269662	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			3,250,937	547,570	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2018 3:18 pm

Cost Center Description	Kidney		Hospital	
	worksheet D-2, Part I Line Numbers	Average Cost Per Day (from wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00

**PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)**

**Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program**

42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

Cost Center Description	worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from wkst. D-2, Part I, col. 4	
			Ratio of Cost To Charges	Organ Acquisition Costs (col. 1 x col. 2)
			2.00	3.00

**Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program**

49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02
51.03	AMBULATORY CARE	23.03	245	0.000000	0	51.03
51.04	OTHER	23.04	0	0.000000	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		245		0	55.00

Cost Center Description	Cost		Charges	
	Part A 1.00	Part B 2.00	Part A 3.00	Part B 4.00

**PART III - SUMMARY OF COSTS AND CHARGES**

56.00	Routine and Ancillary from Part I	547,570		3,278,815	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	2,012,346		1,470,945	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	2,559,916		4,749,760	61.00
62.00	Total Usable Organs (see instructions)		79		62.00
63.00	Medicare Usable Organs (see instructions)		73		63.00
64.00	Ratio of Medicare usable organs to Total usable Organs (line 63 ÷ line 62)		0.924051		64.00
65.00	Medicare Cost/Charges (see instructions)	2,365,493		4,389,020	65.00
66.00	Revenue for Organs sold	34,022		123,472	66.00
67.00	Subtotal (line 65 minus line 66)	2,331,471		4,265,548	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,331,471	0	4,265,548	69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

**PART IV - STATISTICS**

70.00	Organs Excised in Provider (1)	5	60	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00
73.00	Organs Purchased from OPOs	0	14	73.00
74.00	Total (sum of lines 70 through 73)	5	74	74.00
75.00	Organs Transplanted	5	14	75.00
76.00	Organs Sold to Other Hospitals	0	0	76.00
77.00	Organs Sold to OPOs	0	60	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	81.00
82.00	Organs Used for Research	0	0	82.00
83.00	Unusable/Discarded Organs	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	5	74	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2018 3:18 pm

Cost Center Description	Worksheet D-1 Line Numbers	Heart		Hospital	Cost (col. 2 x col. 3)		
		Inpatient Routine Organ Charges	Per Diem Costs (from wkst. D-1, Part II)	Organ Acquisition			
		0	1.00	2.00		3.00	4.00
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>							
1.00	ADULTS & PEDIATRICS	38.00	567	1,214.55	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,979	2,005.22	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	839.65	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		3,546		0	0	7.00
Cost Center Description	Worksheet C Line Numbers	Ratio of Cost/Charges (from wkst. C)		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
		<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>					
8.00	OPERATING ROOM	50.00	0.259224	125,678	32,579	8.00	
9.00	RECOVERY ROOM	51.00	0.256054	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347075	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.059832	17,511	1,048	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.139028	165,332	22,986	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.143223	315,106	45,130	18.00	
18.01	BLOOD LABORATORY	60.01	0.125319	9,641	1,208	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.170620	71,608	12,218	23.00	
24.00	PHYSICAL THERAPY	66.00	0.196350	860	169	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.280130	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.124237	43,159	5,362	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138456	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.764425	14,067	10,753	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.370519	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.170077	39,453	6,710	31.00	
32.00	RENAL DIALYSIS	74.00	0.369893	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.619960	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.421325	580	244	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.331784	250	83	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.174829	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.269662	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			803,245	138,490	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2018 3:18 pm

Cost Center Description	Heart		Hospital		PPS
	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
	0	1.00	2.00	3.00	

**PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)**

**Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program**

42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

Cost Center Description	Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4		Organ Acquisition Costs (col. 1 x col. 2)
			Part A	Part B	
	0	1.00	2.00	3.00	

**Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program**

49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02
51.03	AMBULATORY CARE	23.03	250	0.000000	0	51.03
51.04	OTHER	23.04	0	0.000000	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		250		0	55.00

Cost Center Description	Cost		Charges	
	Part A 1.00	Part B 2.00	Part A 3.00	Part B 4.00

**PART III - SUMMARY OF COSTS AND CHARGES**

56.00	Routine and Ancillary from Part I	138,490		806,791		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	5,229,797		3,365,680		59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	5,368,287		4,172,471		61.00
62.00	Total Usable Organs (see instructions)		41			62.00
63.00	Medicare usable organs (see instructions)		27			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.658537			64.00
65.00	Medicare Cost/Charges (see instructions)	3,535,216		2,747,727		65.00
66.00	Revenue for Organs Sold	10,207		37,041		66.00
67.00	Subtotal (line 65 minus line 66)	3,525,009		2,710,686		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	3,525,009	0	2,710,686	0	69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

**PART IV - STATISTICS**

70.00	Organs Excised in Provider (1)	0	18	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00
73.00	Organs Purchased from OPOS	0	23	73.00
74.00	Total (sum of lines 70 through 73)	0	41	74.00
75.00	Organs Transplanted	0	23	75.00
76.00	Organs Sold to Other Hospitals	0	0	76.00
77.00	Organs Sold to OPOS	0	18	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	81.00
82.00	Organs Used for Research	0	0	82.00
83.00	Unusable/Discarded Organs	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	41	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2018 3:18 pm

Cost Center Description	worksheet D-1 Line Numbers	Lung		Hospital Organ Acquisition	Cost (col. 2 x col. 3)	PPS
		Inpatient Routine Organ Charges	Per Diem Costs (from wkst. D-1, Part II)			
	0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>						
<b>Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition</b>						
1.00	ADULTS & PEDIATRICS	38.00	67	1,214.55	0	0 1.00
2.00	INTENSIVE CARE UNIT	43.00	2,979	2,005.22	0	0 2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	839.65	0	0 2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0 3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0 4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0 5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0 6.00
7.00	TOTAL (sum of lines 1 through 6)		3,046		0	0 7.00
Cost Center Description	worksheet C Line Numbers	Ratio of		Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		Cost/Charges (from wkst. C)				
	0	1.00		2.00	3.00	
<b>Computation of Ancillary Service Cost Applicable to Organ Acquisition</b>						
8.00	OPERATING ROOM	50.00	0.259224	136,551	35,397	8.00
9.00	RECOVERY ROOM	51.00	0.256054	14,985	3,837	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.347075	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.059832	22,221	1,330	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.139028	108,606	15,099	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.143223	19,840	2,842	18.00
18.01	BLOOD LABORATORY	60.01	0.125319	10,401	1,303	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.170620	37,761	6,443	23.00
24.00	PHYSICAL THERAPY	66.00	0.196350	1,880	369	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.280130	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.124237	20,374	2,531	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.138456	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.764425	14,067	10,753	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.370519	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.170077	43,353	7,373	31.00
32.00	RENAL DIALYSIS	74.00	0.369893	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION	76.00	0.619960	0	0	34.00
34.97	CARDIAC REHABILITATION	76.97	0.421325	0	0	34.97
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE	90.03	0.331784	0	0	37.03
37.04	OTHER	90.04	0.000000	0	0	37.04
38.00	EMERGENCY	91.00	0.174829	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.269662	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8 through 40)			430,039	87,277	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/25/2018 3:18 pm

Cost Center Description	Lung		Hospital	
	Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00

**PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)**

**Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program**

42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

Cost Center Description	Worksheet D-2, Part I Line numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from wkst. D-2, Part I, col. 4	
			Part A 3.00	Part B 4.00
	0	1.00	2.00	3.00

**Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program**

49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	51.03
51.04	OTHER	23.04	0	0.000000	0	51.04
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

Cost Center Description	Cost		Charges	
	Part A 1.00	Part B 2.00	Part A 3.00	Part B 4.00

**PART III - SUMMARY OF COSTS AND CHARGES**

56.00	Routine and Ancillary from Part I	87,277		433,085	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	540,851		1,382,590	59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	628,128		1,815,675	61.00
62.00	Total Usable Organs (see instructions)		21		62.00
63.00	Medicare Usable Organs (see instructions)		14		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667		64.00
65.00	Medicare Cost/Charges (see instructions)	418,752		1,210,451	65.00
66.00	Revenue for Organs Sold	8,506		30,868	66.00
67.00	Subtotal (line 65 minus line 66)	410,246		1,179,583	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	410,246	0	1,179,583	69.00

Cost Center Description	Living Related 1.00	Cadaveric 2.00	Revenue 3.00	
			Part A	Part B

**PART IV - STATISTICS**

70.00	Organs Excised in Provider (1)	0	15	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00
73.00	Organs Purchased from OPOs	0	9	73.00
74.00	Total (sum of lines 70 through 73)	0	24	74.00
75.00	Organs Transplanted	0	9	75.00
76.00	Organs Sold to Other Hospitals	0	0	76.00
77.00	Organs Sold to OPOs	0	12	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	81.00
82.00	Organs Used for Research	0	0	82.00
83.00	Unusable/Discarded Organs	0	3	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)	0	24	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0208

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		95,048,326	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		30,758,767	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)		10,277,687	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		71,722,504	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		692.19	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		171.79	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) if the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		44.63	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		15.70	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)		232.12	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		232.12	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.51	11.00
12.00	Current year allowable FTE (see instructions)		233.63	12.00
13.00	Total allowable FTE count for the prior year.		236.69	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.		239.74	14.00
15.00	Sum of lines 12 through 14 divided by 3.		236.69	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		236.69	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.341944	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.348673	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.341944	21.00
22.00	IME payment adjustment (see instructions)		21,485,210	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		12,248,698	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		21,485,210	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		12,248,698	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.96	31.00
32.00	Sum of lines 30 and 31		31.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.46	33.00
34.00	Disproportionate share adjustment (see instructions)		4,862,444	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0208

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Title XVIII		Hospital		PPS	
				Prior to 10/1	On/After 10/1		
				1.00	2.00		
<b>Uncompensated Care Adjustment</b>							
35.00	Total uncompensated care amount (see instructions)			0	0		35.00
35.01	Factor 3 (see instructions)			0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			8,543,812	8,567,421		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			6,390,301	2,159,461		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			8,549,762			36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>							
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0			41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0			41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00			45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)			0			46.00
47.00	Subtotal (see instructions)			170,982,196			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0			48.00
						<b>Amount</b>	
						<b>1.00</b>	
49.00	Total payment for inpatient operating costs (see instructions)				183,230,894		49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)				12,703,829		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).				12,011,337		52.00
53.00	Nursing and Allied Health Managed Care payment				431,323		53.00
54.00	Special add-on payments for new technologies				15,741		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)				6,266,726		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)				0		56.00
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).				221,499		57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)				187,399		58.00
59.00	Total (sum of amounts on lines 49 through 58)				215,068,748		59.00
60.00	Primary payer payments				123,092		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)				214,945,656		61.00
62.00	Deductibles billed to program beneficiaries				9,176,524		62.00
63.00	Coinsurance billed to program beneficiaries				1,170,680		63.00
64.00	Allowable bad debts (see instructions)				2,739,667		64.00
65.00	Adjusted reimbursable bad debts (see instructions)				1,780,784		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				1,727,159		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)				206,379,236		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)				0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)				0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0		70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)				0		70.50
70.87	Demonstration payment adjustment amount before sequestration				0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)				0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)						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)				-369,757		70.93
70.94	HRR adjustment amount (see instructions)				-2,403,145		70.94
70.95	Recovery of accelerated depreciation				0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0208

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/25/2018 3:18 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)		203,606,334	71.00
71.01	Sequestration adjustment (see instructions)		4,072,127	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		197,649,743	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,884,464	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,423,575	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0208

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

Worksheet E  
Part B  
Date/Time Prepared:  
5/25/2018 3:18 pm

		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		41,106,523	2.00
3.00	OPPI payments		39,842,244	3.00
4.00	Outlier payment (see instructions)		159,251	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.897	5.00
6.00	Line 2 times line 5		36,872,551	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200		70,412	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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 (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, 4.01, 8 and 9)		40,071,907	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,167,898	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		32,904,009	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		2,345,403	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)		35,249,412	30.00
31.00	Primary payer payments		5,337	31.00
32.00	Subtotal (line 30 minus line 31)		35,244,075	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,534,731	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		997,575	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		916,092	36.00
37.00	Subtotal (see instructions)		36,241,650	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
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		36,241,650	40.00
40.01	Sequestration adjustment (see instructions)		724,833	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		32,189,029	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,327,788	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0208 Component CCN: 14-S208	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/25/2018 3:18 pm
	Title XVIII	Subprovider - IPF	PPS

			1.00	
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		0	2.00
3.00	OPPTS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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 (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, 4.01, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0208	Period: From 01/01/2017	Worksheet E
	Component CCN: 14-T208	To 12/31/2017	Part B Date/Time Prepared: 5/25/2018 3:18 pm
	Title XVIII	Subprovider - IRF	PPS

			1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>			
1.00	Medical and other services (see instructions)		0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0 2.00
3.00	OPPS payments		0 3.00
4.00	Outlier payment (see instructions)		0 4.00
4.01	Outlier reconciliation amount (see instructions)		0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5		0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)		0 8.00
9.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 13, line 200		0 9.00
10.00	Organ acquisitions		0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>			
<b>Reasonable charges</b>			
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
<b>Customary charges</b>			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)		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 (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, 4.01, 8 and 9)		0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>			
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)		0 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)		0 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)		0 30.00
31.00	Primary payer payments		0 31.00
32.00	Subtotal (line 30 minus line 31)		0 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>			
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)		0 37.00
38.00	MSP-LCC reconciliation amount from PS&R		0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration		0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0 39.99
40.00	Subtotal (see instructions)		0 40.00
40.01	Sequestration adjustment (see instructions)		0 40.01
40.02	Demonstration payment adjustment amount after sequestration		0 40.02
41.00	Interim payments		0 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
<b>TO BE COMPLETED BY CONTRACTOR</b>			
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: 14-0208

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2018 3:18 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		196,757,975		32,175,514		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
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	08/17/2017	891,768	08/17/2017	13,515		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
<b>Provider to Program</b>							
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)		891,768		13,515		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)		197,649,743		32,189,029		4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
<b>Provider to Program</b>							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		1,884,464		3,327,788		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		199,534,207		35,516,817		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: 14-0208

Period: From 01/01/2017

Worksheet E-1

Component CCN: 14-S208

To 12/31/2017

Part I

Date/Time Prepared: 5/25/2018 3:18 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		2,528,572		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
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		2,528,572		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		123,657		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,652,229		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: 14-0208

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

Worksheet E-1 Part I

Component CCN: 14-T208

Date/Time Prepared: 5/25/2018 3:18 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		8,945,756		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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	08/17/2017	33,800		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
<b>Provider to Program</b>						
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)		33,800		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)		8,979,556		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		50,054		0	6.02
7.00	Total Medicare program liability (see instructions)		8,929,502		0	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: 14-0208

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/25/2018 3:18 pm

Title XVIII		Hospital	PPS
			1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>			
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>			
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
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: 14-0208

Period:

Worksheet E-3

Component CCN: 14-S208

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

Part II  
Date/Time Prepared:  
5/25/2018 3:18 pm

Title XVIII

Subprovider -  
IPF

PPS

		1.00	
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,772,604	1.00
2.00	Net IPF PPS Outlier Payments	3,815	2.00
3.00	Net IPF PPS ECT Payments	71,539	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	26.345205	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,847,958	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,847,958	16.00
17.00	Primary payer payments	8,379	17.00
18.00	Subtotal (line 16 less line 17).	2,839,579	18.00
19.00	Deductibles	205,212	19.00
20.00	Subtotal (line 18 minus line 19)	2,634,367	20.00
21.00	Coinsurance	54,180	21.00
22.00	Subtotal (line 20 minus line 21)	2,580,187	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	180,462	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	117,300	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	90,436	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,697,487	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)	8,869	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,706,356	31.00
31.01	Sequestration adjustment (see instructions)	54,127	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	2,528,572	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	123,657	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	3,815	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: 14-0208

Period:

Worksheet E-3

Component CCN: 14-T208

From 01/01/2017

Part III

To 12/31/2017

Date/Time Prepared:

5/25/2018 3:18 pm

Title XVIII

Subprovider -  
IRF

PPS

		1.00	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>			
1.00	Net Federal PPS Payment (see instructions)	8,679,636	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0167	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	170,121	3.00
4.00	Outlier Payments	318,491	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)	31.808219	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)	9,168,248	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)	0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	9,168,248	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	9,168,248	19.00
20.00	Deductibles	18,396	20.00
21.00	Subtotal (line 19 minus line 20)	9,149,852	21.00
22.00	Coinsurance	73,318	22.00
23.00	Subtotal (line 21 minus line 22)	9,076,534	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	22,531	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	14,645	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,169	26.00
27.00	Subtotal (sum of lines 23 and 25)	9,091,179	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)	20,558	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	9,111,737	32.00
32.01	Sequestration adjustment (see instructions)	182,235	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	8,979,556	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-50,054	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	82,058	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>			
50.00	Original outlier amount from wkst. E-3, Pt. III, line 4	318,491	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0208	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4
	Title XVIII	Hospital	Date/Time Prepared: 5/25/2018 3:18 pm
			PPS

			1.00	
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**COMPUTATION OF TOTAL DIRECT GME AMOUNT**

1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			46.85	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			14.56	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			233.20	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			233.20	6.00
7.00	Enter the lesser of line 5 or line 6			233.20	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	140.52	81.80	222.32	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	140.52	81.80	222.32	9.00
10.00	weighted dental and podiatric resident FTE count for the current year		1.51		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	140.52	83.31		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	143.96	82.97		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	145.60	83.24		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	143.36	83.17		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	143.36	83.17		17.00
18.00	Per resident amount	145,944.79	138,196.84		18.00
19.00	Approved amount for resident costs	20,922,645	11,493,831	32,416,476	19.00

				1.00	
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20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			32,416,476	25.00

		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	

**COMPUTATION OF PROGRAM PATIENT LOAD**

26.00	Inpatient Days (see instructions)	68,608	38,102		26.00
27.00	Total Inpatient Days (see instructions)	228,787	228,787		27.00
28.00	Ratio of inpatient days to total inpatient days	0.299877	0.166539		28.00
29.00	Program direct GME amount	9,720,956	5,398,607		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		762,823		30.00
31.00	Net Program direct GME amount			14,356,740	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT  
 MEDICAL EDUCATION COSTS

Provider CCN: 14-0208

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

Worksheet E-4

Date/Time Prepared:  
 5/25/2018 3:18 pm

		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			5,464
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			8,987,220
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000608
35.00	Medicare outpatient ESRD charges (see instructions)			0
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			204,713,182
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			6,266,726
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0
40.00	Primary payer payments (see instructions)			131,471
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			210,848,437
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			41,176,935
43.00	Primary payer payments (see instructions)			5,337
44.00	Total Part B reasonable cost (line 42 minus line 43)			41,171,598
45.00	Total reasonable cost (sum of lines 41 and 44)			252,020,035
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.836634
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.163366
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			14,356,740
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			12,011,337
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,345,403

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

Provider CCN: 14-0208

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

Worksheet G

Date/Time Prepared:  
5/25/2018 3:18 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>					
1.00	Cash on hand in banks	229,643,000	0	0	0 1.00
2.00	Temporary investments	82,664,000	0	0	0 2.00
3.00	Notes receivable	0	0	0	0 3.00
4.00	Accounts receivable	672,820,000	0	0	0 4.00
5.00	Other receivable	0	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0 6.00
7.00	Inventory	0	0	0	0 7.00
8.00	Prepaid expenses	0	0	0	0 8.00
9.00	Other current assets	191,459,000	0	0	0 9.00
10.00	Due from other funds	23,729,000	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	1,200,315,000	0	0	0 11.00
<b>FIXED ASSETS</b>					
12.00	Land	158,161,000	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	2,982,049,000	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	1,494,843,000	0	0	0 23.00
24.00	Accumulated depreciation	-2,508,470,000	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)	2,126,583,000	0	0	0 30.00
<b>OTHER ASSETS</b>					
31.00	Investments	4,829,122,000	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	444,752,000	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	5,273,874,000	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	8,600,772,000	0	0	0 36.00
<b>CURRENT LIABILITIES</b>					
37.00	Accounts payable	346,603,000	0	0	0 37.00
38.00	Salaries, wages, and fees payable	386,896,000	0	0	0 38.00
39.00	Payroll taxes payable	0	0	0	0 39.00
40.00	Notes and loans payable (short term)	88,828,000	0	0	0 40.00
41.00	Deferred income	0	0	0	0 41.00
42.00	Accelerated payments	0	0	0	0 42.00
43.00	Due to other funds	0	0	0	0 43.00
44.00	Other current liabilities	421,544,000	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,243,871,000	0	0	0 45.00
<b>LONG TERM LIABILITIES</b>					
46.00	Mortgage payable	1,493,648,000	0	0	0 46.00
47.00	Notes payable	0	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	848,770,000	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,342,418,000	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,586,289,000	0	0	0 51.00
<b>CAPITAL ACCOUNTS</b>					
52.00	General fund balance	5,014,483,000			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				57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				58.00
59.00	Total fund balances (sum of lines 52 thru 58)	5,014,483,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,600,772,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0208

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

worksheet G-1

Date/Time Prepared:  
5/25/2018 3:18 pm

	General Fund		Special Purpose Fund		Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
1.00		5,094,323,000			0	1.00
2.00		69,029,573				2.00
3.00		5,163,352,573			0	3.00
4.00			0		0	4.00
5.00			0		0	5.00
6.00			0		0	6.00
7.00			0		0	7.00
8.00			0		0	8.00
9.00			0		0	9.00
10.00		0			0	10.00
11.00		5,163,352,573			0	11.00
12.00			0		0	12.00
13.00	148,869,573		0		0	13.00
14.00			0		0	14.00
15.00			0		0	15.00
16.00			0		0	16.00
17.00			0		0	17.00
18.00		148,869,573			0	18.00
19.00		5,014,483,000			0	19.00

  

	Endowment Fund	Plant Fund		
	6.00	7.00	8.00	
1.00	0		0	1.00
2.00				2.00
3.00	0		0	3.00
4.00		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	0		0	10.00
11.00	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	0		0	18.00
19.00	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0208

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2018 3:18 pm

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>				
<b>General Inpatient Routine Services</b>				
1.00 Hospital	508,145,210		508,145,210	1.00
2.00 SUBPROVIDER - IPF	24,110,345		24,110,345	2.00
3.00 SUBPROVIDER - IRF	23,500,050		23,500,050	3.00
4.00 SUBPROVIDER	0		0	4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY				7.00
8.00 NURSING FACILITY				8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	555,755,605		555,755,605	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>				
11.00 INTENSIVE CARE UNIT	194,414,565		194,414,565	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	41,610,605		41,610,605	11.01
12.00 CORONARY CARE UNIT	0		0	12.00
13.00 BURN INTENSIVE CARE UNIT	0		0	13.00
14.00 SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00 OTHER SPECIAL CARE (SPECIFY)				15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	236,025,170		236,025,170	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	791,780,775		791,780,775	17.00
18.00 Ancillary services	1,630,561,074	884,237,564	2,514,798,638	18.00
19.00 Outpatient services	86,707,512	160,130,024	246,837,536	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
24.10 CORF	0	0	0	24.10
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 AMBULATORY CARE	116,137	18,516,691	18,632,828	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	2,509,165,498	1,062,884,279	3,572,049,777	28.00
<b>PART II - OPERATING EXPENSES</b>				
29.00 Operating expenses (per wkst. A, column 3, line 200)		1,128,168,482		29.00
30.00 ADD (SPECIFY)	0			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0			35.00
36.00 Total additions (sum of lines 30-35)		0		36.00
37.00 DEDUCT (SPECIFY)	0			37.00
38.00	0			38.00
39.00	0			39.00
40.00	0			40.00
41.00	0			41.00
42.00 Total deductions (sum of lines 37-41)		0		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		1,128,168,482		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0208

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

Worksheet G-3

Date/Time Prepared:  
5/25/2018 3:18 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	3,572,049,777	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,384,075,621	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,187,974,156	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	1,128,168,482	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,805,674	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	9,223,899	24.00
25.00	Total other income (sum of lines 6-24)	9,223,899	25.00
26.00	Total (line 5 plus line 25)	69,029,573	26.00
27.00	NET NONOPERATING	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)	69,029,573	29.00

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from wkst. I-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from wkst. I-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from wkst. I-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from wkst. I-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

Provider CCN: 14-0208

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

Worksheet L  
 Parts I-III  
 Date/Time Prepared:  
 5/25/2018 3:18 pm

Title XVIII

Hospital

PPS

1.00

**PART I - FULLY PROSPECTIVE METHOD**

**CAPITAL FEDERAL AMOUNT**

1.00	Capital DRG other than outlier	10,198,317	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	555,594	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)	568.66	3.00
4.00	Number of interns & residents (see instructions)	236.69	4.00
5.00	Indirect medical education percentage (see instructions)	12.47	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)	1,271,730	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	4.85	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	26.96	8.00
9.00	Sum of lines 7 and 8	31.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.65	10.00
11.00	Disproportionate share adjustment (see instructions)	678,188	11.00
12.00	Total prospective capital payments (see instructions)	12,703,829	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