

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: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 10:35 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2018 Time: 10:35 am
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (14-0223) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,503,829	736,232	0	0	1.00
2.00 Subprovider - IPF	0	-1,106	6		0	2.00
3.00 Subprovider - IRF	0	123,997	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	1,626,720	736,238	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: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:33 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1775 W. DEMPSTER STREET		PO Box:		Zip Code: 60068-		County: COOK					
2.00 City: PARK RIDGE		State: IL									
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O	3.00	
4.00 Subprovider - IPF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O	4.00	
5.00 Subprovider - IRF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	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	
18.00 Renal Dialysis										18.00	
19.00 Other										19.00	
						From:		To:			
						1.00		2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2017		12/31/2017			20.00
21.00 Type of Control (see instructions)						1					21.00
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N			22.00
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y			22.01
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N			22.02
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N			22.03
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								1		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.		5,934	12,072	0	224	10,713	1,661				
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.		286	595	0	0	167					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:33 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y		56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N		57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N		58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N		59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1	60.02	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0223

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2018 10:33 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
		Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.41	73.07	0.124701	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00		2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0223

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

Worksheet S-2
Part I
Date/Time Prepared:
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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03
				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)			6.59	81.49	0.074818	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	6.74	19.13	0.260533	67.00
67.01		INTERNAL MEDICINE	1400	7.00	49.27	0.124400	67.01
67.02		PEDIATRICS	2000	5.76	31.13	0.156140	67.02
67.03		INTERNAL MEDICINE	3900	0.00	6.52	0.000000	67.03
67.04				0.00	0.00	0.000000	67.04
67.05				0.00	0.00	0.000000	67.05

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 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)	Y	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N		87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y		Y		98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:33 am		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,508,076		11,221,692		-1,711,437		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y	5.06		122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	14H036		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 10:33 am							
1.00		2.00		3.00							
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.											
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		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					
144.00 Are provider based physicians' costs included in Worksheet A?						1.00 Y	144.00				
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.						1.00 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.						2.00 N	146.00				
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						1.00 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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)											
155.00	Hospital	N	N	N	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					
165.00 Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						1.00 N	165.00				
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)											
						Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
						0.00					
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y					
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0					
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						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)						0.00					
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						1.00 01/01/2017		2.00 12/31/2017		170.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						1.00 N		2.00		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 10:33 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	03/09/2018	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			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	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					Y	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
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	04/17/2018	Y	04/17/2018
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/29/2018 10:33 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JULIE		BARGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5758		JULIE.BARGER@ADVOCATEHEALTH.COM	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MGR. REIMBURSEMENT COST REPORTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 10:33 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	413	150,745	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)		413	150,745	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
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)		528	192,720	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	50	18,250		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		623				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)		17	6,205			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: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 10:33 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	38,066	3,163	104,517			1.00
2.00 HMO and other (see instructions)	12,470	18,698				2.00
3.00 HMO IPF Subprovider	706	1,436				3.00
4.00 HMO IRF Subprovider	764	212				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	38,066	3,163	104,517			7.00
8.00 INTENSIVE CARE UNIT	1,200	1,320	6,849			8.00
9.00 CORONARY CARE UNIT	3,751	987	8,596			9.00
9.01 NEONATAL CARE UNIT	0	2,460	13,032			9.01
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		940	7,839			13.00
14.00 Total (see instructions)	43,017	8,870	140,833	211.64	3,276.90	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,901	642	10,038	1.99	77.74	16.00
17.00 SUBPROVIDER - IRF	6,892	538	12,201	0.00	72.29	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	1,068			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				213.63	3,426.93	27.00
28.00 Observation Bed Days		578	13,498			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	371	1,132			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 10:33 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,351	1,619	27,112	1.00
2.00	HMO and other (see instructions)			2,351	4,319		2.00
3.00	HMO IPF Subprovider				165		3.00
4.00	HMO IRF Subprovider				15		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
9.01	NEONATAL CARE UNIT						9.01
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	8,351	1,619	27,112	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	264	77	1,148	16.00
17.00	SUBPROVIDER - IRF	0.00	0	512	37	894	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/29/2018 10:33 am	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	251,088,649	0	251,088,649	7,145,462.00	35.14	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		3,364,341	0	3,364,341	26,633.00	126.32	4.00
4.01	Physicians - Part A - Teaching		6,742,280	0	6,742,280	53,224.00	126.68	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	12,715,215	0	12,715,215	489,994.00	25.95	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)		12,037,867	-533,594	11,504,273	341,617.00	33.68	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		656,556	0	656,556	10,736.00	61.15	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		5,884,241	0	5,884,241	48,373.00	121.64	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		25,767,574	0	25,767,574	378,817.00	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
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		57,331,895	0	57,331,895			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,003,182	0	3,003,182			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		703,036	0	703,036			22.00
22.01	Physician Part A - Teaching		1,287,242	0	1,287,242			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		2,873,571	0	2,873,571			25.00
25.50	Home office wage-related (core)		4,508,359	0	4,508,359			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,593,253	-3,048,827	544,426	17,436.00	31.22	26.00
27.00	Administrative & General	5.00	25,327,166	751,256	26,078,422	598,012.00	43.61	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

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

Worksheet S-3
Part II
Date/Time Prepared:
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		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,101,775	0	2,101,775	11,533.00	182.24	28.00
29.00	Maintenance & Repairs	6.00	5,181,797	85,553	5,267,350	172,821.00	30.48	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	5,256,129	13,158	5,269,287	328,644.00	16.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,801,106	-2,006,252	1,794,854	100,698.00	17.82	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,045,805	2,045,805	117,383.00	17.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,500,059	1,532,474	4,032,533	65,491.00	61.57	38.00
39.00	Central Services and Supply	14.00	1,358,274	12,557	1,370,831	66,012.00	20.77	39.00
40.00	Pharmacy	15.00	9,822,754	-244,943	9,577,811	213,993.00	44.76	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	2,001,032	8,439	2,009,471	51,913.00	38.71	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2018 10:33 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	233,732,929	0	233,732,929	6,613,777.00	35.34	1.00
2.00	Excluded area salaries (see instructions)	12,037,867	-533,594	11,504,273	341,617.00	33.68	2.00
3.00	Subtotal salaries (line 1 minus line 2)	221,695,062	533,594	222,228,656	6,272,160.00	35.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,308,371	0	32,308,371	437,926.00	73.78	4.00
5.00	Subtotal wage-related costs (see inst.)	62,543,290	0	62,543,290	0.00	28.14	5.00
6.00	Total (sum of lines 3 thru 5)	316,546,723	533,594	317,080,317	6,710,086.00	47.25	6.00
7.00	Total overhead cost (see instructions)	60,943,345	-850,780	60,092,565	1,743,936.00	34.46	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2018 10:33 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,250,439	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	3,429,374	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	245,449	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	24,249,062	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	6,382,753	9.00
10.00	Dental, Hearing and Vision Plan	839,360	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	270,149	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)	1,708,383	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,211,700	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
TAXES			
17.00	FICA-Employers Portion Only	17,460,630	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	540,614	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	412,952	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,198,062	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	65,198,927	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/29/2018 10:33 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		656,556	65,198,925
2.00	Hospital		656,556	62,195,744
3.00	Subprovider - IPF		0	1,606,828
4.00	Subprovider - IRF		0	1,396,353
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/29/2018 10:33 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.250633	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		47,903,323	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		373,095,704	6.00
7.00	Medicaid cost (line 1 times line 6)		93,510,096	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)		45,606,773	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		45,606,773	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	34,080,389	2,664,072	36,744,461
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,541,670	2,664,072	11,205,742
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	8,541,670	2,664,072	11,205,742
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,178,729	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,516,531	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,333,126	27.01
28.00	Non-Medicare bad debt expense (see instructions)		20,845,603	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,041,191	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		17,246,933	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		62,853,706	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	19,316,653	19,316,653	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	13,527,375	13,527,375	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,593,253	45,360,553	48,953,806	-3,048,827	45,904,979	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	1,644,301	3,020,334	4,664,635	-357,568	4,307,067	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	26,706,433	26,706,433	0	26,706,433	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	23,682,865	174,242,300	197,925,165	-16,612,213	181,312,952	5.06
6.00	00600	MAINTENANCE & REPAIRS	5,181,797	19,244,635	24,426,432	-30,583	24,395,849	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,628,659	2,628,659	8.00
9.00	00900	HOUSEKEEPING	5,256,129	5,249,185	10,505,314	-2,624,638	7,880,676	9.00
10.00	01000	DIETARY	3,801,106	4,495,622	8,296,728	-2,533,984	5,762,744	10.00
11.00	01100	CAFETERIA	0	0	0	2,516,596	2,516,596	11.00
13.00	01300	NURSING ADMINISTRATION	2,500,059	859,261	3,359,320	1,580,930	4,940,250	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,358,274	1,608,144	2,966,418	-263,775	2,702,643	14.00
15.00	01500	PHARMACY	9,822,754	35,706,204	45,528,958	-33,188,415	12,340,543	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	678,706	678,706	-1,187	677,519	16.00
17.00	01700	SOCIAL SERVICE	2,001,032	393,226	2,394,258	8,439	2,402,697	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,715,215	3,179,925	15,895,140	0	15,895,140	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,742,280	11,997,351	18,739,631	56,445	18,796,076	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,168,767	159,931	1,328,698	-1,013,500	315,198	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	314,749	314,749	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,382,971	6,463,772	60,846,743	-1,947,471	58,899,272	30.00
31.00	03100	INTENSIVE CARE UNIT	6,330,089	1,152,062	7,482,151	-50,758	7,431,393	31.00
32.00	03200	CORONARY CARE UNIT	7,096,203	1,569,606	8,665,809	-126,143	8,539,666	32.00
32.01	03201	NEONATAL CARE UNIT	8,460,369	1,364,562	9,824,931	-61,558	9,763,373	32.01
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 - I PF	5,680,931	547,390	6,228,321	35,567	6,263,888	40.00
41.00	04100	SUBPROVIDER - I RF	4,936,799	526,609	5,463,408	-163,185	5,300,223	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,428,731	1,428,731	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,056,662	3,779,518	15,836,180	-2,092,692	13,743,488	50.00
51.00	05100	RECOVERY ROOM	1,640,054	157,173	1,797,227	7,885	1,805,112	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,192,736	723,401	5,916,137	-152,641	5,763,496	52.00
53.00	05300	ANESTHESIOLOGY	616,538	705,824	1,322,362	-82,492	1,239,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,359,432	2,504,350	11,863,782	-1,848,158	10,015,624	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,176,586	6,649,132	7,825,718	-525,466	7,300,252	55.00
56.00	05600	RADIOISOTOPE	1,475,192	1,330,268	2,805,460	-130,406	2,675,054	56.00
57.00	05700	CT SCAN	1,926,771	796,639	2,723,410	38,454	2,761,864	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,737,799	711,676	2,449,475	-237,043	2,212,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,722,999	1,806,766	3,529,765	-1,515,067	2,014,698	59.00
60.00	06000	LABORATORY	0	15,866,671	15,866,671	0	15,866,671	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,611,985	1,611,985	0	1,611,985	62.00
65.00	06500	RESPIRATORY THERAPY	7,218,792	818,307	8,037,099	-103,421	7,933,678	65.00
66.00	06600	PHYSICAL THERAPY	5,708,062	514,583	6,222,645	52,861	6,275,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,788,090	765,341	8,553,431	96,206	8,649,637	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,707,108	763,786	3,470,894	-221,766	3,249,128	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,032,620	574,977	1,607,597	-52,692	1,554,905	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,523,924	42,523,924	686,769	43,210,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	28,245,454	28,245,454	0	28,245,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,729,660	32,729,660	73.00
74.00	07400	RENAL DIALYSIS	749,442	352,619	1,102,061	-40,461	1,061,600	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,291,347	393,535	3,684,882	-48,017	3,636,865	75.00
76.00	03950	REHAB MEDICINE	739,948	76,237	816,185	2,758	818,943	76.00
76.20	03951	DAY HOSPITAL	644,180	55,165	699,345	2,475	701,820	76.20
76.45	03340	GASTROENTEROLOGY LAB	2,715,932	1,714,293	4,430,225	-1,303,598	3,126,627	76.45
76.97	07697	CARDIAC REHABILITATION	467,620	67,014	534,634	-17,985	516,649	76.97
76.99	07699	LITHOTRIPER	0	1,095,050	1,095,050	0	1,095,050	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	67,784	6,621	74,405	288	74,693	90.01
90.02	09002	OUTPATIENT CENTER	1,538,606	336,402	1,875,008	-42,406	1,832,602	90.02
90.03	09003	PAIN CLINIC	485,723	126,391	612,114	-26,028	586,086	90.03
90.05	09004	WOUND CARE CENTER	469,397	35,140	504,537	-504,537	0	90.05
90.06	09005	ANTI-COAG LAB	667,340	53,008	720,348	5,037	725,385	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/29/2018 10:33 am

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	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,285,325	2,524,010	13,809,335	-403,144	13,406,191	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	250,837,279	462,211,071	713,048,350	3,664,712	716,713,062	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	251,370	3,973,257	4,224,627	-3,664,712	559,915	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	251,088,649	466,184,328	717,272,977	0	717,272,977	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,095,562	24,412,215	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,880,266	17,407,641	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,447,041	57,352,020	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	-9	4,307,058	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	26,706,433	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-101,552,755	79,760,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	-226,174	24,169,675	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,628,659	8.00
9.00	00900	HOUSEKEEPING	-695	7,879,981	9.00
10.00	01000	DIETARY	-1,998,145	3,764,599	10.00
11.00	01100	CAFETERIA	0	2,516,596	11.00
13.00	01300	NURSING ADMINISTRATION	-326	4,939,924	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,702,643	14.00
15.00	01500	PHARMACY	-135,942	12,204,601	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	677,519	16.00
17.00	01700	SOCIAL SERVICE	-239,026	2,163,671	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,895,140	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-508,785	18,287,291	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-24,698	290,500	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	314,749	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-569,851	58,329,421	30.00
31.00	03100	INTENSIVE CARE UNIT	-11,687	7,419,706	31.00
32.00	03200	CORONARY CARE UNIT	-3,908	8,535,758	32.00
32.01	03201	NEONATAL CARE UNIT	-2,763	9,760,610	32.01
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 - I PF	-217,500	6,046,388	40.00
41.00	04100	SUBPROVIDER - I RF	-38	5,300,185	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,428,731	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-12,430	13,731,058	50.00
51.00	05100	RECOVERY ROOM	0	1,805,112	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-6,265	5,757,231	52.00
53.00	05300	ANESTHESIOLOGY	-39,932	1,199,938	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-13,877	10,001,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-52,585	7,247,667	55.00
56.00	05600	RADIOISOTOPE	0	2,675,054	56.00
57.00	05700	CT SCAN	-969	2,760,895	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,212,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	-7	2,014,691	59.00
60.00	06000	LABORATORY	0	15,866,671	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,611,985	62.00
65.00	06500	RESPIRATORY THERAPY	-800	7,932,878	65.00
66.00	06600	PHYSICAL THERAPY	-370	6,275,136	66.00
67.00	06700	OCCUPATIONAL THERAPY	-265	8,649,372	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-96,550	3,152,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278	1,555,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,210,693	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	28,245,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,729,660	73.00
74.00	07400	RENAL DIALYSIS	-7	1,061,593	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,636,865	75.00
76.00	03950	REHAB MEDICINE	-3,490	815,453	76.00
76.20	03951	DAY HOSPITAL	-31,678	670,142	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	3,126,627	76.45
76.97	07697	CARDIAC REHABILITATION	0	516,649	76.97
76.99	07699	LITHOTRIPER	0	1,095,050	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	74,693	90.01
90.02	09002	OUTPATIENT CENTER	-31,815	1,800,787	90.02
90.03	09003	PAIN CLINIC	0	586,086	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	725,385	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	-270,830	13,135,361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-85,631,025	631,082,037	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-176,772	383,143	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-85,807,797	631,465,180	200.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 10:33 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	182,232	1.00
	TOTALS		0	182,232	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	32,729,660	1.00
	TOTALS		0	32,729,660	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,628,659	1.00
	TOTALS		0	2,628,659	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	96,008	82,034	1.00
2.00	RADIOISOTOPE	56.00	91,335	78,042	2.00
3.00	CT SCAN	57.00	127,484	108,930	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	120,067	102,593	4.00
	TOTALS		434,894	371,599	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	893,822	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	129,481	2.00
	TOTALS		893,822	129,481	
F - REHABILITATION DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	28,635	34,082	1.00
2.00	OCCUPATIONAL THERAPY	67.00	39,070	46,501	2.00
	TOTALS		67,705	80,583	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	31,293	0	1.00
	TOTALS		31,293	0	
H - NURSERY					
1.00	NURSERY	43.00	1,308,273	120,458	1.00
	TOTALS		1,308,273	120,458	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,045,805	2,317,349	1.00
	TOTALS		2,045,805	2,317,349	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	1,846,558	1.00
	TOTALS		0	1,846,558	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,473,167	78,230	1.00
	TOTALS		1,473,167	78,230	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	287,082	27,667	1.00
2.00		0.00	0	0	2.00
	TOTALS		287,082	27,667	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	69,215	30,843	1.00
	TOTALS		69,215	30,843	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	469,397	167,884	1.00
2.00	WOUND CARE CENTER	90.05	0	132,744	2.00
	TOTALS		469,397	300,628	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,943,717	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,527,375	2.00
	TOTALS		0	28,471,092	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,372,936	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

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 10:33 am

						Increases				
Cost Center		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
TOTALS			0	4,372,936						
R - RECLASSIFY EQUIPMENT DEPRECIATION										
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,774,970						1.00
2.00		0.00	0	0						2.00
3.00		0.00	0	0						3.00
4.00		0.00	0	0						4.00
5.00		0.00	0	0						5.00
6.00		0.00	0	0						6.00
7.00		0.00	0	0						7.00
8.00		0.00	0	0						8.00
9.00		0.00	0	0						9.00
10.00		0.00	0	0						10.00
11.00		0.00	0	0						11.00
12.00		0.00	0	0						12.00
13.00		0.00	0	0						13.00
14.00		0.00	0	0						14.00
15.00		0.00	0	0						15.00
16.00		0.00	0	0						16.00
17.00		0.00	0	0						17.00
18.00		0.00	0	0						18.00
19.00		0.00	0	0						19.00
20.00		0.00	0	0						20.00
21.00		0.00	0	0						21.00
22.00		0.00	0	0						22.00
23.00		0.00	0	0						23.00
24.00		0.00	0	0						24.00
25.00		0.00	0	0						25.00
26.00		0.00	0	0						26.00
27.00		0.00	0	0						27.00
28.00		0.00	0	0						28.00
29.00		0.00	0	0						29.00
30.00		0.00	0	0						30.00
31.00		0.00	0	0						31.00
32.00		0.00	0	0						32.00
33.00		0.00	0	0						33.00
34.00		0.00	0	0						34.00
35.00		0.00	0	0						35.00
36.00		0.00	0	0						36.00
37.00		0.00	0	0						37.00
38.00		0.00	0	0						38.00
39.00		0.00	0	0						39.00
40.00		0.00	0	0						40.00
41.00		0.00	0	0						41.00
42.00		0.00	0	0						42.00
43.00		0.00	0	0						43.00
TOTALS			0	11,774,970						
S - OIG FRAUD EMPLOYEES										
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	42,421	0						1.00
TOTALS			42,421	0						
T - LT, MGT, AND ASSOCIATE INCENTIVE										
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,958	0						1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	19,684	0						2.00
3.00	MAINTENANCE & REPAIRS	6.00	85,553	0						3.00
4.00	HOUSEKEEPING	9.00	55,579	0						4.00
5.00	DIETARY	10.00	39,553	0						5.00
6.00	NURSING ADMINISTRATION	13.00	59,307	0						6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	11,075	0						7.00
8.00	PHARMACY	15.00	41,012	0						8.00
9.00	SOCIAL SERVICE	17.00	8,439	0						9.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 10:33 am

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	72,040	0				10.00	
11.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	10,207	0				11.00	
12.00	ADULTS & PEDIATRICS	30.00	399,852	0				12.00	
13.00	INTENSIVE CARE UNIT	31.00	69,903	0				13.00	
14.00	CORONARY CARE UNIT	32.00	33,954	0				14.00	
15.00	NEONATAL CARE UNIT	32.01	54,823	0				15.00	
16.00	SUBPROVIDER - IPF	40.00	36,327	0				16.00	
17.00	SUBPROVIDER - IRF	41.00	48,355	0				17.00	
18.00	OPERATING ROOM	50.00	116,955	0				18.00	
19.00	RECOVERY ROOM	51.00	8,396	0				19.00	
20.00	DELIVERY ROOM & LABOR ROOM	52.00	41,502	0				20.00	
21.00	ANESTHESIOLOGY	53.00	3,210	0				21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	80,786	0				22.00	
23.00	RADIOLOGY-THERAPEUTIC	55.00	5,515	0				23.00	
24.00	RADIOISOTOPE	56.00	5,846	0				24.00	
25.00	CT SCAN	57.00	5,722	0				25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,010	0				26.00	
27.00	CARDIAC CATHETERIZATION	59.00	6,956	0				27.00	
28.00	RESPIRATORY THERAPY	65.00	46,721	0				28.00	
29.00	PHYSICAL THERAPY	66.00	29,216	0				29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	5,228	0				30.00	
31.00	RENAL DIALYSIS	74.00	20,768	0				31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	17,037	0				32.00	
33.00	REHAB MEDICINE	76.00	2,758	0				33.00	
34.00	DAY HOSPITAL	76.20	2,634	0				34.00	
35.00	GASTROENTEROLOGY LAB	76.45	18,985	0				35.00	
36.00	CARDIAC REHABILITATION	76.97	2,017	0				36.00	
37.00	DIABETES CARE CENTER	90.01	288	0				37.00	
38.00	PAIN CLINIC	90.03	2,141	0				38.00	
39.00	CENTRAL SERVICES & SUPPLY	14.00	1,482	0				39.00	
40.00	ANTI-COAG LAB	90.06	5,037	0				40.00	
41.00	EMERGENCY	91.00	93,460	0				41.00	
42.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,541	0				42.00	
43.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,381,259	0				43.00	
44.00	OCCUPATIONAL THERAPY	67.00	48,514	0				44.00	
45.00	ELECTROCARDIOLOGY	69.00	35,623	0				45.00	
46.00	OUTPATIENT CENTER	90.02	5,557	0				46.00	
TOTALS			3,065,785	0					
500.00	Grand Total: Increases		10,188,859	85,462,945				500.00	

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/29/2018 10:33 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	182,232	0		1.00
	TOTALS		0	182,232			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	32,729,660	0		1.00
	TOTALS		0	32,729,660			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,628,659	0		1.00
	TOTALS		0	2,628,659			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	434,894	371,599	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		434,894	371,599			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	893,822	0	0		1.00
2.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	129,481	0		2.00
	TOTALS		893,822	129,481			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	67,705	80,583	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		67,705	80,583			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	31,293	0	0		1.00
	TOTALS		31,293	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,308,273	120,458	0		1.00
	TOTALS		1,308,273	120,458			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,045,805	2,317,349	0		1.00
	TOTALS		2,045,805	2,317,349			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	1,846,558	0		1.00
	TOTALS		0	1,846,558			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,473,167	78,230	0		1.00
	TOTALS		1,473,167	78,230			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	285,955	27,611	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,127	56	0		2.00
	TOTALS		287,082	27,667			
M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	69,215	30,843	0		1.00
	TOTALS		69,215	30,843			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	469,397	167,884	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	132,744	0		2.00
	TOTALS		469,397	300,628			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,471,092	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	28,471,092			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	668,015	10		1.00
2.00		0.00	0	0	10		2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,704,921	0		3.00
4.00		0.00	0	0	10		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	10		6.00
7.00		0.00	0	0	10		7.00
8.00		0.00	0	0	10		8.00
9.00		0.00	0	0	10		9.00
10.00		0.00	0	0	10		10.00
11.00		0.00	0	0	10		11.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6
Date/Time Prepared:
5/29/2018 10:33 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
12.00	0.00	0	0	0	10		12.00
13.00	0.00	0	0	0	10		13.00
14.00	0.00	0	0	0	10		14.00
15.00	0.00	0	0	0	10		15.00
16.00	0.00	0	0	0	10		16.00
17.00	0.00	0	0	0	10		17.00
18.00	0.00	0	0	0	10		18.00
19.00	0.00	0	0	0	10		19.00
20.00	0.00	0	0	0	10		20.00
21.00	0.00	0	0	0	10		21.00
22.00	0.00	0	0	0	10		22.00
23.00	0.00	0	0	0	10		23.00
TOTALS			0	4,372,936			
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	0.00	0	0	0	9		1.00
2.00	5.03	0	377,252	0	9		2.00
PURCHASING RECEIVING AND STORES							
3.00	0.00	0	0	0	9		3.00
MAINTENANCE & REPAIRS							
4.00	6.00	0	116,136	0	9		4.00
HOUSEKEEPING							
5.00	9.00	0	9,137	0	9		5.00
DIETARY							
6.00	10.00	0	56,941	0	9		6.00
NURSING ADMINISTRATION							
7.00	13.00	0	29,774	0	9		7.00
CENTRAL SERVICES & SUPPLY							
8.00	14.00	0	94,100	0	9		8.00
PHARMACY							
9.00	15.00	0	186,201	0	9		9.00
MEDICAL RECORDS & LIBRARY							
10.00	16.00	0	1,187	0	9		10.00
I&R SERVICES-OTHER PRGM COSTS APPRVD							
11.00	22.00	0	15,595	0	9		11.00
PARAMED PRGM-PASTORAL EDUC.							
12.00	23.00	0	404	0	9		12.00
ADULTS & PEDIATRICS							
13.00	30.00	0	1,018,650	0	9		13.00
INTENSIVE CARE UNIT							
14.00	31.00	0	120,661	0	9		14.00
CORONARY CARE UNIT							
15.00	32.00	0	160,097	0	9		15.00
NEONATAL CARE UNIT							
16.00	32.01	0	116,381	0	9		16.00
SUBPROVIDER - IPF							
17.00	40.00	0	760	0	9		17.00
SUBPROVIDER - IRF							
18.00	41.00	0	63,252	0	9		18.00
OPERATING ROOM							
19.00	50.00	0	2,209,647	0	9		19.00
RECOVERY ROOM							
20.00	51.00	0	511	0	9		20.00
DELIVERY ROOM & LABOR ROOM							
21.00	52.00	0	194,143	0	9		21.00
ANESTHESIOLOGY							
22.00	53.00	0	85,702	0	9		22.00
RADIOLOGY-DIAGNOSTIC							
23.00	54.00	0	1,122,451	0	9		23.00
RADIOLOGY-THERAPEUTIC							
24.00	55.00	0	709,023	0	9		24.00
RADIOISOTOPE							
25.00	56.00	0	305,629	0	9		25.00
CT SCAN							
26.00	57.00	0	203,682	0	9		26.00
MAGNETIC RESONANCE IMAGING (MRI)							
27.00	58.00	0	465,713	0	9		27.00
CARDIAC CATHETERIZATION							
28.00	59.00	0	1,522,023	0	9		28.00
RESPIRATORY THERAPY							
29.00	65.00	0	150,142	0	9		29.00
PHYSICAL THERAPY							
30.00	66.00	0	7,779	0	9		30.00
OCCUPATIONAL THERAPY							
31.00	67.00	0	69,172	0	9		31.00
ELECTROCARDIOLOGY							
32.00	69.00	0	257,389	0	9		32.00
ELECTROENCEPHALOGRAPHY							
33.00	70.00	0	57,920	0	9		33.00
RENAL DIALYSIS							
34.00	74.00	0	61,229	0	9		34.00
ASC (NON-DISTINCT PART)							
35.00	75.00	0	65,054	0	9		35.00
DAY HOSPITAL							
36.00	76.20	0	159	0	9		36.00
GASTROENTEROLOGY LAB							
37.00	76.45	0	1,322,583	0	9		37.00
CARDIAC REHABILITATION							
38.00	76.97	0	20,002	0	9		38.00
OUTPATIENT CENTER							
39.00	90.02	0	47,963	0	9		39.00
PAIN CLINIC							
40.00	90.03	0	28,169	0	9		40.00
EMERGENCY							
41.00	0.00	0	0	0	9		41.00
GI FT, FLOWER, COFFEE SHOP & CANTEEN							
42.00	91.00	0	496,604	0	9		42.00
43.00	190.00	0	5,753	0	9		43.00
TOTALS			0	11,774,970			
S - OIG FRAUD EMPLOYEES							
1.00	9.00	42,421	0	0	0		1.00
TOTALS			42,421	0			
T - LT, MGT, AND ASSOCIATE INCENTIVE							
1.00	4.00	3,065,785	0	0	0		1.00
EMPLOYEE BENEFITS DEPARTMENT							
2.00	0.00	0	0	0	0		2.00
3.00	0.00	0	0	0	0		3.00
4.00	0.00	0	0	0	0		4.00
5.00	0.00	0	0	0	0		5.00
6.00	0.00	0	0	0	0		6.00
7.00	0.00	0	0	0	0		7.00

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
42.00		0.00	0	0	0		42.00
43.00		0.00	0	0	0		43.00
44.00		0.00	0	0	0		44.00
45.00		0.00	0	0	0		45.00
46.00		0.00	0	0	0		46.00
	TOTALS		3,065,785	0			
500.00	Grand Total: Decreases		10,188,859	85,462,945			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2018 10:33 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0	0	0	1.00
2.00	Land Improvements	19,159,383	67,767	0	67,767	2.00
3.00	Buildings and Fixtures	505,812,885	15,800,523	0	15,800,523	3.00
4.00	Building Improvements	5,169,965	31,073	0	31,073	4.00
5.00	Fixed Equipment	161,796,589	11,176,342	0	11,176,342	5.00
6.00	Movable Equipment	685,152	0	0	0	6.00
7.00	HIT designated Assets	134,425	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	693,371,557	27,075,705	0	27,075,705	8.00
9.00	Reconciling Items	6,349,815	3,517,089	0	3,517,089	9.00
10.00	Total (line 8 minus line 9)	687,021,742	23,558,616	0	23,558,616	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	613,158	0			1.00
2.00	Land Improvements	19,227,150	6,301,648			2.00
3.00	Buildings and Fixtures	521,595,276	177,691,868			3.00
4.00	Building Improvements	5,201,038	0			4.00
5.00	Fixed Equipment	168,563,526	87,778,101			5.00
6.00	Movable Equipment	685,152	462,452			6.00
7.00	HIT designated Assets	114,825	0			7.00
8.00	Subtotal (sum of lines 1-7)	716,000,125	272,234,069			8.00
9.00	Reconciling Items	9,770,904	0			9.00
10.00	Total (line 8 minus line 9)	706,229,221	272,234,069			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	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				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	20,066,129	4,346,086	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	17,407,641	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,473,770	4,346,086	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,412,215	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,407,641	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	41,819,856	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 10:33 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)	A	-200,512	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-225,225	MAINTENANCE & REPAIRS	6.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-24,486,640			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	-19,889,305			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing 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		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,438,276	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	57,063	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		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-520,948	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			3.00	4.00	5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.00	
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.02	
33.03 COMMUNITY RELATIONS	A	-21,596	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.03	
33.04 COMMUNITY HEALTH	A	-27,854	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.04	
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.08	
33.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.10	
33.11 LOEBER RESEARCH	A	-4,795	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.11	
33.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.12	
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.13	
33.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.14	
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.15	
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-25,112,216	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.17	
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	A	-286,388	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.18	
33.19 OFFSET MEN'S ASSOCIATION	A	-470	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.19	
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-18,459	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.21	
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.23	
33.24 PHYSICIAN COMPONENT BILLING	A	-36,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.24	
33.25 LOBBYING COSTS ABOVE ACCOUNTING	A	14,230	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.25	
33.26 KOHLS MUSEUM	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.26	
33.27 ADJUST GL INT EXPENSE TO ACTUAL	A	-6,196,838	OTHER ADMINISTRATIVE AND GENERAL	5.06	11 33.27	
33.28 OTHER ADJUSTMENT	A	0		0.00	0 33.28	
33.29 PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.29	
33.30 ADJUST PARKSIDE RENT TO COST	A	-26,850	NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.30	
33.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.31	
43.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.01	
43.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.02	
43.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.03	
43.04 MI SC INC	B	-562	MAINTENANCE & REPAIRS	6.00	0 43.04	
43.05 MI SC INC	B	-1,780,155	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.05	
43.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.06	
43.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.07	
43.08 MI SC INC	B	-1,987,206	DIETARY	10.00	0 43.08	
43.09 MI SC INC	B	-753	NEONATAL CARE UNIT	32.01	0 43.09	
43.10 MI SC INC	B	-135,942	PHARMACY	15.00	0 43.10	
43.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 43.11	
43.13 MI SC INC	B	-384,190	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.13	
43.14 MI SC INC	B	-7,648	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0 43.14	

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
43.16 MI SC INC	B	-21,889	ADULTS & PEDIATRICS	30.00	0	43.16
43.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.18
43.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.19
43.20 MI SC INC	B	-32,446	SUBPROVIDER - I/PF	40.00	0	43.20
43.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.21
43.22 MI SC INC	B	-10,200	OPERATING ROOM	50.00	0	43.22
43.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.23
43.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.24
43.25 MI SC INC	B	-12,079	RADIOLOGY-DIAGNOSTIC	54.00	0	43.25
43.26 MI SC INC	B	-12,667	RADIOLOGY-THERAPEUTIC	55.00	0	43.26
43.27 MI SC INC	B	0		0.00	0	43.27
43.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.29
43.30 MI SC INC	B	-800	RESPIRATORY THERAPY	65.00	0	43.30
43.31 MI SC INC	B	-370	PHYSICAL THERAPY	66.00	0	43.31
43.32 MI SC INC	B	0		0.00	0	43.32
43.33 MI SC INC	B	-2,975	ELECTROCARDIOLOGY	69.00	0	43.33
43.34 MI SC INC	B	300	ELECTROENCEPHALOGRAPHY	70.00	0	43.34
43.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.35
43.37 MI SC INC	B	-2,850	REHAB MEDICINE	76.00	0	43.37
44.00 MI SC INC	B	-30,659	DAY HOSPITAL	76.20	0	44.00
44.01 MI SC INC	B	0		0.00	0	44.01
44.02 MI SC INC	B	0		0.00	0	44.02
44.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.04
44.05 MI SC INC	B	-157,091	EMERGENCY	91.00	0	44.05
44.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.06
44.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.10
44.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.11
44.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.12
44.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.13
44.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14
44.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.15
44.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.18
44.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.19
44.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.21
44.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.22
44.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.23
44.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.24
44.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.25
44.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.26
44.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.27
44.28 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-176,772	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	44.28
44.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.29
44.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.30

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
45.02 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-46,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.02
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03
45.04 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-9	PURCHASING RECEIVING AND STORES	5.03	0	45.04
45.05 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-7,204,336	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-387	MAINTENANCE & REPAIRS	6.00	0	45.06
45.08 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-695	HOUSEKEEPING	9.00	0	45.08
45.09 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-10,939	DIETARY	10.00	0	45.09
45.10 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-326	NURSING ADMINISTRATION	13.00	0	45.10
45.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.11
45.12 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	0		0.00	0	45.12
45.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.13
45.14 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-239,026	SOCIAL SERVICE	17.00	0	45.14
45.15 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-124,595	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.15
45.16 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-17,050	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	45.16
45.17 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-27,014	ADULTS & PEDIATRICS	30.00	0	45.17
45.18 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-11,687	INTENSIVE CARE UNIT	31.00	0	45.18
45.19 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-3,908	CORONARY CARE UNIT	32.00	0	45.19
45.20 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,010	NEONATAL CARE UNIT	32.01	0	45.20
45.21 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-3,120	SUBPROVIDER - I PF	40.00	0	45.21
45.22 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-38	SUBPROVIDER - I RF	41.00	0	45.22
45.23 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,230	OPERATING ROOM	50.00	0	45.23
45.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.24
45.25 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-6,265	DELIVERY ROOM & LABOR ROOM	52.00	0	45.25
45.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.26
45.27 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,798	RADIOLOGY-DIAGNOSTIC	54.00	0	45.27
45.28 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-39,918	RADIOLOGY-THERAPEUTIC	55.00	0	45.28
45.29 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-969	CT SCAN	57.00	0	45.29
45.30 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-7	CARDIAC CATHETERIZATION	59.00	0	45.30
45.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.31
45.32 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	0		0.00	0	45.32
45.33 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-265	OCCUPATIONAL THERAPY	67.00	0	45.33
45.34 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,010	ELECTROCARDIOLOGY	69.00	0	45.34
45.35 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-22	ELECTROENCEPHALOGRAPHY	70.00	0	45.35
45.36 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.36
45.37 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,019	DAY HOSPITAL	76.20	0	45.37

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
45.38 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-7	RENAL DIALYSIS	74.00	0 45.38
45.39 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.39
45.40 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.40
45.41 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.41
45.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.42
45.43 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 45.43
45.44 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	0		0.00	0 45.44
45.46 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-7,524	EMERGENCY	91.00	0 45.46
45.47 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-10,900	OUTPATIENT CENTER	90.02	0 45.47
45.48 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	0		0.00	0 45.48
45.49 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.49
45.50 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.50
45.51 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.51
45.52 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.52
45.53 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.53
45.55 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.55
45.56 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.56
45.57 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.57
45.58 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.58
45.59 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.59
45.60 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.60
45.61 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.61
45.63 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.63
45.64 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.64
45.65 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.65
45.66 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.66
45.67 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.67
45.68 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.68
45.69 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.69
45.70 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.70
45.71 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.71
45.72 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.72
45.73 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.73
45.74 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.74
45.75 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.75

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
45.76 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.76
45.77 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.77
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-85,807,797				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: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 10:33 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	1,420,878	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	3,823,203	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	11,493,541	0
3.01	0.00			0	0
4.00	5.00	OTHER ADMINISTRATIVE AND GEN	A&G	22,485,376	59,112,303
5.00	0			39,222,998	59,112,303

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

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

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

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

6.00	B	LUTHERAN GENER.	100.00	AHCS	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: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 10:33 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,420,878	9		1.00
2.00	3,823,203	9		2.00
3.00	11,493,541	0		3.00
3.01	0	0		3.01
4.00	-36,626,927	0		4.00
5.00	-19,889,305			5.00

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

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

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

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

6.00	HEALTH CARE		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: 14-0223

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2018 10:33 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	5.06 OTHER ADMINISTRATIVE AND GENERAL	24,045,524	124,130	23,921,394	177,200	1
2.00	13.00 NURSING ADMINISTRATION	0	0	0	177,200	1
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	177,200	1
4.00	32.00 CORONARY CARE UNIT	0	0	0	177,200	1
5.00	40.00 SUBPROVIDER - IPF	182,008	0	182,008	154,100	1
6.00	53.00 ANESTHESIOLOGY	40,028	0	40,028	200,300	1
7.00	54.00 RADIOLOGY-DIAGNOSTIC	-1,913	0	-1,913	225,300	1
8.00	69.00 ELECTROCARDIOLOGY	91,650	0	91,650	177,200	1
9.00	91.00 EMERGENCY	106,300	0	106,300	177,200	1
10.00	90.02 OUTPATIENT CENTER	21,000	0	21,000	177,200	1
11.00	76.00 REHAB MEDICINE	725	0	725	177,200	1
200.00		24,485,322	124,130	24,361,192		11

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	5.06 OTHER ADMINISTRATIVE AND GENERAL	85	4	0	0	0
2.00	13.00 NURSING ADMINISTRATION	85	4	0	0	0
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	85	4	0	0	0
4.00	32.00 CORONARY CARE UNIT	85	4	0	0	0
5.00	40.00 SUBPROVIDER - IPF	74	4	0	0	0
6.00	53.00 ANESTHESIOLOGY	96	5	0	0	0
7.00	54.00 RADIOLOGY-DIAGNOSTIC	108	5	0	0	0
8.00	69.00 ELECTROCARDIOLOGY	85	4	0	0	0
9.00	91.00 EMERGENCY	85	4	0	0	0
10.00	90.02 OUTPATIENT CENTER	85	4	0	0	0
11.00	76.00 REHAB MEDICINE	85	4	0	0	0
200.00		958	46	0	0	0

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	2.00	15.00	16.00	17.00	18.00
1.00	5.06 OTHER ADMINISTRATIVE AND GENERAL	0	85	23,921,309	24,045,439
2.00	13.00 NURSING ADMINISTRATION	0	85	0	0
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	85	0	0
4.00	32.00 CORONARY CARE UNIT	0	85	0	0
5.00	40.00 SUBPROVIDER - IPF	0	74	181,934	181,934
6.00	53.00 ANESTHESIOLOGY	0	96	39,932	39,932
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	108	0	0
8.00	69.00 ELECTROCARDIOLOGY	0	85	91,565	91,565
9.00	91.00 EMERGENCY	0	85	106,215	106,215
10.00	90.02 OUTPATIENT CENTER	0	85	20,915	20,915
11.00	76.00 REHAB MEDICINE	0	85	640	640
200.00		0	958	24,362,510	24,486,640

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,412,215	24,412,215			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	17,407,641		17,407,641		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	57,352,020	127,114	90,641	57,569,775	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	4,307,058	517,010	368,665	382,349	5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	26,706,433	153,989	109,805	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	79,760,197	2,891,671	2,061,966	5,609,925	5.06
6.00 00600	MAINTENANCE & REPAIRS	24,169,675	6,254,030	4,459,568	1,210,326	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,628,659	0	0	0	8.00
9.00 00900	HOUSEKEEPING	7,879,981	280,456	199,985	1,210,771	9.00
10.00 01000	DIETARY	3,764,599	226,507	161,516	412,420	10.00
11.00 01100	CAFETERIA	2,516,596	299,340	213,451	470,083	11.00
13.00 01300	NURSING ADMINISTRATION	4,939,924	162,196	115,657	926,591	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,702,643	209,032	149,055	314,988	14.00
15.00 01500	PHARMACY	12,204,601	136,763	97,522	2,200,780	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	677,519	107,683	76,786	0	16.00
17.00 01700	SOCIAL SERVICE	2,163,671	23,907	17,048	461,734	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,895,140	0	0	2,921,689	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,287,291	707,408	504,432	1,565,788	22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	290,500	10,594	7,554	65,522	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	314,749	2,238	1,596	65,965	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	58,329,421	4,668,762	3,329,158	12,303,208	30.00
31.00 03100	INTENSIVE CARE UNIT	7,419,706	390,527	278,473	1,470,584	31.00
32.00 03200	CORONARY CARE UNIT	8,535,758	458,353	326,838	1,638,360	32.00
32.01 03201	NEONATAL CARE UNIT	9,760,610	316,118	225,415	1,956,612	32.01
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	6,046,388	470,572	335,551	1,313,706	40.00
41.00 04100	SUBPROVIDER - IRF	5,300,185	454,821	324,320	1,129,927	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,428,731	18,403	13,123	300,614	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,731,058	804,563	573,710	2,797,242	50.00
51.00 05100	RECOVERY ROOM	1,805,112	68,904	49,133	378,779	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,757,231	369,239	263,293	1,202,718	52.00
53.00 05300	ANESTHESIOLOGY	1,199,938	29,213	20,831	142,405	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,001,747	759,782	541,778	2,069,234	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,247,667	358,744	255,810	293,683	55.00
56.00 05600	RADIOISOTOPE	2,675,054	152,016	108,398	361,298	56.00
57.00 05700	CT SCAN	2,760,895	87,274	62,232	473,339	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,212,432	178,924	127,586	428,280	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,014,691	497,994	355,105	397,507	59.00
60.00 06000	LABORATORY	15,866,671	62,488	44,558	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,611,985	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	7,932,878	47,251	33,693	1,669,462	65.00
66.00 06600	PHYSICAL THERAPY	6,275,136	8,522	6,077	1,317,695	66.00
67.00 06700	OCCUPATIONAL THERAPY	8,649,372	171,165	122,053	1,816,855	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	3,152,578	113,187	80,711	630,222	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,555,183	39,276	28,007	238,476	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,210,693	5,007	3,570	107,858	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	28,245,454	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	32,729,660	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,061,593	55,408	39,510	176,978	74.00
75.00 07500	ASC (NON-DIAGNOSTIC PART)	3,636,865	236,140	168,384	760,197	75.00
76.00 03950	REHAB MEDICINE	815,453	66,599	47,490	170,658	76.00
76.20 03951	DAY HOSPITAL	670,142	69,152	49,311	148,624	76.20
76.45 03340	GASTROENTEROLOGY LAB	3,126,627	175,625	125,233	628,426	76.45
76.97 07697	CARDIAC REHABILITATION	516,649	31,418	22,403	107,913	76.97
76.99 07699	LITHOTRIPER	1,095,050	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CARE CENTER	74,693	8,605	6,136	15,642	90.01
90.02 09002	OUTPATIENT CENTER	1,800,787	140,411	100,123	354,816	90.02
90.03 09003	PAIN CLINIC	586,086	31,020	22,119	112,101	90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.03		
90.06 09005 ANTI-COAG LAB	725,385	0	0	154,498	32	90.06	
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07	
91.00 09100 EMERGENCY	13,135,361	628,921	448,465	2,614,606	4,417	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	631,082,037	24,084,342	17,173,844	57,501,454	5,573,781	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	383,143	327,873	233,797	68,321	1,301	190.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers		0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	631,465,180	24,412,215	17,407,641	57,569,775	5,575,082	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
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
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	26,970,227				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	90,546,704	90,546,704		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	36,185,345	6,057,210	42,242,555	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,628,659	440,022	0	8.00
9.00	00900	HOUSEKEEPING	0	9,619,644	1,610,271	818,832	9.00
10.00	01000	DIETARY	0	4,661,005	780,224	661,320	10.00
11.00	01100	CAFETERIA	0	3,611,220	604,497	873,966	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,144,797	1,028,602	473,554	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,462,486	579,599	610,300	14.00
15.00	01500	PHARMACY	0	14,647,118	2,451,840	399,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	861,995	144,293	314,395	16.00
17.00	01700	SOCIAL SERVICE	0	2,666,434	446,345	69,801	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	18,816,829	3,149,824	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,073,104	3,527,511	2,065,377	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	375,228	62,811	30,931	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	384,548	64,371	6,535	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,291,350	82,938,497	13,883,605	13,631,116	30.00
31.00	03100	INTENSIVE CARE UNIT	498,263	10,061,188	1,684,183	1,140,198	31.00
32.00	03200	CORONARY CARE UNIT	588,833	11,551,578	1,933,665	1,338,226	32.00
32.01	03201	NEONATAL CARE UNIT	872,669	13,164,423	2,203,645	922,953	32.01
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 - I PF	307,390	8,474,690	1,418,612	1,373,901	40.00
41.00	04100	SUBPROVIDER - I RF	346,572	7,557,139	1,265,020	1,327,916	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	131,339	1,892,587	316,808	53,730	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,366,664	19,299,768	3,230,665	2,349,035	50.00
51.00	05100	RECOVERY ROOM	216,790	2,518,946	421,656	201,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	375,018	7,969,914	1,334,116	1,078,045	52.00
53.00	05300	ANESTHESIOLOGY	738,494	2,131,099	356,733	85,291	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,289,858	14,665,453	2,454,909	2,218,291	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	644,486	8,800,742	1,473,191	1,047,404	55.00
56.00	05600	RADIOISOTOPE	309,079	3,605,920	603,609	443,833	56.00
57.00	05700	CT SCAN	1,757,207	5,141,430	860,645	254,808	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	846,671	3,794,086	635,107	522,395	58.00
59.00	05900	CARDIAC CATHETERIZATION	450,460	3,716,575	622,132	1,453,964	59.00
60.00	06000	LABORATORY	1,840,268	17,813,985	2,981,954	182,441	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	239,420	1,851,405	309,914	0	62.00
65.00	06500	RESPIRATORY THERAPY	580,074	10,265,699	1,718,416	137,956	65.00
66.00	06600	PHYSICAL THERAPY	392,403	8,000,431	1,339,224	24,881	66.00
67.00	06700	OCCUPATIONAL THERAPY	422,261	11,183,764	1,872,095	499,741	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	525,117	4,503,358	753,835	330,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	137,187	1,998,233	334,492	114,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	598,476	46,801,354	7,834,266	14,619	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	864,145	31,019,726	5,192,516	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,348,135	36,077,795	6,039,206	0	73.00
74.00	07400	RENAL DIALYSIS	59,163	1,392,775	233,142	161,772	74.00
75.00	07500	ASC (NON-DISTINCT PART)	461,138	5,264,135	881,185	689,443	75.00
76.00	03950	REHAB MEDICINE	25,570	1,126,974	188,649	194,446	76.00
76.20	03951	DAY HOSPITAL	37,273	974,724	163,163	201,900	76.20
76.45	03340	GASTROENTEROLOGY LAB	725,563	4,785,245	801,021	512,762	76.45
76.97	07697	CARDIAC REHABILITATION	29,526	708,022	118,519	91,729	76.97
76.99	07699	LITHOTRIPER	45,707	1,140,757	190,956	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	947	106,095	17,760	25,123	90.01
90.02	09002	OUTPATIENT CENTER	71,480	2,468,476	413,208	409,948	90.02
90.03	09003	PAIN CLINIC	71,069	822,794	137,731	90,567	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	28,369	908,284	152,041	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	1,435,793	18,267,563	3,057,880	1,836,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
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To 12/31/2017

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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,970,227	630,450,745	90,376,894	41,285,282	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,014,435	169,810	957,273	0190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.00
200.00		Cross Foot Adjustments		0			200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	26,970,227	631,465,180	90,546,704	42,242,555	0202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
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To 12/31/2017

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
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
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATION AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,068,681				8.00
9.00	00900	HOUSEKEEPING	0	12,048,747			9.00
10.00	01000	DIETARY	0	192,355	6,294,904		10.00
11.00	01100	CAFETERIA	0	254,207	0	5,343,890	11.00
13.00	01300	NURSING ADMINISTRATION	0	137,741	0	102,572	7,887,266
14.00	01400	CENTRAL SERVICES & SUPPLY	0	177,515	0	34,868	3,634
15.00	01500	PHARMACY	0	116,143	0	243,621	25,010
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,447	0	0	0
17.00	01700	SOCIAL SERVICE	0	20,303	0	51,113	4,726
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	323,424	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	600,748	0	173,329	17
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	8,997	0	7,253	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,901	0	7,302	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,966,795	3,964,824	4,560,179	1,362,019	3,529,433
31.00	03100	INTENSIVE CARE UNIT	128,884	331,645	298,829	162,790	342,624
32.00	03200	CORONARY CARE UNIT	161,759	389,244	375,052	181,363	381,184
32.01	03201	NEONATAL CARE UNIT	245,236	268,455	0	216,592	440,501
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	188,895	399,621	437,968	145,424	318,805
41.00	04100	SUBPROVIDER - IRF	229,598	386,245	532,342	125,080	297,337
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	147,514	15,628	0	33,277	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	683,254	0	309,648	596,956
51.00	05100	RECOVERY ROOM	0	58,515	0	41,930	88,028
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	313,566	90,534	133,138	299,311
53.00	05300	ANESTHESIOLOGY	0	24,808	0	15,764	42,001
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	645,225	0	229,059	89,415
55.00	05500	RADIOLOGY-THERAPEUTIC	0	304,654	0	32,510	718
56.00	05600	RADIOISOTOPE	0	129,096	0	39,995	1,349
57.00	05700	CT SCAN	0	74,115	0	52,398	9,477
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	151,947	0	47,410	13,130
59.00	05900	CARDIAC CATHETERIZATION	0	422,909	0	44,003	83,246
60.00	06000	LABORATORY	0	53,066	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	40,127	0	184,806	1,343
66.00	06600	PHYSICAL THERAPY	0	7,237	0	145,866	1,993
67.00	06700	OCCUPATIONAL THERAPY	0	145,358	0	201,122	10,710
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	96,121	0	69,764	148,132
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33,355	0	26,399	8,863
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,252	0	11,940	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	47,054	0	19,591	33,697
75.00	07500	ASC (NON-DISTINCT PART)	0	200,536	0	84,152	179,048
76.00	03950	REHAB MEDICINE	0	56,558	0	18,891	720
76.20	03951	DAY HOSPITAL	0	58,726	0	16,452	16,912
76.45	03340	GASTROENTEROLOGY LAB	0	149,145	0	69,565	156,353
76.97	07697	CARDIAC REHABILITATION	0	26,681	0	11,946	25,189
76.99	07699	LITHOTRIPER	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	7,307	0	1,731	2,976
90.02	09002	OUTPATIENT CENTER	0	119,240	0	39,277	75,731
90.03	09003	PAIN CLINIC	0	26,343	0	12,409	28,852
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	0	0	17,103	0
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0
91.00	09100	EMERGENCY	0	534,095	0	289,431	629,793
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,068,681	11,770,309	6,294,904	5,336,327	7,887,214
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	278,438	0	7,563	52
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,068,681	12,048,747	6,294,904	5,343,890	7,887,266

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
From 01/01/2017
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
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
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,868,402					14.00
15.00 01500 PHARMACY	0	17,883,031				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,412,130			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	3,258,722		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,290,077	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	186,680	224,235	2,360,697	16,909,714	30.00
31.00 03100 INTENSIVE CARE UNIT	0	39,935	26,098	154,696	0	31.00
32.00 03200 CORONARY CARE UNIT	0	19,444	30,842	194,155	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	36,485	45,709	0	0	32.01
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	164	16,101	226,726	1,542,388	40.00
41.00 04100 SUBPROVIDER - IRF	0	3,118	18,153	275,581	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	6,879	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	88,320	71,584	0	1,962,689	50.00
51.00 05100 RECOVERY ROOM	0	6,023	11,355	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	39,931	19,643	46,867	0	52.00
53.00 05300 ANESTHESIOLOGY	0	276,168	38,681	0	258,350	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	53,637	67,561	0	8,997	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	2,775	33,757	0	0	55.00
56.00 05600 RADIOISOTOPE	0	450,157	16,189	0	0	56.00
57.00 05700 CT SCAN	0	136,816	92,041	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27,430	44,348	0	2,571	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	10,846	23,595	0	0	59.00
60.00 06000 LABORATORY	0	0	96,391	0	685,077	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	12,541	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	2,687	30,384	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	5	20,554	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,468	22,118	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	76,147	27,505	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	7,186	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,925,341	75	31,348	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,943,061	0	45,263	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,955,699	175,372	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	65,997	3,099	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	26,147	24,154	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	1,339	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	1,952	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	46,194	38,004	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	10	1,547	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	2,394	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	50	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	24,381	3,744	0	0	90.02
90.03 09003 PAIN CLINIC	0	20,362	3,723	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	321	1,486	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
91.00	09100	EMERGENCY	0	279,606	75,205	0	920,291	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,868,402	17,883,028	1,412,130	3,258,722	22,290,077	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,868,402	17,883,031	1,412,130	3,258,722	22,290,077	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
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
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	27,440,086					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.		485,220				23.00
23.01 02301 PARAMED ED PRGM-PHARMACY			464,657			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	20,816,617	323,484	181,354	166,839,249	-37,726,331	30.00
31.00 03100 INTENSIVE CARE UNIT	0	20,983	177,432	14,569,485	0	31.00
32.00 03200 CORONARY CARE UNIT	0	26,336	0	16,582,848	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	39,926	0	17,583,925	0	32.01
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	1,898,749	30,754	0	16,472,798	-3,441,137	40.00
41.00 04100 SUBPROVIDER - IRF	0	37,380	0	12,054,909	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	2,466,423	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,416,158	0	0	31,008,077	-4,378,847	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,347,627	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,357	0	11,331,422	0	52.00
53.00 05300 ANESTHESIOLOGY	318,040	0	0	3,546,935	-576,390	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,076	0	0	20,443,623	-20,073	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	11,695,751	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	5,290,148	0	56.00
57.00 05700 CT SCAN	0	0	0	6,621,730	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,165	0	0	5,241,589	-5,736	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	6,377,270	0	59.00
60.00 06000 LABORATORY	843,361	0	0	22,656,275	-1,528,438	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,173,860	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,381,418	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,540,191	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	13,942,376	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	6,005,328	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,523,201	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	57,623,195	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	38,200,566	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	49,014	58,297,086	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,957,127	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	7,348,800	0	75.00
76.00 03950 REHAB MEDICINE	0	0	0	1,587,577	0	76.00
76.20 03951 DAY HOSPITAL	0	0	0	1,433,829	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	0	6,558,289	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	0	983,643	0	76.97
76.99 07699 LI THOTRI PER	0	0	0	1,334,107	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	0	161,042	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	0	3,554,005	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	1,142,781	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

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Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	23.01	24.00	25.00	
90.06	09005 ANTI-COAG LAB	0	0	0	1,079,235	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	1,132,920	0	56,857	27,079,866	-2,053,211	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	27,440,086	485,220	464,657	629,037,606	-49,730,163	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,427,574	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	27,440,086	485,220	464,657	631,465,180	-49,730,163	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
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
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	129,112,918	30.00
31.00	03100 INTENSIVE CARE UNIT	14,569,485	31.00
32.00	03200 CORONARY CARE UNIT	16,582,848	32.00
32.01	03201 NEONATAL CARE UNIT	17,583,925	32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	13,031,661	40.00
41.00	04100 SUBPROVIDER - I RF	12,054,909	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,466,423	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	26,629,230	50.00
51.00	05100 RECOVERY ROOM	3,347,627	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,331,422	52.00
53.00	05300 ANESTHESIOLOGY	2,970,545	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,423,550	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	11,695,751	55.00
56.00	05600 RADIOISOTOPE	5,290,148	56.00
57.00	05700 CT SCAN	6,621,730	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,235,853	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,377,270	59.00
60.00	06000 LABORATORY	21,127,837	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,173,860	62.00
65.00	06500 RESPIRATORY THERAPY	12,381,418	65.00
66.00	06600 PHYSICAL THERAPY	9,540,191	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,942,376	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,005,328	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,523,201	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	57,623,195	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	38,200,566	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	58,297,086	73.00
74.00	07400 RENAL DIALYSIS	1,957,127	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,348,800	75.00
76.00	03950 REHAB MEDICINE	1,587,577	76.00
76.20	03951 DAY HOSPITAL	1,433,829	76.20
76.45	03340 GASTROENTEROLOGY LAB	6,558,289	76.45
76.97	07697 CARDIAC REHABILITATION	983,643	76.97
76.99	07699 LI THOTRI PER	1,334,107	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	161,042	90.01
90.02	09002 OUTPATIENT CENTER	3,554,005	90.02
90.03	09003 PAIN CLINIC	1,142,781	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	1,079,235	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
91.00	09100 EMERGENCY	25,026,655	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
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)	579,307,443	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,427,574	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	581,735,017	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 10:33 am	
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			
GENERAL SERVICE COST CENTERS								
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	0	127,114	90,641	217,755	4.00		
5.03 00560	PURCHASING RECEIVING AND STORES	182,232	517,010	368,665	1,067,907	5.03		
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	235	153,989	109,805	264,029	5.05		
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	617,905	2,891,671	2,061,966	5,571,542	5.06		
6.00 00600	MAINTENANCE & REPAIRS	588	6,254,030	4,459,568	10,714,186	6.00		
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00		
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00		
9.00 00900	HOUSEKEEPING	0	280,456	199,985	480,441	9.00		
10.00 01000	DIETARY	45,928	226,507	161,516	433,951	10.00		
11.00 01100	CAFETERIA	0	299,340	213,451	512,791	11.00		
13.00 01300	NURSING ADMINISTRATION	447,903	162,196	115,657	725,756	13.00		
14.00 01400	CENTRAL SERVICES & SUPPLY	288	209,032	149,055	358,375	14.00		
15.00 01500	PHARMACY	18,404	136,763	97,522	252,689	15.00		
16.00 01600	MEDICAL RECORDS & LIBRARY	181,660	107,683	76,786	366,129	16.00		
17.00 01700	SOCIAL SERVICE	0	23,907	17,048	40,955	17.00		
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00		
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	383	707,408	504,432	1,212,223	22.00		
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	0	10,594	7,554	18,148	23.00		
23.01 02301	PARAMED ED PRGM-PHARMACY	0	2,238	1,596	3,834	23.01		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	863	4,668,762	3,329,158	7,998,783	30.00		
31.00 03100	INTENSIVE CARE UNIT	0	390,527	278,473	669,000	31.00		
32.00 03200	CORONARY CARE UNIT	288	458,353	326,838	785,479	32.00		
32.01 03201	NEONATAL CARE UNIT	288	316,118	225,415	541,821	32.01		
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 - I PF	96	470,572	335,551	806,219	40.00		
41.00 04100	SUBPROVIDER - I RF	39,702	454,821	324,320	818,843	41.00		
42.00 04200	SUBPROVIDER	0	0	0	0	42.00		
43.00 04300	NURSERY	0	18,403	13,123	31,526	43.00		
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	12,733	804,563	573,710	1,391,006	50.00		
51.00 05100	RECOVERY ROOM	0	68,904	49,133	118,037	51.00		
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	369,239	263,293	632,532	52.00		
53.00 05300	ANESTHESIOLOGY	0	29,213	20,831	50,044	53.00		
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,512	759,782	541,778	1,306,072	54.00		
55.00 05500	RADIOLOGY-THERAPEUTIC	0	358,744	255,810	614,554	55.00		
56.00 05600	RADIOISOTOPE	0	152,016	108,398	260,414	56.00		
57.00 05700	CT SCAN	282	87,274	62,232	149,788	57.00		
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	178,924	127,586	306,510	58.00		
59.00 05900	CARDIAC CATHETERIZATION	0	497,994	355,105	853,099	59.00		
60.00 06000	LABORATORY	0	62,488	44,558	107,046	60.00		
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00		
65.00 06500	RESPIRATORY THERAPY	44,134	47,251	33,693	125,078	65.00		
66.00 06600	PHYSICAL THERAPY	0	8,522	6,077	14,599	66.00		
67.00 06700	OCCUPATIONAL THERAPY	199	171,165	122,053	293,417	67.00		
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00		
69.00 06900	ELECTROCARDIOLOGY	0	113,187	80,711	193,898	69.00		
70.00 07000	ELECTROENCEPHALOGRAPHY	32,978	39,276	28,007	100,261	70.00		
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,007	3,570	8,577	71.00		
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00		
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00		
74.00 07400	RENAL DIALYSIS	0	55,408	39,510	94,918	74.00		
75.00 07500	ASC (NON-DISTINCT PART)	0	236,140	168,384	404,524	75.00		
76.00 03950	REHAB MEDICINE	0	66,599	47,490	114,089	76.00		
76.20 03951	DAY HOSPITAL	0	69,152	49,311	118,463	76.20		
76.45 03340	GASTROENTEROLOGY LAB	0	175,625	125,233	300,858	76.45		
76.97 07697	CARDIAC REHABILITATION	0	31,418	22,403	53,821	76.97		
76.99 07699	LITHOTRIPER	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC	0	0	0	0	90.00		
90.01 09001	DIABETES CARE CENTER	0	8,605	6,136	14,741	90.01		
90.02 09002	OUTPATIENT CENTER	0	140,411	100,123	240,534	90.02		
90.03 09003	PAIN CLINIC	208	31,020	22,119	53,347	90.03		
90.05 09004	WOUND CARE CENTER	0	0	0	0	90.05		
90.06 09005	ANTI-COAG LAB	0	0	0	0	90.06		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 10:33 am

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			
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	96	628,921	448,465	1,077,482	9,888	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,631,905	24,084,342	17,173,844	42,890,091	217,497	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	327,873	233,797	561,670	258	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,631,905	24,412,215	17,407,641	43,451,761	217,755	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 10:33 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
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
5.03	00560	PURCHASING RECEIVING AND STORES	1,069,353					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	264,029				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	42,762	0	5,635,520			5.06
6.00	00600	MAINTENANCE & REPAIRS	17,597	0	376,979	11,113,339		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	27,385	0	0	8.00
9.00	00900	HOUSEKEEPING	9,293	0	100,217	215,422	0	9.00
10.00	01000	DIETARY	18,406	0	48,558	173,983	0	10.00
11.00	01100	CAFETERIA	21,434	0	37,622	229,926	0	11.00
13.00	01300	NURSING ADMINISTRATION	82	0	64,016	124,584	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,643	0	36,072	160,560	0	14.00
15.00	01500	PHARMACY	1,429	0	152,594	105,049	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	8,980	82,712	0	16.00
17.00	01700	SOCIAL SERVICE	14	0	27,779	18,364	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	196,034	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,570	0	219,540	543,368	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	203	0	3,909	8,138	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	4,006	1,719	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,183	42,389	864,287	3,586,125	0	30.00
31.00	03100	INTENSIVE CARE UNIT	697	4,869	104,817	299,968	0	31.00
32.00	03200	CORONARY CARE UNIT	659	5,755	120,344	352,066	0	32.00
32.01	03201	NEONATAL CARE UNIT	6,329	8,528	137,147	242,814	0	32.01
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 - I PF	208	3,004	88,289	361,451	0	40.00
41.00	04100	SUBPROVIDER - I RF	252	3,387	78,730	349,353	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	72	1,284	19,717	14,136	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,089	13,356	201,065	617,994	0	50.00
51.00	05100	RECOVERY ROOM	44	2,119	26,242	52,926	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	463	3,665	83,031	283,616	0	52.00
53.00	05300	ANESTHESIOLOGY	42	7,217	22,202	22,439	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	586	12,606	152,785	583,597	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	67	6,298	91,686	275,555	0	55.00
56.00	05600	RADIOISOTOPE	14	3,021	37,566	116,765	0	56.00
57.00	05700	CT SCAN	93	17,173	53,563	67,036	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37	8,274	39,527	137,434	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	157	4,402	38,719	382,515	0	59.00
60.00	06000	LABORATORY	0	17,985	185,586	47,997	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,340	19,288	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	449	5,669	106,948	36,294	0	65.00
66.00	06600	PHYSICAL THERAPY	115	3,835	83,348	6,546	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	395	4,127	116,512	131,474	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	296	5,132	46,916	86,940	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20	1,341	20,818	30,169	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	551,610	5,849	487,577	3,846	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	366,372	8,445	323,164	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,721	375,858	0	0	73.00
74.00	07400	RENAL DIALYSIS	24	578	14,510	42,560	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	271	4,507	54,842	181,382	0	75.00
76.00	03950	REHAB MEDICINE	231	250	11,741	51,156	0	76.00
76.20	03951	DAY HOSPITAL	42	364	10,155	53,117	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	723	7,091	49,853	134,900	0	76.45
76.97	07697	CARDIAC REHABILITATION	22	289	7,376	24,132	0	76.97
76.99	07699	LITHOTRIPER	0	447	11,884	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	14	9	1,105	6,609	0	90.01
90.02	09002	OUTPATIENT CENTER	165	699	25,717	107,851	0	90.02
90.03	09003	PAIN CLINIC	76	695	8,572	23,827	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	6	277	9,463	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	847	14,032	190,311	483,081	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 10:33 am	
Cost Center Description		PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	5.06	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
99.00	09900	CMHC	0	0	0	0	0 99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,069,104	264,029	5,624,952	10,861,496	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	249	0	10,568	251,843	0 190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,069,353	264,029	5,635,520	11,113,339	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/29/2018 10:33 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
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
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,385					8.00
9.00	00900	HOUSEKEEPING	0	809,952				9.00
10.00	01000	DIETARY	0	12,931	689,389			10.00
11.00	01100	CAFETERIA	0	17,089	0	820,640		11.00
13.00	01300	NURSING ADMINISTRATION	0	9,259	0	15,751	942,952	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,933	0	5,354	434	14.00
15.00	01500	PHARMACY	0	7,807	0	37,411	2,990	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,147	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,365	0	7,849	565	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	49,666	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	40,384	0	26,617	2	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	605	0	1,114	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	128	0	1,121	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,552	266,527	499,410	209,177	421,958	30.00
31.00	03100	INTENSIVE CARE UNIT	1,150	22,294	32,726	24,998	40,962	31.00
32.00	03200	CORONARY CARE UNIT	1,444	26,166	41,074	27,850	45,572	32.00
32.01	03201	NEONATAL CARE UNIT	2,188	18,046	0	33,260	52,663	32.01
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	1,686	26,864	47,964	22,332	38,114	40.00
41.00	04100	SUBPROVIDER - IRF	2,049	25,965	58,300	19,208	35,548	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,316	1,051	0	5,110	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,930	0	47,550	71,368	50.00
51.00	05100	RECOVERY ROOM	0	3,934	0	6,439	10,524	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,079	9,915	20,445	35,784	52.00
53.00	05300	ANESTHESIOLOGY	0	1,668	0	2,421	5,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,374	0	35,175	10,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,480	0	4,992	86	55.00
56.00	05600	RADIOISOTOPE	0	8,678	0	6,142	161	56.00
57.00	05700	CT SCAN	0	4,982	0	8,046	1,133	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,214	0	7,280	1,570	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,429	0	6,757	9,952	59.00
60.00	06000	LABORATORY	0	3,567	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,697	0	28,379	161	65.00
66.00	06600	PHYSICAL THERAPY	0	486	0	22,399	238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,771	0	30,885	1,280	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,462	0	10,713	17,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,242	0	4,054	1,060	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	286	0	1,833	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	3,163	0	3,008	4,029	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	13,481	0	12,923	21,406	75.00
76.00	03950	REHAB MEDICINE	0	3,802	0	2,901	86	76.00
76.20	03951	DAY HOSPITAL	0	3,948	0	2,526	2,022	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	10,026	0	10,683	18,693	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,794	0	1,834	3,011	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	491	0	266	356	90.01
90.02	09002	OUTPATIENT CENTER	0	8,016	0	6,032	9,054	90.02
90.03	09003	PAIN CLINIC	0	1,771	0	1,906	3,449	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,626	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	35,903	0	44,446	75,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,385	791,235	689,389	819,479	942,946
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,717	0	1,161	6,190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0,194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0,201.00
202.00		TOTAL (sum lines 118 through 201)	27,385	809,952	689,389	820,640	942,952

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
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
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	590,562					14.00
15.00 01500 PHARMACY	0	568,292				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	463,969			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	98,637		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	256,750	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	5,932	73,187	71,455		30.00
31.00 03100 INTENSIVE CARE UNIT	0	1,269	8,586	4,682		31.00
32.00 03200 CORONARY CARE UNIT	0	618	10,146	5,877		32.00
32.01 03201 NEONATAL CARE UNIT	0	1,159	15,037	0		32.01
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	0	5	5,297	6,863		40.00
41.00 04100 SUBPROVIDER - IRF	0	99	5,972	8,341		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	2,263	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	2,807	23,549	0		50.00
51.00 05100 RECOVERY ROOM	0	191	3,736	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,269	6,462	1,419		52.00
53.00 05300 ANESTHESIOLOGY	0	8,776	12,725	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,704	22,226	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	88	11,105	0		55.00
56.00 05600 RADIOISOTOPE	0	14,305	5,326	0		56.00
57.00 05700 CT SCAN	0	4,348	30,278	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	872	14,589	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	345	7,762	0		59.00
60.00 06000 LABORATORY	0	0	31,710	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	4,125	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	85	9,995	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	6,762	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	237	7,276	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,420	9,048	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	2,364	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	354,854	2	10,312	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	235,708	0	14,890	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	507,048	57,692	0		73.00
74.00 07400 RENAL DIALYSIS	0	2,097	1,019	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	831	7,946	0		75.00
76.00 03950 REHAB MEDICINE	0	0	441	0		76.00
76.20 03951 DAY HOSPITAL	0	0	642	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	0	1,468	12,502	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0	509	0		76.97
76.99 07699 LI THOTRI PER	0	0	788	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0	16	0		90.01
90.02 09002 OUTPATIENT CENTER	0	775	1,232	0		90.02
90.03 09003 PAIN CLINIC	0	647	1,225	0		90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	10	489	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0		90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
91.00	09100	EMERGENCY	0	8,885	24,740	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	590,562	568,292	463,969	98,637	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00		Cross Foot Adjustments					256,750	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	590,562	568,292	463,969	98,637	256,750	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
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
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,049,626					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.		32,365				23.00
23.01 02301 PARAMED PRGM-PHARMACY			11,057			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				14,106,527		0 30.00
31.00 03100 INTENSIVE CARE UNIT				1,221,580		0 31.00
32.00 03200 CORONARY CARE UNIT				1,429,246		0 32.00
32.01 03201 NEONATAL CARE UNIT				1,066,392		0 32.01
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				1,413,264		0 40.00
41.00 04100 SUBPROVIDER - IRF				1,410,320		0 41.00
42.00 04200 SUBPROVIDER				0		0 42.00
43.00 04300 NURSERY				77,612		0 43.00
44.00 04400 SKILLED NURSING FACILITY				0		0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				2,430,293		0 50.00
51.00 05100 RECOVERY ROOM				225,625		0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				1,104,229		0 52.00
53.00 05300 ANESTHESIOLOGY				133,094		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				2,176,641		0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				1,026,022		0 55.00
56.00 05600 RADIOISOTOPE				453,758		0 56.00
57.00 05700 CT SCAN				338,230		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				527,927		0 58.00
59.00 05900 CARDIAC CATHETERIZATION				1,333,640		0 59.00
60.00 06000 LABORATORY				393,891		0 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				25,753		0 62.00
65.00 06500 RESPIRATORY THERAPY				322,069		0 65.00
66.00 06600 PHYSICAL THERAPY				143,311		0 66.00
67.00 06700 OCCUPATIONAL THERAPY				602,245		0 67.00
68.00 06800 SPEECH PATHOLOGY				0		0 68.00
69.00 06900 ELECTROCARDIOLOGY				381,918		0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				163,231		0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,425,154		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				948,579		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				973,319		0 73.00
74.00 07400 RENAL DIALYSIS				166,575		0 74.00
75.00 07500 ASC (NON-DISTINCT PART)				704,988		0 75.00
76.00 03950 REHAB MEDICINE				185,342		0 76.00
76.20 03951 DAY HOSPITAL				191,841		0 76.20
76.45 03340 GASTROENTEROLOGY LAB				549,174		0 76.45
76.97 07697 CARDIAC REHABILITATION				93,196		0 76.97
76.99 07699 LI THOTRI PER				13,119		0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC				0		0 90.00
90.01 09001 DIABETES CARE CENTER				23,666		0 90.01
90.02 09002 OUTPATIENT CENTER				401,417		0 90.02
90.03 09003 PAIN CLINIC				95,939		0 90.03
90.05 09004 WOUND CARE CENTER				0		0 90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
90.06	09005 ANTI-COAG LAB				13,455	0	90.06
90.07	09006 HEART RISK ASSESSMENT				0	0	90.07
91.00	09100 EMERGENCY				1,964,909	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES				0	0	95.00
99.00	09900 CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION				0	0	109.00
110.00	11000 INTESTINAL ACQUISITION				0	0	110.00
111.00	11100 ISLET ACQUISITION				0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	40,257,491	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				844,472	0	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
200.00	Cross Foot Adjustments	2,049,626	32,365	11,057	2,349,798	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,049,626	32,365	11,057	43,451,761	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 10:33 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
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
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	14,106,527		30.00
31.00	03100 INTENSIVE CARE UNIT	1,221,580		31.00
32.00	03200 CORONARY CARE UNIT	1,429,246		32.00
32.01	03201 NEONATAL CARE UNIT	1,066,392		32.01
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - I PF	1,413,264		40.00
41.00	04100 SUBPROVIDER - I RF	1,410,320		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	77,612		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,430,293		50.00
51.00	05100 RECOVERY ROOM	225,625		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,104,229		52.00
53.00	05300 ANESTHESIOLOGY	133,094		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,176,641		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,026,022		55.00
56.00	05600 RADIOISOTOPE	453,758		56.00
57.00	05700 CT SCAN	338,230		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	527,927		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,333,640		59.00
60.00	06000 LABORATORY	393,891		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	25,753		62.00
65.00	06500 RESPIRATORY THERAPY	322,069		65.00
66.00	06600 PHYSICAL THERAPY	143,311		66.00
67.00	06700 OCCUPATIONAL THERAPY	602,245		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	381,918		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	163,231		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,154		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	948,579		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	973,319		73.00
74.00	07400 RENAL DIALYSIS	166,575		74.00
75.00	07500 ASC (NON-DISTINCT PART)	704,988		75.00
76.00	03950 REHAB MEDICINE	185,342		76.00
76.20	03951 DAY HOSPITAL	191,841		76.20
76.45	03340 GASTROENTEROLOGY LAB	549,174		76.45
76.97	07697 CARDIAC REHABILITATION	93,196		76.97
76.99	07699 LI THOTRI PER	13,119		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	23,666		90.01
90.02	09002 OUTPATIENT CENTER	401,417		90.02
90.03	09003 PAIN CLINIC	95,939		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	13,455		90.06
90.07	09006 HEART RISK ASSESSMENT	0		90.07
91.00	09100 EMERGENCY	1,964,909		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description			Total	
			26.00	
99.00	09900	CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS				
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)	40,257,491	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	844,472	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
200.00		Cross Foot Adjustments	2,349,798	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	43,451,761	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,472,447				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,472,447			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,667	7,667	250,544,223		4.00
5.03 00560	PURCHASING RECEIVING AND STORES	31,184	31,184	1,663,985	82,440,423	5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	9,288	9,288	0	0	2,312,140,772 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	174,414	174,414	24,414,437	3,296,738	0 5.06
6.00 00600	MAINTENANCE & REPAIRS	377,218	377,218	5,267,350	1,356,665	0 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	16,916	16,916	5,269,287	716,460	0 9.00
10.00 01000	DIETARY	13,662	13,662	1,794,854	1,419,032	0 10.00
11.00 01100	CAFETERIA	18,055	18,055	2,045,805	1,652,466	0 11.00
13.00 01300	NURSING ADMINISTRATION	9,783	9,783	4,032,533	6,346	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	1,370,831	1,283,064	0 14.00
15.00 01500	PHARMACY	8,249	8,249	9,577,811	110,194	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,495	6,495	0	97	0 16.00
17.00 01700	SOCIAL SERVICE	1,442	1,442	2,009,471	1,096	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,715,215	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	42,668	6,814,320	121,031	0 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	285,152	15,639	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	287,082	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	281,601	281,601	53,543,765	245,431	367,959,345 30.00
31.00 03100	INTENSIVE CARE UNIT	23,555	23,555	6,399,992	53,752	42,714,397 31.00
32.00 03200	CORONARY CARE UNIT	27,646	27,646	7,130,157	50,816	50,478,575 32.00
32.01 03201	NEONATAL CARE UNIT	19,067	19,067	8,515,192	487,968	74,810,865 32.01
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	28,383	28,383	5,717,258	16,014	26,351,462 40.00
41.00 04100	SUBPROVIDER - IRF	27,433	27,433	4,917,449	19,434	29,710,439 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,110	1,110	1,308,273	5,572	11,259,202 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,528	48,528	12,173,617	392,320	117,159,350 50.00
51.00 05100	RECOVERY ROOM	4,156	4,156	1,648,450	3,366	18,584,681 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,271	22,271	5,234,238	35,716	32,149,005 52.00
53.00 05300	ANESTHESIOLOGY	1,762	1,762	619,748	3,221	63,308,501 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,827	45,827	9,005,324	45,162	110,575,052 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,638	21,638	1,278,109	5,203	55,249,528 55.00
56.00 05600	RADIOISOTOPE	9,169	9,169	1,572,373	1,107	26,496,290 56.00
57.00 05700	CT SCAN	5,264	5,264	2,059,977	7,138	150,639,299 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	10,792	1,863,876	2,850	72,582,194 58.00
59.00 05900	CARDIAC CATHETERIZATION	30,037	30,037	1,729,955	12,098	38,616,410 59.00
60.00 06000	LABORATORY	3,769	3,769	0	0	157,759,753 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	20,524,619 62.00
65.00 06500	RESPIRATORY THERAPY	2,850	2,850	7,265,513	34,615	49,727,713 65.00
66.00 06600	PHYSICAL THERAPY	514	514	5,734,620	8,849	33,639,371 66.00
67.00 06700	OCCUPATIONAL THERAPY	10,324	10,324	7,906,967	30,429	36,198,977 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	6,827	6,827	2,742,731	22,824	45,016,474 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,369	2,369	1,037,848	1,535	11,760,569 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	302	469,397	42,524,824	51,305,262 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	28,245,454	74,080,147 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	287,023,996 73.00
74.00 07400	RENAL DIALYSIS	3,342	3,342	770,210	1,826	5,071,869 74.00
75.00 07500	ASC (NON-DIETICT PART)	14,243	14,243	3,308,384	20,863	39,531,780 75.00
76.00 03950	REHAB MEDICINE	4,017	4,017	742,706	17,805	2,192,065 76.00
76.20 03951	DAY HOSPITAL	4,171	4,171	646,814	3,276	3,195,243 76.20
76.45 03340	GASTROENTEROLOGY LAB	10,593	10,593	2,734,917	55,768	62,199,992 76.45
76.97 07697	CARDIAC REHABILITATION	1,895	1,895	469,637	1,671	2,531,125 76.97
76.99 07699	LITHOTRIPER	0	0	0	0	3,918,282 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETES CARE CENTER	519	519	68,072	1,065	81,170 90.01
90.02 09002	OUTPATIENT CENTER	8,469	8,469	1,544,163	12,699	6,127,766 90.02
90.03 09003	PAIN CLINIC	1,871	1,871	487,864	5,897	6,092,481 90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	0 90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUIREMENT)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
90.06	09005	ANTI-COAG LAB	0	0	672,377	475	2,431,996	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	37,934	37,934	11,378,785	65,321	123,085,527	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,452,671	1,452,671	250,246,891	82,421,192	2,312,140,772	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	19,776	297,332	19,231	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	24,412,215	17,407,641	57,569,775	5,575,082	26,970,227	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.579351	11.822253	0.229779	0.067626	0.011665	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			217,755	1,069,353	264,029	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000869	0.012971	0.000114	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.05	00580						5.05
5.06	00590	-90,546,704	540,918,476				5.06
6.00	00600	0	36,185,345	872,676			6.00
7.00	00700	0	0	0	872,676		7.00
8.00	00800	0	2,628,659	0	0	163,072	8.00
9.00	00900	0	9,619,644	16,916	16,916	0	9.00
10.00	01000	0	4,661,005	13,662	13,662	0	10.00
11.00	01100	0	3,611,220	18,055	18,055	0	11.00
13.00	01300	0	6,144,797	9,783	9,783	0	13.00
14.00	01400	0	3,462,486	12,608	12,608	0	14.00
15.00	01500	0	14,647,118	8,249	8,249	0	15.00
16.00	01600	0	861,995	6,495	6,495	0	16.00
17.00	01700	0	2,666,434	1,442	1,442	0	17.00
21.00	02100	0	18,816,829	0	0	0	21.00
22.00	02200	0	21,073,104	42,668	42,668	0	22.00
23.00	02300	0	375,228	639	639	0	23.00
23.01	02301	0	384,548	135	135	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	82,938,497	281,601	281,601	104,517	30.00
31.00	03100	0	10,061,188	23,555	23,555	6,849	31.00
32.00	03200	0	11,551,578	27,646	27,646	8,596	32.00
32.01	03201	0	13,164,423	19,067	19,067	13,032	32.01
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	8,474,690	28,383	28,383	10,038	40.00
41.00	04100	0	7,557,139	27,433	27,433	12,201	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,892,587	1,110	1,110	7,839	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	19,299,768	48,528	48,528	0	50.00
51.00	05100	0	2,518,946	4,156	4,156	0	51.00
52.00	05200	0	7,969,914	22,271	22,271	0	52.00
53.00	05300	0	2,131,099	1,762	1,762	0	53.00
54.00	05400	0	14,665,453	45,827	45,827	0	54.00
55.00	05500	0	8,800,742	21,638	21,638	0	55.00
56.00	05600	0	3,605,920	9,169	9,169	0	56.00
57.00	05700	0	5,141,430	5,264	5,264	0	57.00
58.00	05800	0	3,794,086	10,792	10,792	0	58.00
59.00	05900	0	3,716,575	30,037	30,037	0	59.00
60.00	06000	0	17,813,985	3,769	3,769	0	60.00
62.00	06200	0	1,851,405	0	0	0	62.00
65.00	06500	0	10,265,699	2,850	2,850	0	65.00
66.00	06600	0	8,000,431	514	514	0	66.00
67.00	06700	0	11,183,764	10,324	10,324	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	4,503,358	6,827	6,827	0	69.00
70.00	07000	0	1,998,233	2,369	2,369	0	70.00
71.00	07100	0	46,801,354	302	302	0	71.00
72.00	07200	0	31,019,726	0	0	0	72.00
73.00	07300	0	36,077,795	0	0	0	73.00
74.00	07400	0	1,392,775	3,342	3,342	0	74.00
75.00	07500	0	5,264,135	14,243	14,243	0	75.00
76.00	03950	0	1,126,974	4,017	4,017	0	76.00
76.20	03951	0	974,724	4,171	4,171	0	76.20
76.45	03340	0	4,785,245	10,593	10,593	0	76.45
76.97	07697	0	708,022	1,895	1,895	0	76.97
76.99	07699	0	1,140,757	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	106,095	519	519	0	90.01
90.02	09002	0	2,468,476	8,469	8,469	0	90.02
90.03	09003	0	822,794	1,871	1,871	0	90.03
90.05	09004	0	0	0	0	0	90.05
90.06	09005	0	908,284	0	0	0	90.06
90.07	09006	0	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	18,267,563	37,934	37,934	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-90,546,704	539,904,041	852,900	852,900	163,072	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,014,435	19,776	19,776	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		90,546,704	42,242,555	0	3,068,681	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.167394	48.405771	0.000000	18.817952	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,635,520	11,113,339	0	27,385	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.010418	12.734782	0.000000	0.167932	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	855,760					9.00
10.00	01000	13,662	144,276				10.00
11.00	01100	18,055	0	210,088,505			11.00
13.00	01300	9,783	0	4,032,533	3,800,080		13.00
14.00	01400	12,608	0	1,370,831	1,751	70,769,378	14.00
15.00	01500	8,249	0	9,577,811	12,050	0	15.00
16.00	01600	6,495	0	0	0	0	16.00
17.00	01700	1,442	0	2,009,471	2,277	0	17.00
21.00	02100	0	0	12,715,215	0	0	21.00
22.00	02200	42,668	0	6,814,320	8	0	22.00
23.00	02300	639	0	285,152	0	0	23.00
23.01	02301	135	0	287,082	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	281,601	104,517	53,543,765	1,700,479	0	30.00
31.00	03100	23,555	6,849	6,399,992	165,076	0	31.00
32.00	03200	27,646	8,596	7,130,157	183,654	0	32.00
32.01	03201	19,067	0	8,515,192	212,233	0	32.01
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	28,383	10,038	5,717,258	153,600	0	40.00
41.00	04100	27,433	12,201	4,917,449	143,257	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,110	0	1,308,273	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	48,528	0	12,173,617	287,613	0	50.00
51.00	05100	4,156	0	1,648,450	42,412	0	51.00
52.00	05200	22,271	2,075	5,234,238	144,208	0	52.00
53.00	05300	1,762	0	619,748	20,236	0	53.00
54.00	05400	45,827	0	9,005,324	43,080	0	54.00
55.00	05500	21,638	0	1,278,109	346	0	55.00
56.00	05600	9,169	0	1,572,373	650	0	56.00
57.00	05700	5,264	0	2,059,977	4,566	0	57.00
58.00	05800	10,792	0	1,863,876	6,326	0	58.00
59.00	05900	30,037	0	1,729,955	40,108	0	59.00
60.00	06000	3,769	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	2,850	0	7,265,513	647	0	65.00
66.00	06600	514	0	5,734,620	960	0	66.00
67.00	06700	10,324	0	7,906,967	5,160	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	6,827	0	2,742,731	71,370	0	69.00
70.00	07000	2,369	0	1,037,848	4,270	0	70.00
71.00	07100	302	0	469,397	0	42,523,924	71.00
72.00	07200	0	0	0	0	28,245,454	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,342	0	770,210	16,235	0	74.00
75.00	07500	14,243	0	3,308,384	86,265	0	75.00
76.00	03950	4,017	0	742,706	347	0	76.00
76.20	03951	4,171	0	646,814	8,148	0	76.20
76.45	03340	10,593	0	2,734,917	75,331	0	76.45
76.97	07697	1,895	0	469,637	12,136	0	76.97
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	519	0	68,072	1,434	0	90.01
90.02	09002	8,469	0	1,544,163	36,487	0	90.02
90.03	09003	1,871	0	487,864	13,901	0	90.03
90.05	09004	0	0	0	0	0	90.05
90.06	09005	0	0	672,377	0	0	90.06
90.07	09006	0	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
91.00	09100	EMERGENCY	37,934	0	11,378,785	303,434	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	835,984	144,276	209,791,173	3,800,055	70,769,378	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	0	297,332	25	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,048,747	6,294,904	5,343,890	7,887,266	4,868,402	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.079587	43.630985	0.025436	2.075553	0.068792	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	809,952	689,389	820,640	942,952	590,562	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.946471	4.778265	0.003906	0.248140	0.008345	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
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
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	36,351,018					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,312,140,772				16.00
17.00 01700 SOCIAL SERVICE	0	0	144,276			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,342		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17,342	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	379,466	367,959,345	104,517	13,156	13,156	30.00
31.00 03100 INTENSIVE CARE UNIT	81,177	42,714,397	6,849	0	0	31.00
32.00 03200 CORONARY CARE UNIT	39,525	50,478,575	8,596	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	74,164	74,810,865	0	0	0	32.01
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	334	26,351,462	10,038	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	6,339	29,710,439	12,201	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	11,259,202	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	179,528	117,159,350	0	1,527	1,527	50.00
51.00 05100 RECOVERY ROOM	12,243	18,584,681	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	81,169	32,149,005	2,075	0	0	52.00
53.00 05300 ANESTHESIOLOGY	561,369	63,308,501	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	109,029	110,575,052	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,640	55,249,528	0	0	0	55.00
56.00 05600 RADIO SOTOPE	915,038	26,496,290	0	0	0	56.00
57.00 05700 CT SCAN	278,107	150,639,299	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	55,758	72,582,194	0	2	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	22,047	38,616,410	0	0	0	59.00
60.00 06000 LABORATORY	0	157,759,753	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	20,524,619	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	5,462	49,727,713	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	10	33,639,371	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	15,180	36,198,977	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	154,784	45,016,474	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	11,760,569	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	153	51,305,262	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	74,080,147	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	32,433,307	287,023,996	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	134,153	5,071,869	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	53,149	39,531,780	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0	2,192,065	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0	3,195,243	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	93,900	62,199,992	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	20	2,531,125	0	0	0	76.97
76.99 07699 LI THOTRI PER	0	3,918,282	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	81,170	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	49,559	6,127,766	0	0	0	90.02
90.03 09003 PAIN CLINIC	41,390	6,092,481	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.06 09005 ANTI-COAG LAB	653	2,431,996	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	568,358	123,085,527	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	36,351,011	2,312,140,772	144,276	17,342	17,342	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	0	0	0	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	17,883,031	1,412,130	3,258,722	22,290,077	27,440,086	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.491954	0.000611	22.586723	1,285.323319	1,582.290739	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	568,292	463,969	98,637	256,750	2,049,626	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015633	0.000201	0.683669	14.805097	118.188560	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
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
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED PRGM-PASTORAL EDUC.	158,376		23.00
23.01	02301 PARAMED PRGM-PHARMACY		3,792	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	105,585	1,480	30.00
31.00	03100 INTENSIVE CARE UNIT	6,849	1,448	31.00
32.00	03200 CORONARY CARE UNIT	8,596	0	32.00
32.01	03201 NEONATAL CARE UNIT	13,032	0	32.01
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 - I PF	10,038	0	40.00
41.00	04100 SUBPROVIDER - I RF	12,201	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,075	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
62.00	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	400	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
91.00	09100	EMERGENCY	0	464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	158,376	3,792	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	485,220	464,657	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.063722	122.536129	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,365	11,057	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.204355	2.915876	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

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,112,918	129,112,918	0	129,112,918	30.00
31.00	03100	INTENSIVE CARE UNIT	14,569,485	14,569,485	0	14,569,485	31.00
32.00	03200	CORONARY CARE UNIT	16,582,848	16,582,848	0	16,582,848	32.00
32.01	03201	NEONATAL CARE UNIT	17,583,925	17,583,925	0	17,583,925	32.01
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 - I PF	13,031,661	13,031,661	181,934	13,213,595	40.00
41.00	04100	SUBPROVIDER - I RF	12,054,909	12,054,909	0	12,054,909	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,466,423	2,466,423	0	2,466,423	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,629,230	26,629,230	0	26,629,230	50.00
51.00	05100	RECOVERY ROOM	3,347,627	3,347,627	0	3,347,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,331,422	11,331,422	0	11,331,422	52.00
53.00	05300	ANESTHESIOLOGY	2,970,545	2,970,545	39,932	3,010,477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,423,550	20,423,550	0	20,423,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,695,751	11,695,751	0	11,695,751	55.00
56.00	05600	RADIOISOTOPE	5,290,148	5,290,148	0	5,290,148	56.00
57.00	05700	CT SCAN	6,621,730	6,621,730	0	6,621,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,235,853	5,235,853	0	5,235,853	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,377,270	6,377,270	0	6,377,270	59.00
60.00	06000	LABORATORY	21,127,837	21,127,837	0	21,127,837	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,173,860	2,173,860	0	2,173,860	62.00
65.00	06500	RESPIRATORY THERAPY	12,381,418	12,381,418	0	12,381,418	65.00
66.00	06600	PHYSICAL THERAPY	9,540,191	9,540,191	0	9,540,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,942,376	13,942,376	0	13,942,376	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,005,328	6,005,328	91,565	6,096,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,523,201	2,523,201	0	2,523,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,623,195	57,623,195	0	57,623,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,200,566	38,200,566	0	38,200,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,297,086	58,297,086	0	58,297,086	73.00
74.00	07400	RENAL DIALYSIS	1,957,127	1,957,127	0	1,957,127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,348,800	7,348,800	0	7,348,800	75.00
76.00	03950	REHAB MEDICINE	1,587,577	1,587,577	640	1,588,217	76.00
76.20	03951	DAY HOSPITAL	1,433,829	1,433,829	0	1,433,829	76.20
76.45	03340	GASTROENTEROLOGY LAB	6,558,289	6,558,289	0	6,558,289	76.45
76.97	07697	CARDIAC REHABILITATION	983,643	983,643	0	983,643	76.97
76.99	07699	LITHOTRIPER	1,334,107	1,334,107	0	1,334,107	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	161,042	161,042	0	161,042	90.01
90.02	09002	OUTPATIENT CENTER	3,554,005	3,554,005	20,915	3,574,920	90.02
90.03	09003	PAIN CLINIC	1,142,781	1,142,781	0	1,142,781	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,079,235	1,079,235	0	1,079,235	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	25,026,655	25,026,655	106,215	25,132,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,767,352	14,767,352	0	14,767,352	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
200.00		Subtotal (see instructions)	594,074,795	594,074,795	441,201	594,515,996	200.00
201.00		Less Observation Beds	14,767,352	14,767,352	0	14,767,352	201.00
202.00		Total (see instructions)	579,307,443	579,307,443	441,201	579,748,644	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	323,954,040		323,954,040				30.00
31.00	03100	INTENSIVE CARE UNIT	42,714,397		42,714,397				31.00
32.00	03200	CORONARY CARE UNIT	50,478,575		50,478,575				32.00
32.01	03201	NEONATAL CARE UNIT	74,810,865		74,810,865				32.01
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 - I/PF	26,351,462		26,351,462				40.00
41.00	04100	SUBPROVIDER - I/RF	29,710,439		29,710,439				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	11,259,202		11,259,202				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	71,557,546	45,601,804	117,159,350	0.227291	0.000000		50.00
51.00	05100	RECOVERY ROOM	9,287,485	9,297,196	18,584,681	0.180128	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,259,542	1,889,463	32,149,005	0.352466	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	27,768,469	35,540,032	63,308,501	0.046922	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,590,288	74,984,764	110,575,052	0.184703	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,232,577	53,016,951	55,249,528	0.211690	0.000000		55.00
56.00	05600	RADIOISOTOPE	8,658,568	17,837,722	26,496,290	0.199656	0.000000		56.00
57.00	05700	CT SCAN	54,285,990	96,353,309	150,639,299	0.043958	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,321,810	53,260,384	72,582,194	0.072137	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,196,633	21,419,777	38,616,410	0.165144	0.000000		59.00
60.00	06000	LABORATORY	106,172,673	51,587,080	157,759,753	0.133924	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,477,418	5,047,201	20,524,619	0.105915	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	45,558,658	4,169,055	49,727,713	0.248984	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	32,465,326	1,174,045	33,639,371	0.283602	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,233,625	33,965,352	36,198,977	0.385159	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	20,437,240	23,813,495	44,250,735	0.135711	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,534,288	8,226,281	11,760,569	0.214548	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,018,908	15,286,354	51,305,262	1.123144	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,025,040	23,055,107	74,080,147	0.515665	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,016,116	85,007,880	287,023,996	0.203109	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,672,725	399,144	5,071,869	0.385879	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,231,827	36,299,953	39,531,780	0.185896	0.000000		75.00
76.00	03950	REHAB MEDICINE	818,372	1,373,693	2,192,065	0.724238	0.000000		76.00
76.20	03951	DAY HOSPITAL	1,375	3,193,868	3,195,243	0.448739	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	8,842,506	53,357,486	62,199,992	0.105439	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	202,888	2,328,237	2,531,125	0.388619	0.000000		76.97
76.99	07699	LITHOTRIPER	63,460	3,854,822	3,918,282	0.340483	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	310	80,860	81,170	1.984009	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	19,259	6,108,507	6,127,766	0.579984	0.000000		90.02
90.03	09003	PAIN CLINIC	250	6,092,231	6,092,481	0.187572	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000		90.05
90.06	09005	ANTI-COAG LAB	3,725	2,428,271	2,431,996	0.443765	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	44,669,317	78,416,210	123,085,527	0.203327	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,670,000	31,335,305	44,005,305	0.335581	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0	0				99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,425,573,194	885,801,839	2,311,375,033				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,425,573,194	885,801,839	2,311,375,033				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227291		50.00
51.00	05100	RECOVERY ROOM	0.180128		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466		52.00
53.00	05300	ANESTHESIOLOGY	0.047552		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690		55.00
56.00	05600	RADIOISOTOPE	0.199656		56.00
57.00	05700	CT SCAN	0.043958		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144		59.00
60.00	06000	LABORATORY	0.133924		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915		62.00
65.00	06500	RESPIRATORY THERAPY	0.248984		65.00
66.00	06600	PHYSICAL THERAPY	0.283602		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.137781		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109		73.00
74.00	07400	RENAL DIALYSIS	0.385879		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896		75.00
76.00	03950	REHAB MEDICINE	0.724530		76.00
76.20	03951	DAY HOSPITAL	0.448739		76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439		76.45
76.97	07697	CARDIAC REHABILITATION	0.388619		76.97
76.99	07699	LITHOTRIPER	0.340483		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	1.984009		90.01
90.02	09002	OUTPATIENT CENTER	0.583397		90.02
90.03	09003	PAIN CLINIC	0.187572		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.443765		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.204190		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

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

Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,112,918		129,112,918	0	129,112,918	30.00
31.00	03100	INTENSIVE CARE UNIT	14,569,485		14,569,485	0	14,569,485	31.00
32.00	03200	CORONARY CARE UNIT	16,582,848		16,582,848	0	16,582,848	32.00
32.01	03201	NEONATAL CARE UNIT	17,583,925		17,583,925	0	17,583,925	32.01
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 - I PF	13,031,661		13,031,661	181,934	13,213,595	40.00
41.00	04100	SUBPROVIDER - I RF	12,054,909		12,054,909	0	12,054,909	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,466,423		2,466,423	0	2,466,423	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,629,230		26,629,230	0	26,629,230	50.00
51.00	05100	RECOVERY ROOM	3,347,627		3,347,627	0	3,347,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,331,422		11,331,422	0	11,331,422	52.00
53.00	05300	ANESTHESIOLOGY	2,970,545		2,970,545	39,932	3,010,477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,423,550		20,423,550	0	20,423,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,695,751		11,695,751	0	11,695,751	55.00
56.00	05600	RADIOISOTOPE	5,290,148		5,290,148	0	5,290,148	56.00
57.00	05700	CT SCAN	6,621,730		6,621,730	0	6,621,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,235,853		5,235,853	0	5,235,853	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,377,270		6,377,270	0	6,377,270	59.00
60.00	06000	LABORATORY	21,127,837		21,127,837	0	21,127,837	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,173,860		2,173,860	0	2,173,860	62.00
65.00	06500	RESPIRATORY THERAPY	12,381,418	0	12,381,418	0	12,381,418	65.00
66.00	06600	PHYSICAL THERAPY	9,540,191	0	9,540,191	0	9,540,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,942,376	0	13,942,376	0	13,942,376	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,005,328		6,005,328	91,565	6,096,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,523,201		2,523,201	0	2,523,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,623,195		57,623,195	0	57,623,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,200,566		38,200,566	0	38,200,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,297,086		58,297,086	0	58,297,086	73.00
74.00	07400	RENAL DIALYSIS	1,957,127		1,957,127	0	1,957,127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,348,800		7,348,800	0	7,348,800	75.00
76.00	03950	REHAB MEDICINE	1,587,577		1,587,577	640	1,588,217	76.00
76.20	03951	DAY HOSPITAL	1,433,829		1,433,829	0	1,433,829	76.20
76.45	03340	GASTROENTEROLOGY LAB	6,558,289		6,558,289	0	6,558,289	76.45
76.97	07697	CARDIAC REHABILITATION	983,643		983,643	0	983,643	76.97
76.99	07699	LITHOTRIPER	1,334,107		1,334,107	0	1,334,107	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	161,042		161,042	0	161,042	90.01
90.02	09002	OUTPATIENT CENTER	3,554,005		3,554,005	20,915	3,574,920	90.02
90.03	09003	PAIN CLINIC	1,142,781		1,142,781	0	1,142,781	90.03
90.05	09004	WOUND CARE CENTER	0		0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,079,235		1,079,235	0	1,079,235	90.06
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0	90.07
91.00	09100	EMERGENCY	25,026,655		25,026,655	106,215	25,132,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,767,352		14,767,352	0	14,767,352	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900	CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	594,074,795	0	594,074,795	441,201	594,515,996	200.00
201.00		Less Observation Beds	14,767,352		14,767,352		14,767,352	201.00
202.00		Total (see instructions)	579,307,443	0	579,307,443	441,201	579,748,644	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	323,954,040		323,954,040				30.00
31.00	03100	INTENSIVE CARE UNIT	42,714,397		42,714,397				31.00
32.00	03200	CORONARY CARE UNIT	50,478,575		50,478,575				32.00
32.01	03201	NEONATAL CARE UNIT	74,810,865		74,810,865				32.01
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 - I/PF	26,351,462		26,351,462				40.00
41.00	04100	SUBPROVIDER - I/RF	29,710,439		29,710,439				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	11,259,202		11,259,202				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	71,557,546	45,601,804	117,159,350	0.227291	0.000000		50.00
51.00	05100	RECOVERY ROOM	9,287,485	9,297,196	18,584,681	0.180128	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,259,542	1,889,463	32,149,005	0.352466	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	27,768,469	35,540,032	63,308,501	0.046922	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,590,288	74,984,764	110,575,052	0.184703	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,232,577	53,016,951	55,249,528	0.211690	0.000000		55.00
56.00	05600	RADIOISOTOPE	8,658,568	17,837,722	26,496,290	0.199656	0.000000		56.00
57.00	05700	CT SCAN	54,285,990	96,353,309	150,639,299	0.043958	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,321,810	53,260,384	72,582,194	0.072137	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	17,196,633	21,419,777	38,616,410	0.165144	0.000000		59.00
60.00	06000	LABORATORY	106,172,673	51,587,080	157,759,753	0.133924	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,477,418	5,047,201	20,524,619	0.105915	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	45,558,658	4,169,055	49,727,713	0.248984	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	32,465,326	1,174,045	33,639,371	0.283602	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,233,625	33,965,352	36,198,977	0.385159	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	20,437,240	23,813,495	44,250,735	0.135711	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,534,288	8,226,281	11,760,569	0.214548	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,018,908	15,286,354	51,305,262	1.123144	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,025,040	23,055,107	74,080,147	0.515665	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,016,116	85,007,880	287,023,996	0.203109	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,672,725	399,144	5,071,869	0.385879	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,231,827	36,299,953	39,531,780	0.185896	0.000000		75.00
76.00	03950	REHAB MEDICINE	818,372	1,373,693	2,192,065	0.724238	0.000000		76.00
76.20	03951	DAY HOSPITAL	1,375	3,193,868	3,195,243	0.448739	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	8,842,506	53,357,486	62,199,992	0.105439	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	202,888	2,328,237	2,531,125	0.388619	0.000000		76.97
76.99	07699	LITHOTRIPER	63,460	3,854,822	3,918,282	0.340483	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	310	80,860	81,170	1.984009	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	19,259	6,108,507	6,127,766	0.579984	0.000000		90.02
90.03	09003	PAIN CLINIC	250	6,092,231	6,092,481	0.187572	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000		90.05
90.06	09005	ANTI-COAG LAB	3,725	2,428,271	2,431,996	0.443765	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	44,669,317	78,416,210	123,085,527	0.203327	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,670,000	31,335,305	44,005,305	0.335581	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0	0				99.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	1,425,573,194	885,801,839	2,311,375,033				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,425,573,194	885,801,839	2,311,375,033				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
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	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	REHAB MEDICINE	0.000000		76.00
76.20	03951	DAY HOSPITAL	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPER	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	0.000000		90.02
90.03	09003	PAIN CLINIC	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am		
			Title V	Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,112,918	129,112,918	0	129,112,918	30.00
31.00	03100	INTENSIVE CARE UNIT	14,569,485	14,569,485	0	14,569,485	31.00
32.00	03200	CORONARY CARE UNIT	16,582,848	16,582,848	0	16,582,848	32.00
32.01	03201	NEONATAL CARE UNIT	17,583,925	17,583,925	0	17,583,925	32.01
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	13,031,661	13,031,661	181,934	13,213,595	40.00
41.00	04100	SUBPROVIDER - IRF	12,054,909	12,054,909	0	12,054,909	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	2,466,423	2,466,423	0	2,466,423	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,629,230	26,629,230	0	26,629,230	50.00
51.00	05100	RECOVERY ROOM	3,347,627	3,347,627	0	3,347,627	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,331,422	11,331,422	0	11,331,422	52.00
53.00	05300	ANESTHESIOLOGY	2,970,545	2,970,545	39,932	3,010,477	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,423,550	20,423,550	0	20,423,550	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,695,751	11,695,751	0	11,695,751	55.00
56.00	05600	RADIOISOTOPE	5,290,148	5,290,148	0	5,290,148	56.00
57.00	05700	CT SCAN	6,621,730	6,621,730	0	6,621,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,235,853	5,235,853	0	5,235,853	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,377,270	6,377,270	0	6,377,270	59.00
60.00	06000	LABORATORY	21,127,837	21,127,837	0	21,127,837	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,173,860	2,173,860	0	2,173,860	62.00
65.00	06500	RESPIRATORY THERAPY	12,381,418	12,381,418	0	12,381,418	65.00
66.00	06600	PHYSICAL THERAPY	9,540,191	9,540,191	0	9,540,191	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,942,376	13,942,376	0	13,942,376	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,005,328	6,005,328	91,565	6,096,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,523,201	2,523,201	0	2,523,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	57,623,195	57,623,195	0	57,623,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	38,200,566	38,200,566	0	38,200,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,297,086	58,297,086	0	58,297,086	73.00
74.00	07400	RENAL DIALYSIS	1,957,127	1,957,127	0	1,957,127	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,348,800	7,348,800	0	7,348,800	75.00
76.00	03950	REHAB MEDICINE	1,587,577	1,587,577	640	1,588,217	76.00
76.20	03951	DAY HOSPITAL	1,433,829	1,433,829	0	1,433,829	76.20
76.45	03340	GASTROENTEROLOGY LAB	6,558,289	6,558,289	0	6,558,289	76.45
76.97	07697	CARDIAC REHABILITATION	983,643	983,643	0	983,643	76.97
76.99	07699	LITHOTRIPER	1,334,107	1,334,107	0	1,334,107	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	161,042	161,042	0	161,042	90.01
90.02	09002	OUTPATIENT CENTER	3,554,005	3,554,005	20,915	3,574,920	90.02
90.03	09003	PAIN CLINIC	1,142,781	1,142,781	0	1,142,781	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	1,079,235	1,079,235	0	1,079,235	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	25,026,655	25,026,655	106,215	25,132,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,767,352	14,767,352	0	14,767,352	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
200.00		Subtotal (see instructions)	594,074,795	594,074,795	441,201	594,515,996	200.00
201.00		Less Observation Beds	14,767,352	14,767,352	0	14,767,352	201.00
202.00		Total (see instructions)	579,307,443	579,307,443	441,201	579,748,644	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0223

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 10:33 am

		Title V			Hospital		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	323,954,040		323,954,040		30.00
31.00	03100	INTENSIVE CARE UNIT	42,714,397		42,714,397		31.00
32.00	03200	CORONARY CARE UNIT	50,478,575		50,478,575		32.00
32.01	03201	NEONATAL CARE UNIT	74,810,865		74,810,865		32.01
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 - I/PF	26,351,462		26,351,462		40.00
41.00	04100	SUBPROVIDER - I/RF	29,710,439		29,710,439		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	11,259,202		11,259,202		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,557,546	45,601,804	117,159,350	0.227291	50.00
51.00	05100	RECOVERY ROOM	9,287,485	9,297,196	18,584,681	0.180128	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,259,542	1,889,463	32,149,005	0.352466	52.00
53.00	05300	ANESTHESIOLOGY	27,768,469	35,540,032	63,308,501	0.046922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,590,288	74,984,764	110,575,052	0.184703	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,232,577	53,016,951	55,249,528	0.211690	55.00
56.00	05600	RADIOISOTOPE	8,658,568	17,837,722	26,496,290	0.199656	56.00
57.00	05700	CT SCAN	54,285,990	96,353,309	150,639,299	0.043958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,321,810	53,260,384	72,582,194	0.072137	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,196,633	21,419,777	38,616,410	0.165144	59.00
60.00	06000	LABORATORY	106,172,673	51,587,080	157,759,753	0.133924	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,477,418	5,047,201	20,524,619	0.105915	62.00
65.00	06500	RESPIRATORY THERAPY	45,558,658	4,169,055	49,727,713	0.248984	65.00
66.00	06600	PHYSICAL THERAPY	32,465,326	1,174,045	33,639,371	0.283602	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,233,625	33,965,352	36,198,977	0.385159	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,437,240	23,813,495	44,250,735	0.135711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,534,288	8,226,281	11,760,569	0.214548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,018,908	15,286,354	51,305,262	1.123144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,025,040	23,055,107	74,080,147	0.515665	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,016,116	85,007,880	287,023,996	0.203109	73.00
74.00	07400	RENAL DIALYSIS	4,672,725	399,144	5,071,869	0.385879	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,231,827	36,299,953	39,531,780	0.185896	75.00
76.00	03950	REHAB MEDICINE	818,372	1,373,693	2,192,065	0.724238	76.00
76.20	03951	DAY HOSPITAL	1,375	3,193,868	3,195,243	0.448739	76.20
76.45	03340	GASTROENTEROLOGY LAB	8,842,506	53,357,486	62,199,992	0.105439	76.45
76.97	07697	CARDIAC REHABILITATION	202,888	2,328,237	2,531,125	0.388619	76.97
76.99	07699	LITHOTRIPER	63,460	3,854,822	3,918,282	0.340483	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	310	80,860	81,170	1.984009	90.01
90.02	09002	OUTPATIENT CENTER	19,259	6,108,507	6,127,766	0.579984	90.02
90.03	09003	PAIN CLINIC	250	6,092,231	6,092,481	0.187572	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	3,725	2,428,271	2,431,996	0.443765	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	44,669,317	78,416,210	123,085,527	0.203327	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,670,000	31,335,305	44,005,305	0.335581	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	1,425,573,194	885,801,839	2,311,375,033		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,425,573,194	885,801,839	2,311,375,033		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/29/2018 10:33 am
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
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	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	REHAB MEDICINE	0.000000		76.00
76.20	03951	DAY HOSPITAL	0.000000		76.20
76.45	03340	GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPER	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	0.000000		90.02
90.03	09003	PAIN CLINIC	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,106,527	0	14,106,527	118,015	119.53	30.00
31.00	INTENSIVE CARE UNIT	1,221,580		1,221,580	6,849	178.36	31.00
32.00	CORONARY CARE UNIT	1,429,246		1,429,246	8,596	166.27	32.00
32.01	NEONATAL CARE UNIT	1,066,392		1,066,392	13,032	81.83	32.01
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	1,413,264	0	1,413,264	10,038	140.79	40.00
41.00	SUBPROVIDER - IRF	1,410,320	0	1,410,320	12,201	115.59	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	77,612		77,612	7,839	9.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	20,724,941		20,724,941	176,570		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	38,066	4,550,029				30.00
31.00	INTENSIVE CARE UNIT	1,200	214,032				31.00
32.00	CORONARY CARE UNIT	3,751	623,679				32.00
32.01	NEONATAL CARE UNIT	0	0				32.01
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	2,901	408,432				40.00
41.00	SUBPROVIDER - IRF	6,892	796,646				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	52,810	6,592,818				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,430,293	117,159,350	0.020743	25,202,108	522,767	50.00
51.00	05100 RECOVERY ROOM	225,625	18,584,681	0.012140	3,402,743	41,309	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,104,229	32,149,005	0.034347	124,227	4,267	52.00
53.00	05300 ANESTHESIOLOGY	133,094	63,308,501	0.002102	7,958,966	16,730	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,176,641	110,575,052	0.019685	13,226,758	260,369	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,026,022	55,249,528	0.018571	852,770	15,837	55.00
56.00	05600 RADIOISOTOPE	453,758	26,496,290	0.017125	3,609,082	61,806	56.00
57.00	05700 CT SCAN	338,230	150,639,299	0.002245	22,000,905	49,392	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	527,927	72,582,194	0.007274	6,317,303	45,952	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,333,640	38,616,410	0.034536	5,839,839	201,685	59.00
60.00	06000 LABORATORY	393,891	157,759,753	0.002497	34,860,092	87,046	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	25,753	20,524,619	0.001255	3,929,251	4,931	62.00
65.00	06500 RESPIRATORY THERAPY	322,069	49,727,713	0.006477	11,524,412	74,644	65.00
66.00	06600 PHYSICAL THERAPY	143,311	33,639,371	0.004260	8,409,834	35,826	66.00
67.00	06700 OCCUPATIONAL THERAPY	602,245	36,198,977	0.016637	19,829	330	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	381,918	44,250,735	0.008631	8,438,195	72,830	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	163,231	11,760,569	0.013880	929,160	12,897	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,154	51,305,262	0.027778	13,166,735	365,746	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	948,579	74,080,147	0.012805	20,801,280	266,360	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	973,319	287,023,996	0.003391	60,306,005	204,498	73.00
74.00	07400 RENAL DIALYSIS	166,575	5,071,869	0.032843	2,274,390	74,698	74.00
75.00	07500 ASC (NON-DISTINCT PART)	704,988	39,531,780	0.017833	648,464	11,564	75.00
76.00	03950 REHAB MEDICINE	185,342	2,192,065	0.084551	65,775	5,561	76.00
76.20	03951 DAY HOSPITAL	191,841	3,195,243	0.060040	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	549,174	62,199,992	0.008829	3,946,589	34,844	76.45
76.97	07697 CARDIAC REHABILITATION	93,196	2,531,125	0.036820	71,848	2,645	76.97
76.99	07699 LI THOTRI PER	13,119	3,918,282	0.003348	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	23,666	81,170	0.291561	0	0	90.01
90.02	09002 OUTPATIENT CENTER	401,417	6,127,766	0.065508	9,887	648	90.02
90.03	09003 PAIN CLINIC	95,939	6,092,481	0.015747	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	13,455	2,431,996	0.005532	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,964,909	123,085,527	0.015964	19,468,456	310,794	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,613,437	44,005,305	0.036665	4,773,997	175,039	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	21,145,987	1,752,096,053		282,178,900	2,961,015	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	504,838	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	198,415	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	26,336	0	32.00
32.01	03201	NEONATAL CARE UNIT	0	0	0	39,926	0	32.01
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	30,754	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	37,380	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	837,649	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	504,838	118,015	4.28	38,066	30.00
31.00	03100	INTENSIVE CARE UNIT		198,415	6,849	28.97	1,200	31.00
32.00	03200	CORONARY CARE UNIT		26,336	8,596	3.06	3,751	32.00
32.01	03201	NEONATAL CARE UNIT		39,926	13,032	3.06	0	32.01
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	30,754	10,038	3.06	2,901	40.00
41.00	04100	SUBPROVIDER - IRF	0	37,380	12,201	3.06	6,892	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	7,839	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		837,649	176,570		52,810	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,922					30.00
31.00	03100	INTENSIVE CARE UNIT	34,764					31.00
32.00	03200	CORONARY CARE UNIT	11,478					32.00
32.01	03201	NEONATAL CARE UNIT	0					32.01
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	8,877					40.00
41.00	04100	SUBPROVIDER - IRF	21,090					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	239,131					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,357	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	49,014	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03950 REHAB MEDICINE	0	0	0	0	0	76.00	
76.20 03951 DAY HOSPITAL	0	0	0	0	0	76.20	
76.45 03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.99 07699 LI THOTRI PER	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 DIABETES CARE CENTER	0	0	0	0	0	90.01	
90.02 09002 OUTPATIENT CENTER	0	0	0	0	0	90.02	
90.03 09003 PAIN CLINIC	0	0	0	0	0	90.03	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05	
90.06 09005 ANTI-COAG LAB	0	0	0	0	0	90.06	
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07	
91.00 09100 EMERGENCY	0	0	0	0	56,857	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	57,740	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00 Total (Lines 50 through 199)	0	0	0	0	169,968	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,159,350	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,584,681	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,357	6,357	32,149,005	0.000198	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	63,308,501	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	110,575,052	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55,249,528	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,496,290	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	150,639,299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	72,582,194	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,616,410	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	157,759,753	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	20,524,619	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	49,727,713	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,639,371	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	36,198,977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,250,735	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,760,569	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,305,262	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	74,080,147	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,014	49,014	287,023,996	0.000171	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,071,869	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	39,531,780	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	2,192,065	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	3,195,243	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	62,199,992	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,531,125	0.000000	76.97
76.99	07699	LITHOTRIPER	0	0	0	3,918,282	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	81,170	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	6,127,766	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	6,092,481	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,431,996	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	56,857	56,857	123,085,527	0.000462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	57,740	57,740	44,005,305	0.001312	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	169,968	169,968	1,752,096,053		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	25,202,108	0	9,632,553	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,402,743	0	2,006,551	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000198	124,227	25	1,542	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	7,958,966	0	6,522,075	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,226,758	0	12,904,922	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	852,770	0	20,029,295	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,609,082	0	5,840,149	0	56.00
57.00	05700 CT SCAN	0.000000	22,000,905	0	28,235,692	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	6,317,303	0	12,559,490	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,839,839	0	7,579,964	0	59.00
60.00	06000 LABORATORY	0.000000	34,860,092	0	9,419,044	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	3,929,251	0	1,434,789	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	11,524,412	0	691,328	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	8,409,834	0	211,342	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	19,829	0	2,009,267	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,438,195	0	5,865,696	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	929,160	0	2,082,524	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,166,735	0	4,255,916	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	20,801,280	0	8,177,244	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000171	60,306,005	10,312	23,502,195	4,019	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,274,390	0	168,869	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	648,464	0	3,689,771	0	75.00
76.00	03950 REHAB MEDICINE	0.000000	65,775	0	345,333	0	76.00
76.20	03951 DAY HOSPITAL	0.000000	0	0	945,760	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.000000	3,946,589	0	12,838,679	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.000000	71,848	0	848,055	0	76.97
76.99	07699 LI THOTRI PER	0.000000	0	0	2,739,039	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0.000000	0	0	11,557	0	90.01
90.02	09002 OUTPATIENT CENTER	0.000000	9,887	0	2,670,638	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	2,412,712	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.000000	0	0	1,438,271	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000462	19,468,456	8,994	15,373,655	7,103	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.001312	4,773,997	6,263	7,203,285	9,451	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		282,178,900	25,594	213,647,202	20,573	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.227291	9,632,553	0	0	2,189,393	50.00
51.00	05100	RECOVERY ROOM	0.180128	2,006,551	0	0	361,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466	1,542	0	0	544	52.00
53.00	05300	ANESTHESIOLOGY	0.046922	6,522,075	0	0	306,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703	12,904,922	3	0	2,383,578	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690	20,029,295	0	0	4,240,001	55.00
56.00	05600	RADIOISOTOPE	0.199656	5,840,149	6	0	1,166,021	56.00
57.00	05700	CT SCAN	0.043958	28,235,692	0	0	1,241,185	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137	12,559,490	0	0	906,004	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144	7,579,964	0	0	1,251,786	59.00
60.00	06000	LABORATORY	0.133924	9,419,044	105	0	1,261,436	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	1,434,789	0	0	151,966	62.00
65.00	06500	RESPIRATORY THERAPY	0.248984	691,328	0	0	172,130	65.00
66.00	06600	PHYSICAL THERAPY	0.283602	211,342	0	0	59,937	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159	2,009,267	0	0	773,887	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135711	5,865,696	8	0	796,039	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548	2,082,524	0	0	446,801	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	4,255,916	0	0	4,780,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665	8,177,244	0	0	4,216,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109	23,502,195	0	104,218	4,773,507	73.00
74.00	07400	RENAL DIALYSIS	0.385879	168,869	0	0	65,163	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896	3,689,771	0	0	685,914	75.00
76.00	03950	REHAB MEDICINE	0.724238	345,333	0	0	250,103	76.00
76.20	03951	DAY HOSPITAL	0.448739	945,760	0	0	424,399	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439	12,838,679	0	0	1,353,697	76.45
76.97	07697	CARDIAC REHABILITATION	0.388619	848,055	0	0	329,570	76.97
76.99	07699	LITHOTRIPER	0.340483	2,739,039	0	0	932,596	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1.984009	11,557	0	0	22,929	90.01
90.02	09002	OUTPATIENT CENTER	0.579984	2,670,638	31	0	1,548,927	90.02
90.03	09003	PAIN CLINIC	0.187572	2,412,712	0	0	452,557	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.443765	1,438,271	0	0	638,254	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.203327	15,373,655	96	136	3,125,879	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	7,203,285	0	0	2,417,286	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		213,647,202	249	104,354	43,725,680	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		213,647,202	249	104,354	43,725,680	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	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	1	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	1	0		56.00
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	14	0		60.00
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	1	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	21,168		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 REHAB MEDICINE	0	0		76.00
76.20 03951 DAY HOSPITAL	0	0		76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PER	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0		90.01
90.02 09002 OUTPATIENT CENTER	18	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	20	28		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	55	21,196		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	55	21,196		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/29/2018 10:33 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,430,293	117,159,350	0.020743	0	0	50.00
51.00	05100	RECOVERY ROOM	225,625	18,584,681	0.012140	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,104,229	32,149,005	0.034347	0	0	52.00
53.00	05300	ANESTHESIOLOGY	133,094	63,308,501	0.002102	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,176,641	110,575,052	0.019685	52,175	1,027	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,026,022	55,249,528	0.018571	0	0	55.00
56.00	05600	RADIOISOTOPE	453,758	26,496,290	0.017125	11,103	190	56.00
57.00	05700	CT SCAN	338,230	150,639,299	0.002245	91,960	206	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	527,927	72,582,194	0.007274	60,725	442	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,333,640	38,616,410	0.034536	0	0	59.00
60.00	06000	LABORATORY	393,891	157,759,753	0.002497	515,161	1,286	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	25,753	20,524,619	0.001255	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	322,069	49,727,713	0.006477	26,420	171	65.00
66.00	06600	PHYSICAL THERAPY	143,311	33,639,371	0.004260	96,526	411	66.00
67.00	06700	OCCUPATIONAL THERAPY	602,245	36,198,977	0.016637	2,750	46	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	381,918	44,250,735	0.008631	48,815	421	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,231	11,760,569	0.013880	7,480	104	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,154	51,305,262	0.027778	11,055	307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	948,579	74,080,147	0.012805	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	973,319	287,023,996	0.003391	750,462	2,545	73.00
74.00	07400	RENAL DIALYSIS	166,575	5,071,869	0.032843	34,485	1,133	74.00
75.00	07500	ASC (NON-DISTINCT PART)	704,988	39,531,780	0.017833	0	0	75.00
76.00	03950	REHAB MEDICINE	185,342	2,192,065	0.084551	120,675	10,203	76.00
76.20	03951	DAY HOSPITAL	191,841	3,195,243	0.060040	1,375	83	76.20
76.45	03340	GASTROENTEROLOGY LAB	549,174	62,199,992	0.008829	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	93,196	2,531,125	0.036820	0	0	76.97
76.99	07699	LITHOTRIPER	13,119	3,918,282	0.003348	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	23,666	81,170	0.291561	0	0	90.01
90.02	09002	OUTPATIENT CENTER	401,417	6,127,766	0.065508	0	0	90.02
90.03	09003	PAIN CLINIC	95,939	6,092,481	0.015747	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	13,455	2,431,996	0.005532	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,964,909	123,085,527	0.015964	357,793	5,712	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	44,005,305	0.000000	14,530	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	19,532,550	1,752,096,053		2,203,490	24,287	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,357	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	49,014	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	56,857	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	112,228	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,159,350	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,584,681	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,357	6,357	32,149,005	0.000198	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	63,308,501	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	110,575,052	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55,249,528	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,496,290	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	150,639,299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	72,582,194	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,616,410	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	157,759,753	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	20,524,619	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	49,727,713	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,639,371	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	36,198,977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,250,735	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,760,569	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,305,262	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	74,080,147	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,014	49,014	287,023,996	0.000171	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,071,869	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	39,531,780	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	2,192,065	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	3,195,243	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	62,199,992	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,531,125	0.000000	76.97
76.99	07699	LITHOTRIPER	0	0	0	3,918,282	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	81,170	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	6,127,766	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	6,092,481	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,431,996	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	56,857	56,857	123,085,527	0.000462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	44,005,305	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	112,228	112,228	1,752,096,053		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000198	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	52,175	0	26,157	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	11,103	0	1,290	0	56.00
57.00	05700 CT SCAN	0.000000	91,960	0	20,045	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	60,725	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	515,161	0	2,414	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000000	26,420	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	96,526	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,750	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	48,815	0	3,640	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,480	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	11,055	0	17,095	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	12,910	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000171	750,462	128	26,856	5	73.00
74.00	07400 RENAL DIALYSIS	0.000000	34,485	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0.000000	120,675	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0.000000	1,375	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.000000	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0.000000	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.000000	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.000462	357,793	165	6	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	14,530	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		2,203,490	293	110,413	5	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.227291	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.180128	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.352466	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.046922	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.184703	26,157	0	0	4,831	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211690	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.199656	1,290	0	0	258	56.00
57.00 05700 CT SCAN	0.043958	20,045	0	0	881	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072137	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.165144	0	0	0	0	59.00
60.00 06000 LABORATORY	0.133924	2,414	0	0	323	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.248984	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.283602	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.385159	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.135711	3,640	0	0	494	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.214548	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	17,095	0	0	19,200	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.515665	12,910	0	0	6,657	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.203109	26,856	0	0	5,455	73.00
74.00 07400 RENAL DIALYSIS	0.385879	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.185896	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0.724238	0	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.448739	0	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0.105439	0	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.388619	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.340483	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	1.984009	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.579984	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.187572	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.443765	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.203327	6	0	0	1	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		110,413	0	38,100	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		110,413	0	38,100	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 - line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/29/2018 10:33 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,430,293	117,159,350	0.020743	0	0	50.00
51.00	05100 RECOVERY ROOM	225,625	18,584,681	0.012140	2,595	32	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,104,229	32,149,005	0.034347	0	0	52.00
53.00	05300 ANESTHESIOLOGY	133,094	63,308,501	0.002102	5,770	12	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,176,641	110,575,052	0.019685	168,267	3,312	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,026,022	55,249,528	0.018571	79,445	1,475	55.00
56.00	05600 RADIOI SOTOPE	453,758	26,496,290	0.017125	83,747	1,434	56.00
57.00	05700 CT SCAN	338,230	150,639,299	0.002245	215,287	483	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	527,927	72,582,194	0.007274	104,694	762	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,333,640	38,616,410	0.034536	0	0	59.00
60.00	06000 LABORATORY	393,891	157,759,753	0.002497	810,778	2,025	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	25,753	20,524,619	0.001255	91,882	115	62.00
65.00	06500 RESPIRATORY THERAPY	322,069	49,727,713	0.006477	354,400	2,295	65.00
66.00	06600 PHYSICAL THERAPY	143,311	33,639,371	0.004260	9,204,131	39,210	66.00
67.00	06700 OCCUPATIONAL THERAPY	602,245	36,198,977	0.016637	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	381,918	44,250,735	0.008631	58,809	508	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	163,231	11,760,569	0.013880	9,280	129	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,425,154	51,305,262	0.027778	261,163	7,255	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	948,579	74,080,147	0.012805	2,070	27	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	973,319	287,023,996	0.003391	2,707,728	9,182	73.00
74.00	07400 RENAL DIALYSIS	166,575	5,071,869	0.032843	225,060	7,392	74.00
75.00	07500 ASC (NON-DISTINCT PART)	704,988	39,531,780	0.017833	4,575	82	75.00
76.00	03950 REHAB MEDICINE	185,342	2,192,065	0.084551	258,796	21,881	76.00
76.20	03951 DAY HOSPITAL	191,841	3,195,243	0.060040	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	549,174	62,199,992	0.008829	9,210	81	76.45
76.97	07697 CARDIAC REHABILITATION	93,196	2,531,125	0.036820	0	0	76.97
76.99	07699 LI THOTRI PER	13,119	3,918,282	0.003348	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	23,666	81,170	0.291561	0	0	90.01
90.02	09002 OUTPATIENT CENTER	401,417	6,127,766	0.065508	0	0	90.02
90.03	09003 PAIN CLINIC	95,939	6,092,481	0.015747	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	13,455	2,431,996	0.005532	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,964,909	123,085,527	0.015964	2,285	36	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	44,005,305	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	19,532,550	1,752,096,053		14,659,972	97,728	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,357	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	49,014	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	56,857	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	112,228	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,159,350	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,584,681	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,357	6,357	32,149,005	0.000198	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	63,308,501	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	110,575,052	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55,249,528	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	26,496,290	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	150,639,299	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	72,582,194	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,616,410	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	157,759,753	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	20,524,619	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	49,727,713	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,639,371	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	36,198,977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	44,250,735	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,760,569	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,305,262	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	74,080,147	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,014	49,014	287,023,996	0.000171	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,071,869	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	39,531,780	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	2,192,065	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	3,195,243	0.000000	76.20
76.45	03340	GASTROENTEROLOGY LAB	0	0	0	62,199,992	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,531,125	0.000000	76.97
76.99	07699	LITHOTRIPER	0	0	0	3,918,282	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	81,170	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	6,127,766	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	6,092,481	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,431,996	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	56,857	56,857	123,085,527	0.000462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	44,005,305	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	112,228	112,228	1,752,096,053		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/29/2018 10:33 am	
				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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,595	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000198	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	5,770	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	168,267	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	79,445	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	83,747	0	0	56.00
57.00	05700	CT SCAN	0.000000	215,287	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	104,694	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	810,778	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	91,882	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	354,400	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	9,204,131	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	58,809	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	9,280	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	261,163	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	2,070	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000171	2,707,728	463	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	225,060	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	4,575	0	0	75.00
76.00	03950	REHAB MEDICINE	0.000000	258,796	0	0	76.00
76.20	03951	DAY HOSPITAL	0.000000	0	0	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.000000	9,210	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.99	07699	LITHOTRIPER	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.000000	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.000000	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	90.07
91.00	09100	EMERGENCY	0.000462	2,285	1	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		14,659,972	464	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.227291	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.180128	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.352466	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.046922	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.184703	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.211690	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.199656	0	0	0	0	56.00
57.00 05700 CT SCAN	0.043958	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072137	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.165144	0	0	0	0	59.00
60.00 06000 LABORATORY	0.133924	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.248984	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.283602	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.385159	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.135711	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.214548	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.515665	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.203109	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.385879	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.185896	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0.724238	0	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.448739	0	0	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0.105439	0	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.388619	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.340483	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	1.984009	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.579984	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.187572	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.443765	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.203327	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	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	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 REHAB MEDICINE	0	0	76.00
76.20 03951 DAY HOSPITAL	0	0	76.20
76.45 03340 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.99 07699 LI THOTRI PER	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 - line 201)	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.227291	0	1,064,821	0	0	50.00
51.00	05100 RECOVERY ROOM	0.180128	0	257,020	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352466	0	170,152	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.046922	0	784,515	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.184703	0	1,822,055	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211690	0	336,595	0	0	55.00
56.00	05600 RADIOISOTOPE	0.199656	0	286,542	0	0	56.00
57.00	05700 CT SCAN	0.043958	0	1,826,140	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072137	0	1,044,921	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.165144	0	255,122	0	0	59.00
60.00	06000 LABORATORY	0.133924	0	1,932,997	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	0	165,059	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.248984	0	204,745	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.283602	0	17,132	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.385159	0	2,596,751	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.135711	0	863,602	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214548	0	128,635	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	0	494,582	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.515665	0	187,723	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203109	0	3,316,935	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.385879	0	18,425	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.185896	0	1,154,294	0	0	75.00
76.00	03950 REHAB MEDICINE	0.724238	0	21,490	0	0	76.00
76.20	03951 DAY HOSPITAL	0.448739	0	105,390	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.105439	0	319,720	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.388619	0	19,695	0	0	76.97
76.99	07699 LI THOTRI PER	0.340483	0	92,030	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	1.984009	0	10,570	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.579984	0	227,624	0	0	90.02
90.03	09003 PAIN CLINIC	0.187572	0	17,059	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.443765	0	23,670	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.203327	0	4,155,874	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	0	1,419,200	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	25,341,085	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	25,341,085	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/29/2018 10:33 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	242,024	0	50.00
51.00 05100	RECOVERY ROOM	46,296	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	59,973	0	52.00
53.00 05300	ANESTHESIOLOGY	36,811	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	336,539	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	71,254	0	55.00
56.00 05600	RADIOISOTOPE	57,210	0	56.00
57.00 05700	CT SCAN	80,273	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	75,377	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	42,132	0	59.00
60.00 06000	LABORATORY	258,875	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,482	0	62.00
65.00 06500	RESPIRATORY THERAPY	50,978	0	65.00
66.00 06600	PHYSICAL THERAPY	4,859	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,000,162	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	117,200	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	27,598	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	555,487	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	96,802	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	673,699	0	73.00
74.00 07400	RENAL DIALYSIS	7,110	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	214,579	0	75.00
76.00 03950	REHAB MEDICINE	15,564	0	76.00
76.20 03951	DAY HOSPITAL	47,293	0	76.20
76.45 03340	GASTROENTEROLOGY LAB	33,711	0	76.45
76.97 07697	CARDIAC REHABILITATION	7,654	0	76.97
76.99 07699	LITHOTRIPER	31,335	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	0	0	90.00
90.01 09001	DIABETES CARE CENTER	20,971	0	90.01
90.02 09002	OUTPATIENT CENTER	132,018	0	90.02
90.03 09003	PAIN CLINIC	3,200	0	90.03
90.05 09004	WOUND CARE CENTER	0	0	90.05
90.06 09005	ANTI-COAG LAB	10,504	0	90.06
90.07 09006	HEART RISK ASSESSMENT	0	0	90.07
91.00 09100	EMERGENCY	845,001	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	476,257	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	5,696,228	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)	5,696,228	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		118,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		118,015	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)		104,517	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)		38,066	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		129,112,918	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)		129,112,918	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		129,112,918	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,094.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,645,727	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)		41,645,727	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	14,569,485	6,849	2,127.24	1,200	2,552,688	43.00
44.00 CORONARY CARE UNIT	16,582,848	8,596	1,929.14	3,751	7,236,204	44.00
44.01 NEONATAL CARE UNIT	17,583,925	13,032	1,349.29	0	0	44.01
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
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					69,039,877	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					120,474,496	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,596,904	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,986,609	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,583,513	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					111,890,983	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					13,498	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,094.04	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					14,767,352	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	14,106,527	129,112,918	0.109257	14,767,352	1,613,437	90.00
91.00	Nursing School cost	0	129,112,918	0.000000	14,767,352	0	91.00
92.00	Allied health cost	504,838	129,112,918	0.003910	14,767,352	57,740	92.00
93.00	All other Medical Education	0	129,112,918	0.000000	14,767,352	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,038 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,038 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)			10,038 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)			2,901 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			13,213,595 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)			13,213,595 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			13,213,595 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,316.36 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,818,760 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,818,760 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
					Component CCN: 14-S223		Date/Time Prepared: 5/29/2018 10:33 am	
					Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0		44.01	
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	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					476,745		48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,295,505		49.00	
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					417,309		50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,580		51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					441,889		52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,853,616		53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges					0		54.00	
55.00 Target amount per discharge					0.00		55.00	
56.00 Target amount (line 54 x line 55)					0		56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00	
58.00 Bonus payment (see instructions)					0		58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00	
62.00 Relief payment (see instructions)					0		62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00		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	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)					0		87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,413,264	13,213,595	0.106955	0	0	90.00
91.00	Nursing School cost	0	13,213,595	0.000000	0	0	91.00
92.00	Allied health cost	30,754	13,213,595	0.002327	0	0	92.00
93.00	All other Medical Education	0	13,213,595	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,201	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,201	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,201	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,892	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,054,909	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,054,909	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,054,909	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		988.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,809,503	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,809,503	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
					Component CCN: 14-T223		Date/Time Prepared: 5/29/2018 10:33 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0		44.01
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
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						4,030,328	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						10,839,831	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						817,736	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						98,192	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						915,928	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						9,923,903	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,410,320	12,054,909	0.116991	0	0	90.00
91.00	Nursing School cost	0	12,054,909	0.000000	0	0	91.00
92.00	Allied health cost	37,380	12,054,909	0.003101	0	0	92.00
93.00	All other Medical Education	0	12,054,909	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 10:33 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		111,740,749	30.00
31.00	03100	INTENSIVE CARE UNIT		8,091,441	31.00
32.00	03200	CORONARY CARE UNIT		22,230,322	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227291	25,202,108	50.00
51.00	05100	RECOVERY ROOM	0.180128	3,402,743	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466	124,227	52.00
53.00	05300	ANESTHESIOLOGY	0.047552	7,958,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703	13,226,758	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690	852,770	55.00
56.00	05600	RADIOISOTOPE	0.199656	3,609,082	56.00
57.00	05700	CT SCAN	0.043958	22,000,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137	6,317,303	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144	5,839,839	59.00
60.00	06000	LABORATORY	0.133924	34,860,092	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	3,929,251	62.00
65.00	06500	RESPIRATORY THERAPY	0.248984	11,524,412	65.00
66.00	06600	PHYSICAL THERAPY	0.283602	8,409,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159	19,829	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137781	8,438,195	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548	929,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	13,166,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665	20,801,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109	60,306,005	73.00
74.00	07400	RENAL DIALYSIS	0.385879	2,274,390	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896	648,464	75.00
76.00	03950	REHAB MEDICINE	0.724530	65,775	76.00
76.20	03951	DAY HOSPITAL	0.448739	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439	3,946,589	76.45
76.97	07697	CARDIAC REHABILITATION	0.388619	71,848	76.97
76.99	07699	LI THOTRI PER	0.340483	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.984009	0	90.01
90.02	09002	OUTPATIENT CENTER	0.583397	9,887	90.02
90.03	09003	PAIN CLINIC	0.187572	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.443765	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.204190	19,468,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	4,773,997	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		282,178,900	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)		282,178,900	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		7,590,903	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227291	0	50.00
51.00	05100	RECOVERY ROOM	0.180128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466	0	52.00
53.00	05300	ANESTHESIOLOGY	0.047552	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703	52,175	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690	0	55.00
56.00	05600	RADIOISOTOPE	0.199656	11,103	56.00
57.00	05700	CT SCAN	0.043958	91,960	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137	60,725	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144	0	59.00
60.00	06000	LABORATORY	0.133924	515,161	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.248984	26,420	65.00
66.00	06600	PHYSICAL THERAPY	0.283602	96,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159	2,750	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.137781	48,815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548	7,480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	11,055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109	750,462	73.00
74.00	07400	RENAL DIALYSIS	0.385879	34,485	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896	0	75.00
76.00	03950	REHAB MEDICINE	0.724530	120,675	76.00
76.20	03951	DAY HOSPITAL	0.448739	1,375	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.388619	0	76.97
76.99	07699	LITHOTRIPER	0.340483	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.984009	0	90.01
90.02	09002	OUTPATIENT CENTER	0.583397	0	90.02
90.03	09003	PAIN CLINIC	0.187572	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.443765	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.204190	357,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	14,530	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,203,490	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)		2,203,490	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		3,158		32.00
32.01	03201 NEONATAL CARE UNIT		0		32.01
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		16,758,480		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227291	0	0	50.00
51.00	05100 RECOVERY ROOM	0.180128	2,595	467	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352466	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.047552	5,770	274	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.184703	168,267	31,079	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.211690	79,445	16,818	55.00
56.00	05600 RADIOISOTOPE	0.199656	83,747	16,721	56.00
57.00	05700 CT SCAN	0.043958	215,287	9,464	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072137	104,694	7,552	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.165144	0	0	59.00
60.00	06000 LABORATORY	0.133924	810,778	108,583	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	91,882	9,732	62.00
65.00	06500 RESPIRATORY THERAPY	0.248984	354,400	88,240	65.00
66.00	06600 PHYSICAL THERAPY	0.283602	9,204,131	2,610,310	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.385159	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.137781	58,809	8,103	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.214548	9,280	1,991	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	261,163	293,324	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.515665	2,070	1,067	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203109	2,707,728	549,964	73.00
74.00	07400 RENAL DIALYSIS	0.385879	225,060	86,846	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.185896	4,575	850	75.00
76.00	03950 REHAB MEDICINE	0.724530	258,796	187,505	76.00
76.20	03951 DAY HOSPITAL	0.448739	0	0	76.20
76.45	03340 GASTROENTEROLOGY LAB	0.105439	9,210	971	76.45
76.97	07697 CARDIAC REHABILITATION	0.388619	0	0	76.97
76.99	07699 LI THOTRI PER	0.340483	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	1.984009	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.583397	0	0	90.02
90.03	09003 PAIN CLINIC	0.187572	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.443765	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
91.00	09100 EMERGENCY	0.204190	2,285	467	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		14,659,972	4,030,328	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		14,659,972		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 10:33 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,463,852	30.00
31.00	03100	INTENSIVE CARE UNIT		6,242,167	31.00
32.00	03200	CORONARY CARE UNIT		1,934,820	32.00
32.01	03201	NEONATAL CARE UNIT		13,892,124	32.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,505,384	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227291	1,587,133	360,741 50.00
51.00	05100	RECOVERY ROOM	0.180128	174,430	31,420 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466	1,139,891	401,773 52.00
53.00	05300	ANESTHESIOLOGY	0.046922	873,183	40,971 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703	1,724,585	318,536 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690	109,635	23,209 55.00
56.00	05600	RADIOISOTOPE	0.199656	336,487	67,182 56.00
57.00	05700	CT SCAN	0.043958	1,917,571	84,293 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137	772,990	55,761 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144	646,667	106,793 59.00
60.00	06000	LABORATORY	0.133924	5,626,803	753,564 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	889,196	94,179 62.00
65.00	06500	RESPIRATORY THERAPY	0.248984	5,429,128	1,351,766 65.00
66.00	06600	PHYSICAL THERAPY	0.283602	1,090,812	309,356 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159	291,160	112,143 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.135711	938,374	127,348 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548	222,896	47,822 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	1,486,428	1,669,473 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665	946,023	487,831 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109	12,617,540	2,562,736 73.00
74.00	07400	RENAL DIALYSIS	0.385879	129,690	50,045 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896	235,331	43,747 75.00
76.00	03950	REHAB MEDICINE	0.724238	44,747	32,407 76.00
76.20	03951	DAY HOSPITAL	0.448739	0	0 76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439	236,455	24,932 76.45
76.97	07697	CARDIAC REHABILITATION	0.388619	6,435	2,501 76.97
76.99	07699	LI THOTRI PER	0.340483	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETES CARE CENTER	1.984009	0	0 90.01
90.02	09002	OUTPATIENT CENTER	0.579984	0	0 90.02
90.03	09003	PAIN CLINIC	0.187572	0	0 90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0 90.05
90.06	09005	ANTI-COAG LAB	0.443765	0	0 90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0 90.07
91.00	09100	EMERGENCY	0.203327	1,877,501	381,747 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	542,290	181,982 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		41,893,381	9,724,258 200.00
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)		41,893,381	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 14-S223		Date/Time Prepared: 5/29/2018 10:33 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		1,675,641	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227291	0	50.00
51.00	05100	RECOVERY ROOM	0.180128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046922	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703	1,985	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690	0	55.00
56.00	05600	RADIOISOTOPE	0.199656	1,290	56.00
57.00	05700	CT SCAN	0.043958	1,775	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137	13,330	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144	0	59.00
60.00	06000	LABORATORY	0.133924	97,097	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.248984	1,780	65.00
66.00	06600	PHYSICAL THERAPY	0.283602	7,165	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159	14,500	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135711	5,780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548	1,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	1,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109	128,040	73.00
74.00	07400	RENAL DIALYSIS	0.385879	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896	0	75.00
76.00	03950	REHAB MEDICINE	0.724238	0	76.00
76.20	03951	DAY HOSPITAL	0.448739	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.388619	0	76.97
76.99	07699	LITHOTRIPER	0.340483	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.984009	0	90.01
90.02	09002	OUTPATIENT CENTER	0.579984	0	90.02
90.03	09003	PAIN CLINIC	0.187572	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.443765	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.203327	67,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		342,853	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)		342,853	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/29/2018 10:33 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		1,305,410	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227291	0	50.00
51.00	05100	RECOVERY ROOM	0.180128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352466	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046922	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184703	16,321	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.211690	0	55.00
56.00	05600	RADIOISOTOPE	0.199656	11,760	56.00
57.00	05700	CT SCAN	0.043958	20,010	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072137	10,130	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.165144	3,425	59.00
60.00	06000	LABORATORY	0.133924	40,811	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.105915	370	62.00
65.00	06500	RESPIRATORY THERAPY	0.248984	3,200	65.00
66.00	06600	PHYSICAL THERAPY	0.283602	774,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.385159	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.135711	6,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.214548	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.123144	14,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.515665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203109	169,591	73.00
74.00	07400	RENAL DIALYSIS	0.385879	10,890	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.185896	0	75.00
76.00	03950	REHAB MEDICINE	0.724238	24,077	76.00
76.20	03951	DAY HOSPITAL	0.448739	0	76.20
76.45	03340	GASTROENTEROLOGY LAB	0.105439	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.388619	0	76.97
76.99	07699	LITHOTRIPER	0.340483	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	1.984009	0	90.01
90.02	09002	OUTPATIENT CENTER	0.579984	0	90.02
90.03	09003	PAIN CLINIC	0.187572	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.443765	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.203327	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.335581	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,105,844	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)		1,105,844	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		61,558,678	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,463,184	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)		3,397,502	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		23,522,382	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		505.09	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		188.61	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)		3.55	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).		15.82	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)		7.41	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)		208.29	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		208.29	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		208.29	12.00
13.00	Total allowable FTE count for the prior year.		209.98	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.		209.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.		209.31	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		209.31	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.414401	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.430254	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.414401	21.00
22.00	IME payment adjustment (see instructions)		17,099,709	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,787,158	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		17,099,709	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,787,158	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.56	31.00
32.00	Sum of lines 30 and 31		24.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.53	33.00
34.00	Disproportionate share adjustment (see instructions)		2,001,821	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000886468	0.000745700	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,298,846	5,045,926	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,963,245	1,271,851	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,235,096		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	111,755,990		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		116,543,148	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,570,096	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).		6,837,587	52.00
53.00	Nursing and Allied Health Managed Care payment		71,100	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		209,164	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		25,594	58.00
59.00	Total (sum of amounts on lines 49 through 58)		132,256,689	59.00
60.00	Primary payer payments		47,088	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		132,209,601	61.00
62.00	Deductibles billed to program beneficiaries		7,859,656	62.00
63.00	Coinurance billed to program beneficiaries		555,422	63.00
64.00	Allowable bad debts (see instructions)		1,267,471	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		823,856	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		891,402	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		124,618,379	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-85,810	70.93
70.94	HRR adjustment amount (see instructions)		-105,317	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			124,427,252	71.00
71.01	Sequestration adjustment (see instructions)			2,488,545	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			120,434,878	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)			1,503,829	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			503,410	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.9979170380	1.0018881307	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.9988	0.9986	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 10:33 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	61,558,678	0	61,558,678		61,558,678	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,463,184	0		84,021,863	84,021,863	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,397,502	0	0	3,397,502	3,397,502	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	23,522,382	0	0	23,522,382	23,522,382	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.414401	0.414401	0.414401	0.414401		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,099,709	0	12,528,114	4,571,595	17,099,709	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,787,158	0	4,787,158	0	4,787,158	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,099,709	0	12,528,114	4,571,595	17,099,709	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,787,158	0	4,787,158	0	4,787,158	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0953	0.0953	0.0953	0.0953		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,001,821	0	1,466,636	535,185	2,001,821	11.00
11.01	Uncompensated care payments	36.00	5,235,096	0	5,989,693	1,683,852	7,673,545	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	111,755,990	0	81,543,121	30,212,869	111,755,990	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	116,543,148	0	86,330,279	30,212,869	116,543,148	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,570,096	0	0	8,570,096	8,570,096	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2018 10:33 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	86,330,279	38,782,965	125,113,244	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,812,044	0	0	6,812,044	6,812,044	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	221,936	0	0	221,936	221,936	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1743	0.1743	0.1743	0.1743		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,187,339	0	0	1,187,339	1,187,339	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0512	0.0512	0.0512	0.0512		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	348,777	0	0	348,777	348,777	25.00
26.00	Total prospective capital payments (see instructions)	12.00	8,570,096	0	0	8,570,096	8,570,096	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2018 10:33 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	61,558,678	61,558,678		61,558,678	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,463,184		22,463,184	22,463,184	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	3,397,502	2,849,648	547,854	3,397,502	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	23,522,382	17,406,969	6,115,414	23,522,383	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.414401	0.414401	0.414401		
6.00	IME payment adjustment (see instructions)	22.00	17,099,709	12,528,114	4,571,595	17,099,709	
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,787,158	3,542,580	1,244,578	4,787,158	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,099,709	12,528,114	4,571,595	17,099,709	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,787,158	3,542,580	1,244,578	4,787,158	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0953	0.0953	0.0953		
11.00	Disproportionate share adjustment (see instructions)	34.00	2,001,821	1,466,636	535,185	2,001,821	
11.01	Uncompensated care payments	36.00	5,235,096	3,963,245	1,271,851	5,235,096	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	111,755,990	82,366,321	29,389,669	111,755,990	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	116,543,148	85,908,901	30,634,247	116,543,148	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	8,570,096	6,290,723	2,279,373	8,570,096	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			92,199,624	32,913,620	125,113,244	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2018 10:33 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	6,812,044	4,982,530	1,829,514	6,812,044	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	221,936	184,632	37,304	221,936	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.1743	0.1743	0.1743		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	1,187,339	868,455	318,884	1,187,339	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0512	0.0512	0.0512		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	348,777	255,106	93,671	348,777	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	8,570,096	6,290,723	2,279,373	8,570,096	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-85,810	-128,223	42,413	-85,810	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-105,317	-73,869	-31,448	-105,317	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,251	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		43,705,107	2.00
3.00	OPPS payments		38,726,709	3.00
4.00	Outlier payment (see instructions)		84,325	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		35,881,893	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		20,573	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,251	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		104,603	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)		104,603	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		104,603	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		83,352	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)		21,251	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)		38,831,607	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,207,801	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)		31,645,057	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,208,396	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)		33,853,453	30.00
31.00	Primary payer payments		1,736	31.00
32.00	Subtotal (line 30 minus line 31)		33,851,717	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		979,051	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		636,383	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		753,769	36.00
37.00	Subtotal (see instructions)		34,488,100	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)		34,488,100	40.00
40.01	Sequestration adjustment (see instructions)		689,762	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		33,062,106	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		736,232	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,095	2.00
3.00	OPPS payments		10,166	3.00
4.00	Outlier payment (see instructions)		562	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		5	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		10,733	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,033	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)		8,700	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)		8,700	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		8,700	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		8,700	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)		8,700	40.00
40.01	Sequestration adjustment (see instructions)		174	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		8,520	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		6	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 10:33 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		120,300,099		33,075,810	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/21/2017	203,868		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/24/2017	69,089	08/24/2017	13,704	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)		134,779		-13,704	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)		120,434,878		33,062,106	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,503,829		736,232	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		121,938,707		33,798,338	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: 14-0223 Component CCN: 14-S223		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,735,722		8,520		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,735,722		8,520		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		6		6.01
6.02	SETTLEMENT TO PROGRAM		1,106		0		6.02
7.00	Total Medicare program liability (see instructions)		2,734,616		8,526		7.00
		0		Contractor Number 1.00	NPR Date (Mo/Day/Yr) 2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part I Date/Time Prepared: 5/29/2018 10:33 am	
		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				0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		9,924,186		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/24/2017	47,527		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-47,527		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,876,659		0
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		123,997		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		10,000,656		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0223

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2018 10:33 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,714,348 1.00
2.00	Net IPF PPS Outlier Payments			70,598 2.00
3.00	Net IPF PPS ECT Payments			52,980 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)			3.45 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)			1.99 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)			1.99 8.00
9.00	Average Daily Census (see instructions)			27.501370 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.036634 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			99,437 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,937,363 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)			2,937,363 16.00
17.00	Primary payer payments			1,684 17.00
18.00	Subtotal (line 16 less line 17).			2,935,679 18.00
19.00	Deductibles			167,076 19.00
20.00	Subtotal (line 18 minus line 19)			2,768,603 20.00
21.00	Coinsurance			40,467 21.00
22.00	Subtotal (line 20 minus line 21)			2,728,136 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			81,722 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			53,119 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			66,133 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,781,255 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)			9,170 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	PSR			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)			2,790,425 31.00
31.01	Sequestration adjustment (see instructions)			55,809 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,735,722 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)			-1,106 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			70,598 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: 14-0223 Component CCN: 14-T223	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,553,136 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0342 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			350,600 3.00
4.00	Outlier Payments			417,072 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)			33.427397 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)			10,320,808 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)			10,320,808 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,320,808 19.00
20.00	Deductibles			39,452 20.00
21.00	Subtotal (line 19 minus line 20)			10,281,356 21.00
22.00	Coinsurance			101,332 22.00
23.00	Subtotal (line 21 minus line 22)			10,180,024 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,882 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,173 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,606 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,183,197 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)			21,554 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	PSR AMOUNT			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			10,204,751 32.00
32.01	Sequestration adjustment (see instructions)			204,095 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			9,876,659 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)			123,997 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,737 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			417,072 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: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 10:33 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			194.81	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			3.05	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))			14.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			7.87	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)			213.63	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			213.63	6.00
7.00	Enter the lesser of line 5 or line 6			213.63	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.	138.31	59.98	198.29	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.	138.31	59.98	198.29	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	138.31	59.98		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	143.17	61.01		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	143.38	62.15		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	141.62	61.05		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	141.62	61.05		17.00
18.00	Per resident amount	109,063.65	104,658.64		18.00
19.00	Approved amount for resident costs	15,445,594	6,389,410	21,835,004	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,835,004	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	52,810	13,940		26.00
27.00	Total Inpatient Days (see instructions)	156,365	156,365		27.00
28.00	Ratio of inpatient days to total inpatient days	0.337735	0.089150		28.00
29.00	Program direct GME amount	7,374,445	1,946,591		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		275,053		30.00
31.00	Net Program direct GME amount			9,045,983	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,071,869	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		135,609,832	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		48,772	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		135,561,060	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		43,785,031	42.00
43.00	Primary payer payments (see instructions)		1,736	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		43,783,295	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		179,344,355	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.755870	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.244130	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		9,045,983	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,837,587	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,208,396	50.00

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

Provider CCN: 14-0223

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

Worksheet G

Date/Time Prepared:
5/29/2018 10:33 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	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
FIXED ASSETS						
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
OTHER ASSETS						
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
CURRENT LIABILITIES						
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
LONG TERM LIABILITIES						
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
CAPITAL ACCOUNTS						
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				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	5,014,483,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	8,600,772,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0223

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 10:33 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		4,173,106,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		79,294,106			2.00
3.00	Total (sum of line 1 and line 2)		4,252,400,106		0	3.00
4.00	CY OTHER DIVISION NET INCOME	762,082,894		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		762,082,894		0	10.00
11.00	Subtotal (line 3 plus line 10)		5,014,483,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		5,014,483,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CY OTHER DIVISION NET INCOME		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 10:33 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	339,808,196		339,808,196	1.00
2.00	SUBPROVIDER - IPF	26,351,462		26,351,462	2.00
3.00	SUBPROVIDER - IRF	29,710,439		29,710,439	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	0		0	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)	395,870,097		395,870,097	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,714,397		42,714,397	11.00
12.00	CORONARY CARE UNIT	50,478,575		50,478,575	12.00
12.01	NEONATAL CARE UNIT	74,810,865		74,810,865	12.01
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)	168,003,837		168,003,837	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	563,873,934		563,873,934	17.00
18.00	Ancillary services	809,333,086	761,704,461	1,571,037,547	18.00
19.00	Outpatient services	44,692,861	93,126,079	137,818,940	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	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	12,670,000	31,335,305	44,005,305	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,430,569,881	886,165,845	2,316,735,726	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		717,272,977		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	ROUNDING	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)		717,272,977		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0223

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

Worksheet G-3

Date/Time Prepared:
5/29/2018 10:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,316,735,726	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,526,266,226	2.00
3.00	Net patient revenues (line 1 minus line 2)	790,469,500	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	717,272,977	4.00
5.00	Net income from service to patients (line 3 minus line 4)	73,196,523	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	94,714	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	16,079	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,894,908	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	12,079	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	663,875	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	1,193,363	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	800	24.00
24.01	GRANT RECOVERIES	480,493	24.01
24.02	RESTRICTED FUND INCOME	876,232	24.02
24.03	MISC INCOME	600,229	24.03
24.04	INTER-CO REVENUES	315,106	24.04
24.05	ROUNDING	0	24.05
24.06	MEDICARE EHR INCENTIVE FUNDS	0	24.06
24.07	OTHER (SPECIFY)	0	24.07
25.00	Total other income (sum of lines 6-24)	6,147,878	25.00
26.00	Total (line 5 plus line 25)	79,344,401	26.00
27.00	NON OPERATING INCOME	50,295	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	50,295	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	79,294,106	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet I-5 Date/Time Prepared: 5/29/2018 10:33 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0223	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 10:33 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,812,044	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		221,936	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)		367.47	3.00
4.00	Number of interns & residents (see instructions)		209.31	4.00
5.00	Indirect medical education percentage (see instructions)		17.43	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)		1,187,339	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.56	8.00
9.00	Sum of lines 7 and 8		24.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.12	10.00
11.00	Disproportionate share adjustment (see instructions)		348,777	11.00
12.00	Total prospective capital payments (see instructions)		8,570,096	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