

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: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S Parts I-III Date/Time Prepared: 1/30/2018 6:55 pm
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PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

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

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

Date: 1/30/2018 Time: 6:55 pm

PART II - CERTIFICATION

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

CERTIFICATION BY 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 BAPTIST HEALTH PADUCAH (18-0104) for the cost reporting period beginning 09/01/2016 and ending 08/31/2017 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.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	460,050	301,923	0	470,131	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	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	5,078	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	465,128	301,923	0	470,131	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 6:54 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00 Street: 2501 KENTUCKY AVENUE		PO Box:	2.00	1.00
2.00 City: PADUCAH		State: KY	Zip Code: 42003-	County: MCCRACKEN

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BAPTIST HEALTH PADUCAH	180104	99918	1	01/04/1966	N	P	T	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									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	BAPTIST HEALTH TCU	185416	99918		11/22/1995	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	09/01/2016	08/31/2017	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information					
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		N	2	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.	471	1,327	1,121	0	8,754	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid 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.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 6:54 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		2			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.		2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0			36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		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)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		Y	40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)		N		N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N		N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.		N		N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					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.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N		0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
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 and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.						0.00	0.00	61.20	
							1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))					
			1.00	2.00	3.00					
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				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.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	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	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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		440,000		846,468	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 6:54 pm	
		1.00		2.00			
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		18H001		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BAPTIST HEALTH	Contractor's Name: CIGNA		Contractor's Number: 15101		141.00	
142.00	Street: 2701 EASTPOINT PARKWAY	PO Box:				142.00	
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC					161.00	
161.10	CORF			N		161.10	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part I Date/Time Prepared: 1/30/2018 6:54 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2016	09/30/2017	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet S-2 Part II Date/Time Prepared: 1/30/2018 6:54 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	N					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.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/21/2015	Y	12/21/2015		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-2
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00
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.			N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
					1.00	
					2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BETH		WHEELER		41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-896-5036		BWHEELER@BHSI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-2 Part II Date/Time Prepared: 1/30/2018 6:54 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		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: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

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	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		295				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

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)	15,684	471	34,594			1.00
2.00 HMO and other (see instructions)	5,640	10,995				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,684	471	34,594			7.00
8.00 INTENSIVE CARE UNIT	1,805	0	3,544			8.00
9.00 CORONARY CARE UNIT	1,607	0	3,219			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	5,772			13.00
14.00 Total (see instructions)	19,096	471	47,129	0.00	1,326.78	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	1,756	0	2,495	0.00	12.60	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,339.38	27.00
28.00 Observation Bed Days		0	4,274			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	207	436			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,233	70	11,945	1.00
2.00 HMO and other (see instructions)			1,073	1,225		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,233	70	11,945	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	76,693,730	-564,279	76,129,451	2,728,803.00	27.90
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	642,220	0	642,220	26,213.00	24.50
10.00	Excluded area salaries (see instructions)		855,441	717,781	1,573,222	110,135.00	14.28
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,769,473	0	2,769,473	44,155.00	62.72
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		18,997,032	0	18,997,032	496,272.00	38.28
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,702,064	0	20,702,064		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		620,508	0	620,508		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		3,665,860	0	3,665,860		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,180,955	-728,800	1,452,155	31,435.00	46.20
27.00	Administrative & General	5.00	6,538,439	-553,260	5,985,179	242,092.00	24.72

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,707,591	0	1,707,591	70,663.00	24.17
31.00	Laundry & Linen Service	8.00	126,868	0	126,868	7,910.00	16.04
32.00	Housekeeping	9.00	1,714,644	0	1,714,644	118,423.00	14.48
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,900,527	-1,617,855	282,672	19,206.00	14.72
35.00	Dietary under contract (see instructions)	0	352,457	0	352,457	7,758.00	45.43
36.00	Cafeteria	11.00	0	1,617,855	1,617,855	109,926.00	14.72
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,231,593	0	1,231,593	27,737.00	44.40
39.00	Central Services and Supply	14.00	730,076	0	730,076	46,759.00	15.61
40.00	Pharmacy	15.00	3,771,286	0	3,771,286	83,987.00	44.90
41.00	Medical Records & Medical Records Library	16.00	889,434	0	889,434	27,350.00	32.52
42.00	Social Service	17.00	1,471,198	0	1,471,198	52,470.00	28.04
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
1/30/2018 6:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	77,046,187	-564,279	76,481,908	2,736,561.00	27.95	1.00
2.00	Excluded area salaries (see instructions)	1,497,661	717,781	2,215,442	136,348.00	16.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,548,526	-1,282,060	74,266,466	2,600,213.00	28.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	21,766,505	0	21,766,505	540,427.00	40.28	4.00
5.00	Subtotal wage-related costs (see inst.)	24,367,924	0	24,367,924	0.00	32.81	5.00
6.00	Total (sum of lines 3 thru 5)	121,682,955	-1,282,060	120,400,895	3,140,640.00	38.34	6.00
7.00	Total overhead cost (see instructions)	22,615,068	-1,282,060	21,333,008	845,716.00	25.22	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	162,716	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	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)	13,871,905	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	85,426	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)	149,994	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	643,488	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,536,721	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	103,120	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	769,202	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,322,572	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: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-3 Part V Date/Time Prepared: 1/30/2018 6:54 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		2,852,230	21,322,572 1.00
2.00	Hospital		2,769,473	20,702,064 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		82,757	179,875 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	440,633 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-7

Date/Time Prepared:
1/30/2018 6:54 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	7	0	7 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	81	0	81 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	35	0	35 16.00
17.00		RVA	1,013	0	1,013 17.00
18.00		RHC	8	0	8 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	266	0	266 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	68	0	68 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	7	0	7 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	5	0	5 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	60	0	60 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	10	0	10 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	2	0	2 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	32	0	32 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	36	0	36 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	61	0	61 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	7	0	7 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet S-7

Date/Time Prepared:
1/30/2018 6:54 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	45	0	45	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	13	0	13	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,756	0	1,756	200.00

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

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	99918	99918	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

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

202.00	Staffing	886,207	23.99	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	75,564	2.05	N	205.00
206.00	OTHER	150	0.00	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,694,775			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet S-10 Date/Time Prepared: 1/30/2018 6:54 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.185668	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		36,652,059	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		260,433,932	6.00	
7.00	Medicaid cost (line 1 times line 6)		48,354,247	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)		11,702,188	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)		11,702,188	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)	1,876,119	1,781,049	3,657,168	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	348,335	1,781,049	2,129,384	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	348,335	1,781,049	2,129,384	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				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)			12,738,394	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			997,695	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,534,916	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			11,203,478	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,617,348	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,746,732	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,448,920	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet A Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		14,281,261	14,281,261	-6,273,798	8,007,463		1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	6,273,798	6,273,798		2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0		3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,180,955	1,734,418	3,915,373	-892,746	3,022,627		4.00
5.01 00540 NONPATIENT TELEPHONES	158,103	60,035	218,138	222,862	441,000		5.01
5.02 00550 DATA PROCESSING	399,090	108,786	507,876	0	507,876		5.02
5.03 00580 PURCHASING, REC, STORES	0	25,462	25,462	0	25,462		5.03
5.04 00570 ADMINITTING	0	0	0	0	0		5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	5,981,246	60,533,506	66,514,752	-776,122	65,738,630		5.06
7.00 00700 OPERATION OF PLANT	1,707,591	7,448,215	9,155,806	-48	9,155,758		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	126,868	852,587	979,455	0	979,455		8.00
9.00 00900 HOUSEKEEPING	1,714,644	1,066,147	2,780,791	0	2,780,791		9.00
10.00 01000 DIETARY	1,900,527	2,813,443	4,713,970	-4,012,845	701,125	10.00	
11.00 01100 CAFETERIA	0	18,107	18,107	4,012,845	4,030,952	11.00	
13.00 01300 NURSING ADMINISTRATION	1,231,593	397,092	1,628,685	-85	1,628,600	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	730,076	1,674,098	2,404,174	-184,511	2,219,663	14.00	
15.00 01500 PHARMACY	3,771,286	19,465,707	23,236,993	-18,075,421	5,161,572	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	889,434	338,138	1,227,572	0	1,227,572	16.00	
17.00 01700 SOCIAL SERVICE	1,471,198	711,244	2,182,442	0	2,182,442	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	12,338,696	4,879,997	17,218,693	-227,904	16,990,789	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,484,866	1,103,523	3,588,389	-77,216	3,511,173	31.00	
32.00 03200 CORONARY CARE UNIT	2,340,322	823,476	3,163,798	-46,164	3,117,634	32.00	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	1,636,479	1,316,140	2,952,619	-25,135	2,927,484	43.00	
44.00 04400 SKILLED NURSING FACILITY	642,220	282,658	924,878	-3,517	921,361	44.00	
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00	
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	7,532,448	32,618,122	40,150,570	-19,217,876	20,932,694	50.00	
51.00 05100 RECOVERY ROOM	1,689,591	529,304	2,218,895	-27,517	2,191,378	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,607,686	1,263,210	3,870,896	-264,287	3,606,609	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,344,607	4,247,680	8,592,287	-764,953	7,827,334	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,427,885	1,423,614	2,851,499	-3,355	2,848,144	55.00	
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	620,624	366,334	986,958	-6,390	980,568	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	245,292	261,604	506,896	-975	505,921	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,558,043	5,385,823	6,943,866	-4,162,896	2,780,970	59.00	
60.00 06000 LABORATORY	3,067,032	4,644,819	7,711,851	0	7,711,851	60.00	
60.01 06001 PATHOLOGY	657,463	1,181,900	1,839,363	0	1,839,363	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	1,627,682	1,627,682	-1,256,237	371,445	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	1,727,357	1,228,153	2,955,510	-2,611	2,952,899	65.00	
66.00 06600 PHYSICAL THERAPY	1,770,659	545,238	2,315,897	-14,312	2,301,585	66.00	
67.00 06700 OCCUPATIONAL THERAPY	563,705	164,432	728,137	-1,184	726,953	67.00	
68.00 06800 SPEECH PATHOLOGY	509,833	156,266	666,099	-6,392	659,707	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,038,077	415,612	1,453,689	-2,774	1,450,915	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	334,823	111,687	446,510	-287	446,223	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,207,357	10,207,357	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,311,096	16,311,096	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	18,034,781	18,034,781	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 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	245,714	67,760	313,474	-54	313,420	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	3,521,607	2,007,156	5,528,763	-138,011	5,390,752	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
93.00 04040 ONCOLOGY INFUSION	670,649	295,531	966,180	-43,122	923,058	93.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	11,636	11,636	0	11,636	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,838,289	178,487,603	254,325,892	-1,446,006	252,879,886	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,991	257,491	341,482	0	341,482	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	771,450	712,791	1,484,241	-11,019	1,473,222	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,457,025	1,457,025	194.02
200.00		TOTAL (SUM OF LINES 118-199)	76,693,730	179,457,885	256,151,615	0	256,151,615	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
1/30/2018 6:54 pm

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	-584,222	7,423,241	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-682,228	5,591,570	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-432	3,022,195	4.00
5.01	00540	NONPATIENT TELEPHONES	-99,227	341,773	5.01
5.02	00550	DATA PROCESSING	6,732,823	7,240,699	5.02
5.03	00580	PURCHASING, REC, STORES	-43,637,061	-43,611,599	5.03
5.04	00570	ADMITTING	1,533,959	1,533,959	5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22,031,445	87,770,075	5.06
7.00	00700	OPERATION OF PLANT	0	9,155,758	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	979,455	8.00
9.00	00900	HOUSEKEEPING	0	2,780,791	9.00
10.00	01000	DIETARY	-4,077	697,048	10.00
11.00	01100	CAFETERIA	-1,163,716	2,867,236	11.00
13.00	01300	NURSING ADMINISTRATION	-250	1,628,350	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,522	2,217,141	14.00
15.00	01500	PHARMACY	0	5,161,572	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,730,590	7,958,162	16.00
17.00	01700	SOCIAL SERVICE	0	2,182,442	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,531,310	14,459,479	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,511,173	31.00
32.00	03200	CORONARY CARE UNIT	0	3,117,634	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-100,266	2,827,218	43.00
44.00	04400	SKILLED NURSING FACILITY	0	921,361	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,063,270	17,869,424	50.00
51.00	05100	RECOVERY ROOM	0	2,191,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,078	3,604,531	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,287	7,820,047	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,848,144	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	980,568	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	505,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,780,970	59.00
60.00	06000	LABORATORY	0	7,711,851	60.00
60.01	06001	PATHOLOGY	0	1,839,363	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	371,445	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-77,196	2,875,703	65.00
66.00	06600	PHYSICAL THERAPY	0	2,301,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	726,953	67.00
68.00	06800	SPEECH PATHOLOGY	0	659,707	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,450,915	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	446,223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-654,390	9,552,967	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,311,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,034,781	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	313,420	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	5,390,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	923,058	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	6.00	7.00	
99.00	09900	CMHC	0	0	97.00
99.10	09910	CORF	0	0	99.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	-11,636	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,592,351	237,287,535	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	341,482	118.00
191.00	19100	RESEARCH	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,473,222	191.00
193.00	19300	NONPAID WORKERS	0	0	192.00
194.00	07950	NAUTILUS	0	0	193.00
194.01	07951	PR/MARKETING	0	0	194.00
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	1,457,025	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-15,592,351	240,559,264	194.02
					200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,034,781	1.00
	O		0	18,034,781	
B - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,518,453	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
	O		0	26,518,453	
C - TELEPHONE EXPENSES					
1.00	NONPATIENT TELEPHONES	5.01	0	222,862	1.00
	O		0	222,862	
D - DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,273,798	1.00
	O		0	6,273,798	
F - RECLASS OF PTO AND SICK					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	565,558	1.00
2.00		0.00	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,254	0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	25	0	4.00
	O		1,279	565,558	
G - RECLASS OF IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,311,096	1.00
	O		0	16,311,096	
H - NON PATIENT RELATED DAY CARE COSTS					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	728,800	728,225	1.00
	O		728,800	728,225	
I - DIETARY/CAFE					
1.00	CAFETERIA	11.00	1,617,855	2,394,990	1.00
	O		1,617,855	2,394,990	
500.00	Grand Total: Increases		2,347,934	71,049,763	500.00

RECLASSIFICATIONS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-6
Date/Time Prepared:
1/30/2018 6:54 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	18,034,781	0		1.00
	O		0	18,034,781			
B - CHARGEABLE MEDICAL SUPPLIES							
1.00	OPERATION OF PLANT	7.00	0	48	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	85	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	184,511	0		3.00
4.00	PHARMACY	15.00	0	40,640	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	227,904	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	77,216	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	46,164	0		7.00
8.00	NURSERY	43.00	0	25,135	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	3,517	0		9.00
10.00	OPERATING ROOM	50.00	0	19,217,876	0		10.00
11.00	RECOVERY ROOM	51.00	0	27,517	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	264,287	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	764,953	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,355	0		14.00
15.00	CT SCAN	57.00	0	6,390	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	975	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	4,162,896	0		17.00
18.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,256,237	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	2,611	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	14,312	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	1,184	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	6,392	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	2,774	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	287	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	54	0		25.00
26.00	EMERGENCY	91.00	0	138,011	0		26.00
27.00	ONCOLOGY INFUSION	93.00	0	43,122	0		27.00
	O		0	26,518,453			
C - TELEPHONE EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	222,862	0		1.00
	O		0	222,862			
D - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,273,798	9		1.00
	O		0	6,273,798			
F - RECLASS OF PTO AND SICK							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	554,514	0	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,044	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,279	0		3.00
4.00		0.00	0	0	0		4.00
	O		565,558	1,279			
G - RECLASS OF IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,311,096	0		1.00
	O		0	16,311,096			
H - NON PATIENT RELATED DAY CARE COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	728,800	728,225	0		1.00
	O		728,800	728,225			
I - DIETARY/CAFE							
1.00	DIETARY	10.00	1,617,855	2,394,990	0		1.00
	O		1,617,855	2,394,990			
500.00	Grand Total: Decreases		2,912,213	70,485,484			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,197,884	257,927	0	257,927	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	213,418,568	8,115,424	0	8,115,424	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	126,228,914	2,626,262	0	2,626,262	1,952,838	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	354,845,366	10,999,613	0	10,999,613	1,952,838	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	354,845,366	10,999,613	0	10,999,613	1,952,838	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,455,811	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	221,533,992	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	126,902,338	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	363,892,141	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	363,892,141	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,281,261	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)	14,281,261	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	14,281,261				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,281,261				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	236,989,803	0	236,989,803	0.651264	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	126,902,338	0	126,902,338	0.348736	0	2.00
3.00	Total (sum of lines 1-2)	363,892,141	0	363,892,141	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	7,884,710	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,269,467	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,154,177	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-461,469	0	0	0	7,423,241	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-677,897	0	0	0	5,591,570	2.00
3.00	Total (sum of lines 1-2)	-1,139,366	0	0	0	13,014,811	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-461,469	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	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)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,606,620				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,096,374				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-1,163,716	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			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
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

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 #	
			1.00	2.00	3.00	
33.00 PATIENT PHONE - COST OFFSET	A	-33,424	NONPATIENT TELEPHONES	5.01	0	33.00
34.00 PATIENT PHONE - OPERATOR OFFSET	A	-19,095	NONPATIENT TELEPHONES	5.01	0	34.00
35.00 PATIENT PHONE - BENEFIT OFFSET	A	-432	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.00
36.00 LIFELINE EXPENSES	A	-187,001	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00 LIFELINE DEPRECIATION	A	-3,900	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	37.00
38.00 CABLE TV COSTS	A	-46,708	NONPATIENT TELEPHONES	5.01	0	38.00
39.00 CHANGE IN USEFUL LIFE	A	-31,945	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	39.00
42.00 EDUCATION CLASS	B	-12,886	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 BASIC LIFE SUPPORT	B	-74,398	RESPIRATORY THERAPY	65.00	0	43.00
45.00 MEDICAL CALL	B	-9,155	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 NICU OTHER REVENUE	B	-603	NURSERY	43.00	0	45.01
45.02 MISCELLANEOUS	B	-516,729	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.02
45.03 NET ASSETS RELEASED	B	-677,897	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.03
45.04 DIETARY REVENUE	B	-4,077	DIETARY	10.00	0	45.04
45.05 CONTRIBUTIONS	A	-872,141	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06 INTERCOMPANY INTEREST	A	-11,636	INTEREST EXPENSE	113.00	0	45.06
45.07 PEDIATRIC OFFICE BUILDING	A	-9,468	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.07
45.08 BB PERSONAL USE OF COMPANY CAR - DEP	A	-431	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.08
45.09 BB PERSONAL USE OF COMPANY CAR - GAS	A	-62	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.09
45.10 QUALITY RESOURCES	B	-2,233	MEDICAL RECORDS & LIBRARY	16.00	0	45.10
45.12 NURSING RESOURCES RESEARCH FUNDS	B	-250	NURSING ADMINISTRATION	13.00	0	45.12
45.13 RESEARCH FUNDS	B	-126,200	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.13
45.14 PRODUCT SALES	B	-742	CENTRAL SERVICES & SUPPLY	14.00	0	45.14
45.15 RENTAL INCOME	B	-81,340	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.15
45.16 LTACH INCOME	B	-2,531,310	ADULTS & PEDIATRICS	30.00	0	45.16
45.17 MEDICAL STAFF OFFICE REVENUE	B	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.17
45.18 COMMUNITY BENEFIT REVENUE	B	-5,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.18
45.19 ALCOHOL PURCHASES	A	-109	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.19
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,592,351				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: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8-1

Date/Time Prepared:
1/30/2018 6:54 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.02	DATA PROCESSING	IT	6,732,823	0 1.00
2.00	5.03	PURCHASING, REC, STORES	MAT MGT	843,387	44,480,448 2.00
3.00	5.04	ADMITTING	PATIENT ACCESS	1,532,277	0 3.00
3.01	5.04	ADMITTING	SCHEDULING	1,682	0 3.01
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	FIN COUNSEL	104,012	0 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	FINANCE + MALPRACTICE	28,091,460	0 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	6,732,823	0 4.02
4.03	71.00	MEDICAL SUPPLIES CHARGED TO	SUPPLIES	-654,390	0 4.03
5.00	0			43,384,074	44,480,448 5.00

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

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

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

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

6.00	B	BAPTIST HC SYS	100.00	SUPPORT SERVICES	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: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8-1

Date/Time Prepared:
1/30/2018 6:54 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,732,823	0		1.00
2.00	-43,637,061	0		2.00
3.00	1,532,277	0		3.00
3.01	1,682	0		3.01
4.00	104,012	0		4.00
4.01	28,091,460	0		4.01
4.02	6,732,823	0		4.02
4.03	-654,390	0		4.03
5.00	-1,096,374			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	HOME OFFICE		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: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet A-8-2

Date/Time Prepared:
1/30/2018 6:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	60.00	DR. A	100,000	0	100,000	260,300	800	1.00
2.00	54.00	DR. B	56,438	0	56,438	271,900	376	2.00
3.00	65.00	DR. C	15,000	0	15,000	211,500	120	3.00
4.00	5.06	DR. D	4,508,562	4,408,417	100,145	211,500	779	4.00
5.00	50.00	DR. E	3,099,638	3,055,739	43,899	246,400	307	5.00
6.00	5.06	DR. F	2,325	0	2,325	211,500	19	6.00
7.00	52.00	DR. G	6,450	0	6,450	211,500	43	7.00
8.00	43.00	DR. H	120,000	95,000	25,000	211,500	200	8.00
9.00	14.00	DR. I	9,406	0	9,406	211,500	75	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,917,819	7,559,156	358,663		2,719	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	60.00	DR. A	100,115	5,006	0	0	0	1.00
2.00	54.00	DR. B	49,151	2,458	0	0	0	2.00
3.00	65.00	DR. C	12,202	610	0	0	0	3.00
4.00	5.06	DR. D	79,211	3,961	0	0	0	4.00
5.00	50.00	DR. E	36,368	1,818	0	0	0	5.00
6.00	5.06	DR. F	1,932	97	0	0	0	6.00
7.00	52.00	DR. G	4,372	219	0	0	0	7.00
8.00	43.00	DR. H	20,337	1,017	0	0	0	8.00
9.00	14.00	DR. I	7,626	381	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			311,314	15,567	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	60.00	DR. A	0	100,115	0	0	1.00
2.00	54.00	DR. B	0	49,151	7,287	7,287	2.00
3.00	65.00	DR. C	0	12,202	2,798	2,798	3.00
4.00	5.06	DR. D	0	79,211	20,934	4,429,351	4.00
5.00	50.00	DR. E	0	36,368	7,531	3,063,270	5.00
6.00	5.06	DR. F	0	1,932	393	393	6.00
7.00	52.00	DR. G	0	4,372	2,078	2,078	7.00
8.00	43.00	DR. H	0	20,337	4,663	99,663	8.00
9.00	14.00	DR. I	0	7,626	1,780	1,780	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	311,314	47,464	7,606,620	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,423,241	7,423,241				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5,591,570		5,591,570			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,022,195	157,366	5,964	3,185,525		4.00
5.01 00540 NONPATIENT TELEPHONES	341,773	613	0	5,979	348,365	5.01
5.02 00550 DATA PROCESSING	7,240,699	0	3,780	17,165	5,223	5.02
5.03 00580 PURCHASING, REC, STORES	-43,611,599	31,013	0	0	5,223	5.03
5.04 00570 ADMITTING	1,533,959	20,520	0	0	7,634	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	87,770,075	89,828	295,245	236,772	23,305	5.06
7.00 00700 OPERATION OF PLANT	9,155,758	2,444,526	103,102	73,443	10,447	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	979,455	27,564	1,565	5,457	1,205	8.00
9.00 00900 HOUSEKEEPING	2,780,791	12,447	16,725	73,747	1,607	9.00
10.00 01000 DIETARY	697,048	43,980	32,163	12,158	5,232	10.00
11.00 01100 CAFETERIA	2,867,236	29,487	0	69,584	402	11.00
13.00 01300 NURSING ADMINISTRATION	1,628,350	20,802	134,199	52,971	9,643	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,217,141	74,355	156,985	31,401	2,009	14.00
15.00 01500 PHARMACY	5,161,572	26,370	85,875	162,203	8,438	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	7,958,162	16,416	4,673	38,255	9,242	16.00
17.00 01700 SOCIAL SERVICE	2,182,442	7,963	90	63,276	7,232	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	14,459,479	658,595	109,166	530,692	114,116	30.00
31.00 03100 INTENSIVE CARE UNIT	3,511,173	89,981	48,712	106,874	8,438	31.00
32.00 03200 CORONARY CARE UNIT	3,117,634	56,965	3,156	100,657	5,223	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,827,218	17,090	87,954	70,385	0	43.00
44.00 04400 SKILLED NURSING FACILITY	921,361	69,149	33,075	27,622	12,054	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	17,869,424	371,721	1,913,594	323,971	22,099	50.00
51.00 05100 RECOVERY ROOM	2,191,378	39,318	1,283	72,669	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,604,531	59,330	108,320	112,157	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,820,047	125,747	798,942	186,862	26,921	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,848,144	70,282	407,052	61,413	6,429	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	980,568	6,370	164,635	26,693	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	505,921	0	317,715	10,550	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,780,970	93,350	150,700	67,011	6,831	59.00
60.00 06000 LABORATORY	7,711,851	39,049	108,313	131,913	7,232	60.00
60.01 06001 PATHOLOGY	1,839,363	14,456	49,205	28,277	5,223	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	371,445	5,286	546	0	402	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,875,703	24,581	45,522	74,294	3,214	65.00
66.00 06600 PHYSICAL THERAPY	2,301,585	18,192	8,922	76,156	4,018	66.00
67.00 06700 OCCUPATIONAL THERAPY	726,953	0	3,233	24,245	0	67.00
68.00 06800 SPEECH PATHOLOGY	659,707	0	2,485	21,928	1,607	68.00
69.00 06900 ELECTROCARDIOLOGY	1,450,915	86,263	282,167	44,648	11,251	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	446,223	37,530	26,542	14,401	1,205	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,552,967	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	16,311,096	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	18,034,781	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	313,420	19,111	2,549	10,568	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	5,390,752	102,716	72,684	151,464	15,269	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 ONCOLOGY INFUSION	923,058	220,512	0	0	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	237,287,535	5,228,844	5,586,838	3,117,861	348,365	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	341,482	4,778	1,015	3,612	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,473,222	2,189,619	3,717	32,706	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	0	0	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	1,457,025	0	0	31,346	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	240,559,264	7,423,241	5,591,570	3,185,525	348,365	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING, REC. STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.06	
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
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	7,266,867					5.02
5.03	00580 PURCHASING, REC. STORES	98,750	-43,476,613				5.03
5.04	00570 ADMINITTING	841,315	0	2,403,428			5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	254,621	0	0	88,669,846	88,669,846	5.06
7.00	00700 OPERATION OF PLANT	0	0	0	11,787,276	5,349,832	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	1,015,246	460,785	8.00
9.00	00900 HOUSEKEEPING	54,216	0	0	2,939,533	1,334,151	9.00
10.00	01000 DIETARY	20,331	0	0	810,903	368,040	10.00
11.00	01100 CAFETERIA	0	0	0	2,966,709	1,346,485	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	0	1,845,965	837,819	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	90,037	0	0	2,571,928	1,167,308	14.00
15.00	01500 PHARMACY	181,042	0	0	5,625,500	2,553,218	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	436,632	0	0	8,463,380	3,841,232	16.00
17.00	01700 SOCIAL SERVICE	1,936	0	0	2,262,939	1,027,069	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,547,180	0	261,025	18,680,253	8,478,313	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	72,749	3,837,927	1,741,901	31.00
32.00	03200 CORONARY CARE UNIT	0	0	65,963	3,349,598	1,520,265	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	80,775	3,083,422	1,399,457	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	16,205	1,079,466	489,932	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	437,600	0	424,521	21,362,930	9,695,929	50.00
51.00	05100 RECOVERY ROOM	0	0	23,270	2,327,918	1,056,561	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	47,417	3,931,755	1,784,486	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	225,577	0	62,690	9,246,786	4,196,793	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	14,872	3,408,192	1,546,859	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	102,229	1,280,495	581,172	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	17,380	851,566	386,496	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	174,255	3,273,117	1,485,553	59.00
60.00	06000 LABORATORY	1,107,553	0	104,948	9,210,859	4,180,487	60.00
60.01	06001 PATHOLOGY	0	0	7,745	1,944,269	882,436	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	25,884	403,563	183,163	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	160,711	0	67,768	3,251,793	1,475,875	65.00
66.00	06600 PHYSICAL THERAPY	137,476	0	31,286	2,577,635	1,169,898	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	15,133	769,564	349,278	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	10,484	696,211	315,986	68.00
69.00	06900 ELECTROCARDIOLOGY	89,069	0	74,942	2,039,255	925,546	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,745	0	4,398	538,044	244,199	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	106,793	9,659,760	4,384,227	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	345,736	16,656,832	7,559,953	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	191,868	18,226,649	8,272,438	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	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	21	345,669	156,887	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	575,076	0	52,887	6,360,848	2,886,966	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	184	1,143,754	519,110	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,266,867	0	2,403,428	278,497,355	86,156,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	350,887	159,255	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3,699,264	1,678,966	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,488,371	675,520	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	-43,476,613	0	-43,476,613		201.00
202.00		TOTAL (sum lines 118-201)	7,266,867	-43,476,613	2,403,428	240,559,264	88,669,846	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part I Date/Time Prepared: 1/30/2018 6:54 pm		
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
			7.00	8.00	9.00	10.00	11.00
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	17,137,108				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100,947	1,576,978			8.00
9.00	00900	HOUSEKEEPING	45,583	63,314	4,382,581		9.00
10.00	01000	DIETARY	161,066	31,054	0	1,371,063	10.00
11.00	01100	CAFETERIA	107,990	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,181	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	272,309	14,680	79,428	0	14.00
15.00	01500	PHARMACY	96,572	0	401,814	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,119	0	79,428	0	16.00
17.00	01700	SOCIAL SERVICE	29,162	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,411,949	810,069	1,457,746	1,208,821	938,326
31.00	03100	INTENSIVE CARE UNIT	329,534	89,812	228,941	47,798	170,773
32.00	03200	CORONARY CARE UNIT	208,623	91,824	182,218	50,216	156,484
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 - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	62,587	20,950	93,445	0	100,287
44.00	04400	SKILLED NURSING FACILITY	253,241	149,223	186,890	64,228	54,510
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,361,342	191,705	551,327	0	518,485
51.00	05100	RECOVERY ROOM	143,995	0	93,445	0	90,008
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,282	12,777	135,496	0	156,228
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	460,518	17,256	261,647	0	314,845
55.00	05500	RADIOLOGY-THERAPEUTIC	257,391	0	135,496	0	67,230
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	23,330	0	0	0	30,923
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	12,094
59.00	05900	CARDIAC CATHETERIZATION	341,872	0	0	0	88,733
60.00	06000	LABORATORY	143,008	0	88,773	0	251,206
60.01	06001	PATHOLOGY	52,941	0	23,361	0	53,749
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	19,359	0	9,345	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	90,022	0	32,706	0	131,209
66.00	06600	PHYSICAL THERAPY	66,625	0	0	0	112,975
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	39,864
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	30,819
69.00	06900	ELECTROCARDIOLOGY	315,918	0	116,807	0	65,667
70.00	07000	ELECTROENCEPHALOGRAPHY	137,444	0	18,689	0	27,666
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	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	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	69,990	0	0	0	13,085
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	376,172	84,314	205,579	0	251,969
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	ONCOLOGY INFUSION	807,572	0	0	0	40,461
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,100,644	1,576,978	4,382,581	1,371,063	4,200,576	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,497	0	0	0	6,431	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,018,967	0	0	0	106,510	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	107,667	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,137,108	1,576,978	4,382,581	1,371,063	4,421,184	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

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Part I
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,815,484					13.00
14.00	01400	0	4,205,237				14.00
15.00	01500	0	88,544	8,933,757			15.00
16.00	01600	0	0	0	12,498,903		16.00
17.00	01700	0	0	0	0	3,424,194	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,859,957	478,351	0	3,300,293	2,396,088	30.00
31.00	03100	338,507	129,665	0	605,131	242,441	31.00
32.00	03200	310,183	98,693	0	569,274	220,187	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	198,788	72,726	0	543,575	394,823	43.00
44.00	04400	108,049	12,026	0	249,522	170,655	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	2,007,441	6,515,706	2,228,980	0	50.00
51.00	05100	0	40,322	0	0	0	51.00
52.00	05200	0	179,007	0	54,088	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	121,231	0	1,065,331	0	54.00
55.00	05500	0	11,383	0	77,397	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	16,584	0	0	0	57.00
58.00	05800	0	3,015	0	0	0	58.00
59.00	05900	0	221,549	0	0	0	59.00
60.00	06000	0	73,430	0	941,617	0	60.00
60.01	06001	0	314	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	1,850	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	223,171	2,418,051	17,332	0	65.00
66.00	06600	0	22,658	0	8,066	0	66.00
67.00	06700	0	2,917	0	0	0	67.00
68.00	06800	0	1,106	0	0	0	68.00
69.00	06900	0	19,900	0	178,103	0	69.00
70.00	07000	0	5,780	0	47,216	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03951	0	0	0	0	0	76.00
76.97	07697	0	561	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	0	340,424	0	2,612,978	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	32,589	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,815,484	4,205,237	8,933,757	12,498,903	3,424,194	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,815,484	4,205,237	8,933,757	12,498,903	3,424,194	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,020,166	0	42,020,166	30.00
31.00	03100	INTENSIVE CARE UNIT	7,762,430	0	7,762,430	31.00
32.00	03200	CORONARY CARE UNIT	6,757,565	0	6,757,565	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	5,970,060	0	5,970,060	43.00
44.00	04400	SKILLED NURSING FACILITY	2,817,742	0	2,817,742	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,433,845	0	44,433,845	50.00
51.00	05100	RECOVERY ROOM	3,752,249	0	3,752,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,471,119	0	6,471,119	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,684,407	0	15,684,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,503,948	0	5,503,948	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	1,932,504	0	1,932,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,253,171	0	1,253,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,410,824	0	5,410,824	59.00
60.00	06000	LABORATORY	14,889,380	0	14,889,380	60.00
60.01	06001	PATHOLOGY	2,957,070	0	2,957,070	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	617,280	0	617,280	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,640,159	0	7,640,159	65.00
66.00	06600	PHYSICAL THERAPY	3,957,857	0	3,957,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,161,623	0	1,161,623	67.00
68.00	06800	SPEECH PATHOLOGY	1,044,122	0	1,044,122	68.00
69.00	06900	ELECTROCARDIOLOGY	3,661,196	0	3,661,196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,019,038	0	1,019,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,043,987	0	14,043,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,216,785	0	24,216,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,499,087	0	26,499,087	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	586,192	0	586,192	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	13,119,250	0	13,119,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	2,543,486	0	2,543,486	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	267,726,542	0	267,726,542	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	534,070	0	534,070	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,503,707	0	13,503,707	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	2,271,558	0	2,271,558	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-43,476,613	0	-43,476,613	201.00
202.00		TOTAL (sum lines 118-201)	240,559,264	0	240,559,264	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
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	157,366	5,964	163,330	163,330	4.00
5.01 00540 NONPATIENT TELEPHONES	0	613	0	613	307	5.01
5.02 00550 DATA PROCESSING	5,860,834	0	3,780	5,864,614	880	5.02
5.03 00580 PURCHASING, REC, STORES	0	31,013	0	31,013	0	5.03
5.04 00570 ADMITTING	0	20,520	0	20,520	0	5.04
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	1,437,591	89,828	295,245	1,822,664	12,139	5.06
7.00 00700 OPERATION OF PLANT	0	2,444,526	103,102	2,547,628	3,765	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	27,564	1,565	29,129	280	8.00
9.00 00900 HOUSEKEEPING	0	12,447	16,725	29,172	3,781	9.00
10.00 01000 DIETARY	0	43,980	32,163	76,143	623	10.00
11.00 01100 CAFETERIA	0	29,487	0	29,487	3,567	11.00
13.00 01300 NURSING ADMINISTRATION	0	20,802	134,199	155,001	2,716	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	74,355	156,985	231,340	1,610	14.00
15.00 01500 PHARMACY	0	26,370	85,875	112,245	8,316	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	16,416	4,673	21,089	1,961	16.00
17.00 01700 SOCIAL SERVICE	0	7,963	90	8,053	3,244	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	658,595	109,166	767,761	27,225	30.00
31.00 03100 INTENSIVE CARE UNIT	0	89,981	48,712	138,693	5,479	31.00
32.00 03200 CORONARY CARE UNIT	0	56,965	3,156	60,121	5,160	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	17,090	87,954	105,044	3,608	43.00
44.00 04400 SKILLED NURSING FACILITY	0	69,149	33,075	102,224	1,416	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	371,721	1,913,594	2,285,315	16,609	50.00
51.00 05100 RECOVERY ROOM	0	39,318	1,283	40,601	3,726	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	59,330	108,320	167,650	5,750	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	125,747	798,942	924,689	9,580	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	70,282	407,052	477,334	3,148	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	6,370	164,635	171,005	1,368	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	317,715	317,715	541	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	93,350	150,700	244,050	3,435	59.00
60.00 06000 LABORATORY	0	39,049	108,313	147,362	6,763	60.00
60.01 06001 PATHOLOGY	0	14,456	49,205	63,661	1,450	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	5,286	546	5,832	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	24,581	45,522	70,103	3,809	65.00
66.00 06600 PHYSICAL THERAPY	0	18,192	8,922	27,114	3,904	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	3,233	3,233	1,243	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	2,485	2,485	1,124	68.00
69.00 06900 ELECTROCARDIOLOGY	0	86,263	282,167	368,430	2,289	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	37,530	26,542	64,072	738	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	19,111	2,549	21,660	542	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	102,716	72,684	175,400	7,765	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 ONCOLOGY INFUSION	0	220,512	0	220,512	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,298,425	5,228,844	5,586,838	18,114,107	159,861	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,778	1,015	5,793	185	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,189,619	3,717	2,193,336	1,677	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NAUTILUS	0	0	0	0	0	194.00
194.01 07951 PR/MARKETING	0	0	0	0	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,607	194.02
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,298,425	7,423,241	5,591,570	20,313,236	163,330	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
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
5.01	00540	NONPATIENT TELEPHONES	920					5.01
5.02	00550	DATA PROCESSING	14	5,865,508				5.02
5.03	00580	PURCHASING, REC, STORES	14	79,707	110,734			5.03
5.04	00570	ADMINISTRATIVE	20	679,074	0	699,614		5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	62	205,519	0	0	2,040,384	5.06
7.00	00700	OPERATION OF PLANT	28	0	0	0	123,106	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3	0	0	0	10,603	8.00
9.00	00900	HOUSEKEEPING	4	43,761	0	0	30,700	9.00
10.00	01000	DIETARY	14	16,410	0	0	8,469	10.00
11.00	01100	CAFETERIA	1	0	0	0	30,984	11.00
13.00	01300	NURSING ADMINISTRATION	25	0	0	0	19,279	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5	72,674	0	0	26,861	14.00
15.00	01500	PHARMACY	22	146,130	0	0	58,753	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24	352,431	0	0	88,392	16.00
17.00	01700	SOCIAL SERVICE	19	1,563	0	0	23,634	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	303	2,055,975	0	75,998	195,097	30.00
31.00	03100	INTENSIVE CARE UNIT	22	0	0	21,181	40,083	31.00
32.00	03200	CORONARY CARE UNIT	14	0	0	19,205	34,983	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	23,518	32,203	43.00
44.00	04400	SKILLED NURSING FACILITY	32	0	0	4,718	11,274	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58	353,212	0	123,450	223,098	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,775	24,313	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,806	41,063	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71	182,076	0	18,252	96,573	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17	0	0	4,330	35,595	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	29,764	13,373	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,060	8,894	58.00
59.00	05900	CARDIAC CATHETERIZATION	18	0	0	50,735	34,184	59.00
60.00	06000	LABORATORY	19	893,970	0	30,556	96,198	60.00
60.01	06001	PATHOLOGY	14	0	0	2,255	20,306	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	7,536	4,215	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8	129,719	0	19,731	33,962	65.00
66.00	06600	PHYSICAL THERAPY	11	110,965	0	9,109	26,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,406	8,037	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	3,052	7,271	68.00
69.00	06900	ELECTROCARDIOLOGY	30	71,893	0	21,820	21,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3	6,252	0	1,281	5,619	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,093	100,887	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	100,662	173,964	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	55,863	190,359	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	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	6	3,610	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	40	464,177	0	15,398	66,433	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	54	11,945	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, REC, STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.06	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	920	5,865,508	0	699,614	1,982,539	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,665	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	38,635	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	15,545	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	110,734	0	0	201.00
202.00		TOTAL (sum lines 118-201)	920	5,865,508	110,734	699,614	2,040,384	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	2,674,527					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,754	55,769				8.00
9.00	00900	HOUSEKEEPING	7,114	2,239	116,771			9.00
10.00	01000	DIETARY	25,137	1,098	0	127,894		10.00
11.00	01100	CAFETERIA	16,854	0	0	0	80,893	11.00
13.00	01300	NURSING ADMINISTRATION	11,889	0	0	0	1,016	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,498	519	2,116	0	1,822	14.00
15.00	01500	PHARMACY	15,072	0	10,706	0	3,076	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,383	0	2,116	0	1,002	16.00
17.00	01700	SOCIAL SERVICE	4,551	0	0	0	1,922	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	376,424	28,649	38,842	112,760	17,168	30.00
31.00	03100	INTENSIVE CARE UNIT	51,429	3,176	6,100	4,459	3,125	31.00
32.00	03200	CORONARY CARE UNIT	32,559	3,247	4,855	4,684	2,863	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,768	741	2,490	0	1,835	43.00
44.00	04400	SKILLED NURSING FACILITY	39,522	5,277	4,980	5,991	997	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	212,460	6,779	14,690	0	9,487	50.00
51.00	05100	RECOVERY ROOM	22,473	0	2,490	0	1,647	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,910	452	3,610	0	2,858	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,871	610	6,971	0	5,761	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	40,170	0	3,610	0	1,230	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	3,641	0	0	0	566	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	221	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,355	0	0	0	1,624	59.00
60.00	06000	LABORATORY	22,319	0	2,365	0	4,596	60.00
60.01	06001	PATHOLOGY	8,262	0	622	0	983	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,021	0	249	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,049	0	871	0	2,401	65.00
66.00	06600	PHYSICAL THERAPY	10,398	0	0	0	2,067	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	729	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	564	68.00
69.00	06900	ELECTROCARDIOLOGY	49,304	0	3,112	0	1,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,450	0	498	0	506	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,923	0	0	0	239	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	58,708	2,982	5,478	0	4,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	126,035	0	0	0	740	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,420,303	55,769	116,771	127,894	76,856	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,731	0	0	0	118	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,251,493	0	0	0	1,949	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,970	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,674,527	55,769	116,771	127,894	80,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet B Part II Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES						5.03
5.04	00570	ADMITTING						5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	189,926					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	379,445				14.00
15.00	01500	PHARMACY	0	7,989	362,309			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	476,398		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	42,986	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	125,468	43,162	0	125,791	30,080	30.00
31.00	03100	INTENSIVE CARE UNIT	22,835	11,700	0	23,065	3,044	31.00
32.00	03200	CORONARY CARE UNIT	20,924	8,905	0	21,698	2,764	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,410	6,562	0	20,718	4,956	43.00
44.00	04400	SKILLED NURSING FACILITY	7,289	1,085	0	9,511	2,142	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	181,135	264,245	84,958	0	50.00
51.00	05100	RECOVERY ROOM	0	3,638	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,152	0	2,062	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,939	0	40,605	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,027	0	2,950	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,496	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	272	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	19,991	0	0	0	59.00
60.00	06000	LABORATORY	0	6,626	0	35,890	0	60.00
60.01	06001	PATHOLOGY	0	28	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	167	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,137	98,064	661	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,044	0	307	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	263	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	100	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,796	0	6,788	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	522	0	1,800	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	51	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	30,717	0	99,594	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	2,941	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	189,926	379,445	362,309	476,398	42,986	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	189,926	379,445	362,309	476,398	42,986	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet B Part II Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00580				5.03
5.04	00570				5.04
5.06	00560				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	4,020,703	0	4,020,703	30.00
31.00	03100	334,391	0	334,391	31.00
32.00	03200	221,982	0	221,982	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	224,853	0	224,853	43.00
44.00	04400	196,458	0	196,458	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	3,775,496	0	3,775,496	50.00
51.00	05100	105,663	0	105,663	51.00
52.00	05200	287,313	0	287,313	52.00
53.00	05300	0	0	0	53.00
54.00	05400	1,367,998	0	1,367,998	54.00
55.00	05500	569,411	0	569,411	55.00
56.00	05600	0	0	0	56.00
57.00	05700	221,213	0	221,213	57.00
58.00	05800	332,703	0	332,703	58.00
59.00	05900	407,392	0	407,392	59.00
60.00	06000	1,246,664	0	1,246,664	60.00
60.01	06001	97,581	0	97,581	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	21,021	0	21,021	63.00
64.00	06400	0	0	0	64.00
65.00	06500	393,515	0	393,515	65.00
66.00	06600	192,840	0	192,840	66.00
67.00	06700	17,911	0	17,911	67.00
68.00	06800	14,600	0	14,600	68.00
69.00	06900	547,961	0	547,961	69.00
70.00	07000	102,741	0	102,741	70.00
71.00	07100	131,980	0	131,980	71.00
72.00	07200	274,626	0	274,626	72.00
73.00	07300	246,222	0	246,222	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03951	0	0	0	76.00
76.97	07697	37,031	0	37,031	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	931,302	0	931,302	91.00
92.00	09200	0	0	0	92.00
93.00	04040	362,227	0	362,227	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,683,798	0	16,683,798	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,492	0	12,492	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,487,090	0	3,487,090	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	19,122	0	19,122	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	110,734	0	110,734	201.00
202.00		TOTAL (sum lines 118-201)	20,313,236	0	20,313,236	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,211,894				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,262,497			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,691	6,680	74,064,617		4.00
5.01 00540	NONPATIENT TELEPHONES	100	0	139,008	867	5.01
5.02 00550	DATA PROCESSING	0	4,233	399,090	13	5.02
5.03 00580	PURCHASING, REC, STORES	5,063	0	0	13	5.03
5.04 00570	ADMINISTRATIVE	3,350	0	0	19	5.04
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	14,665	330,671	5,505,051	58	5.06
7.00 00700	OPERATION OF PLANT	399,086	115,473	1,707,591	26	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,500	1,753	126,868	3	8.00
9.00 00900	HOUSEKEEPING	2,032	18,732	1,714,644	4	9.00
10.00 01000	DIETARY	7,180	36,022	282,672	13	10.00
11.00 01100	CAFETERIA	4,814	0	1,617,855	1	11.00
13.00 01300	NURSING ADMINISTRATION	3,396	150,301	1,231,593	24	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,139	175,821	730,076	5	14.00
15.00 01500	PHARMACY	4,305	96,179	3,771,286	21	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,680	5,234	889,434	23	16.00
17.00 01700	SOCIAL SERVICE	1,300	101	1,471,198	18	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	107,520	122,265	12,338,696	284	30.00
31.00 03100	INTENSIVE CARE UNIT	14,690	54,557	2,484,866	21	31.00
32.00 03200	CORONARY CARE UNIT	9,300	3,535	2,340,322	13	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,790	98,507	1,636,479	0	43.00
44.00 04400	SKILLED NURSING FACILITY	11,289	37,044	642,220	30	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	60,686	2,143,206	7,532,448	55	50.00
51.00 05100	RECOVERY ROOM	6,419	1,437	1,689,591	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,686	121,317	2,607,686	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,529	894,806	4,344,607	67	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	11,474	455,894	1,427,885	16	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,040	184,389	620,624	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	355,837	245,292	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	15,240	168,782	1,558,043	17	59.00
60.00 06000	LABORATORY	6,375	121,309	3,067,032	18	60.00
60.01 06001	PATHOLOGY	2,360	55,109	657,463	13	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	863	611	0	1	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	4,013	50,984	1,727,357	8	65.00
66.00 06600	PHYSICAL THERAPY	2,970	9,993	1,770,659	10	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,621	563,705	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,783	509,833	4	68.00
69.00 06900	ELECTROCARDIOLOGY	14,083	316,024	1,038,077	28	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	6,127	29,727	334,823	3	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	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	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	3,120	2,855	245,714	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	16,769	81,405	3,521,607	38	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04040	ONCOLOGY INFUSION	36,000	0	0	0	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (% OF TRANSACTIONS)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DI ALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
99.00	09900	CMHC	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	853,644	6,257,197	72,491,395	867	7,506	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	780	1,137	83,991	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	357,470	4,163	760,431	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	728,800	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,423,241	5,591,570	3,185,525	348,365	7,266,867	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.125322	0.892866	0.043010	401.805075	968.141087	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			163,330	920	5,865,508	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002205	1.061130	781.442579	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			PURCHASING, REC. STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING, REC, STORES	39,527,050					5.03
5.04	00570	ADMITTING	0	547,972,600				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	88,882	0	-88,669,846	195,366,031		5.06
7.00	00700	OPERATION OF PLANT	306,646	0	0	11,787,276	763,939	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,854	0	0	1,015,246	4,500	8.00
9.00	00900	HOUSEKEEPING	221,412	0	0	2,939,533	2,032	9.00
10.00	01000	DIETARY	1,743,469	0	0	810,903	7,180	10.00
11.00	01100	CAFETERIA	18,107	0	0	2,966,709	4,814	11.00
13.00	01300	NURSING ADMINISTRATION	13,899	0	0	1,845,965	3,396	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	527,333	0	0	2,571,928	12,139	14.00
15.00	01500	PHARMACY	217,692	0	0	5,625,500	4,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,891	0	0	8,463,380	2,680	16.00
17.00	01700	SOCIAL SERVICE	7,709	0	0	2,262,939	1,300	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,133,365	59,513,251	0	18,680,253	107,520	30.00
31.00	03100	INTENSIVE CARE UNIT	291,828	16,586,620	0	3,837,927	14,690	31.00
32.00	03200	CORONARY CARE UNIT	210,182	15,039,360	0	3,349,598	9,300	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	151,883	18,416,474	0	3,083,422	2,790	43.00
44.00	04400	SKILLED NURSING FACILITY	27,273	3,694,775	0	1,079,466	11,289	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,585,192	96,785,209	0	21,362,930	60,686	50.00
51.00	05100	RECOVERY ROOM	96,471	5,305,406	0	2,327,918	6,419	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	555,112	10,811,013	0	3,931,755	9,686	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	992,810	14,293,212	0	9,246,786	20,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	32,674	3,390,796	0	3,408,192	11,474	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	33,142	23,308,025	0	1,280,495	1,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,066	3,962,709	0	851,566	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,515,368	39,729,752	0	3,273,117	15,240	59.00
60.00	06000	LABORATORY	2,423,049	23,927,862	0	9,210,859	6,375	60.00
60.01	06001	PATHOLOGY	445,105	1,765,900	0	1,944,269	2,360	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,260,862	5,901,518	0	403,563	863	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	350,939	15,451,035	0	3,251,793	4,013	65.00
66.00	06600	PHYSICAL THERAPY	64,488	7,133,263	0	2,577,635	2,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,696	3,450,192	0	769,564	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,045	2,390,348	0	696,211	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,203	17,086,737	0	2,039,255	14,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,716	1,002,811	0	538,044	6,127	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,348,598	0	9,659,760	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	78,827,141	0	16,656,832	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,745,628	0	18,226,649	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,363	4,738	0	345,669	3,120	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	734,235	12,058,191	0	6,360,848	16,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	117,488	42,036	0	1,143,754	36,000	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			PURCHASING, REC. STORES (BILLED EXPENSES)	ADMITTING (INPATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5.04	5A.06	5.06	7.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,251,449	547,972,600	-88,669,846	189,827,509	405,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	204,802	0	0	350,887	780	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,799	0	0	3,699,264	357,470	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,488,371	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-43,476,613	2,403,428		88,669,846	17,137,108	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.004386		0.453865	22.432561	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	110,734	699,614		2,040,384	2,674,527	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002801	0.001277		0.010444	3.500969	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING, REC, STORES					5.03
5.04	00570	ADMITTING					5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,563,850				8.00
9.00	00900	HOUSEKEEPING	62,787	938			9.00
10.00	01000	DIETARY	30,795	0	166,141		10.00
11.00	01100	CAFETERIA	0	0	0	2,208,815	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	27,737	709,620
14.00	01400	CENTRAL SERVICES & SUPPLY	14,558	17	0	49,752	0
15.00	01500	PHARMACY	0	86	0	83,987	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17	0	27,350	0
17.00	01700	SOCIAL SERVICE	0	0	0	52,470	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	803,325	312	146,481	468,787	468,787
31.00	03100	INTENSIVE CARE UNIT	89,064	49	5,792	85,318	85,318
32.00	03200	CORONARY CARE UNIT	91,060	39	6,085	78,179	78,179
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 - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	20,776	20	0	50,103	50,103
44.00	04400	SKILLED NURSING FACILITY	147,981	40	7,783	27,233	27,233
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	190,109	118	0	259,034	0
51.00	05100	RECOVERY ROOM	0	20	0	44,968	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,671	29	0	78,051	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,112	56	0	157,296	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29	0	33,588	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	15,449	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	6,042	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	44,331	0
60.00	06000	LABORATORY	0	19	0	125,502	0
60.01	06001	PATHOLOGY	0	5	0	26,853	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	7	0	65,552	0
66.00	06600	PHYSICAL THERAPY	0	0	0	56,442	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	19,916	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	15,397	0
69.00	06900	ELECTROCARDIOLOGY	0	25	0	32,807	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	13,822	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	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	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	6,537	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	83,612	44	0	125,883	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	ONCOLOGY INFUSION	0	0	0	20,214	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,563,850	938	166,141	2,098,600	709,620	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	3,213	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	53,212	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NAUTILUS	0	0	0	0	0	194.00
194.01	07951	PR/MARKETING	0	0	0	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	53,790	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,576,978	4,382,581	1,371,063	4,421,184	2,815,484	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.008395	4,672.261194	8.252406	2.001609	3.967594	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,769	116,771	127,894	80,893	189,926	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.035661	124.489339	0.769792	0.036623	0.267645	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
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
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00580	PURCHASING, REC, STORES				5.03
5.04	00570	ADMITTING				5.04
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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	6,352,530			14.00
15.00	01500	PHARMACY	133,756	1,851		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,741,148	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	722,608	0	723,791	30.00
31.00	03100	INTENSIVE CARE UNIT	195,875	0	132,712	31.00
32.00	03200	CORONARY CARE UNIT	149,088	0	124,848	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	109,862	0	119,212	43.00
44.00	04400	SKILLED NURSING FACILITY	18,167	0	54,723	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,032,487	1,350	488,840	50.00
51.00	05100	RECOVERY ROOM	60,912	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	270,412	0	11,862	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	183,134	0	233,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17,196	0	16,974	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	25,052	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,555	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	334,678	0	0	59.00
60.00	06000	LABORATORY	110,925	0	206,507	60.00
60.01	06001	PATHOLOGY	475	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,795	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	337,127	501	3,801	65.00
66.00	06600	PHYSICAL THERAPY	34,228	0	1,769	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,406	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,670	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,061	0	39,060	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,732	0	10,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	847	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	514,252	0	573,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	49,230	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet B-1

Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
			14.00	15.00	16.00	17.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00	09900	CMHC	0	0	0	0		99.00
99.10	09910	CORF	0	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,352,530	1,851	2,741,148	52,470		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NAUTILUS	0	0	0	0		194.00
194.01	07951	PR/MARKETING	0	0	0	0		194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,205,237	8,933,757	12,498,903	3,424,194		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.661978	4,826.448947	4.559733	65.260034		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	379,445	362,309	476,398	42,986		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.059731	195.736899	0.173795	0.819249		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
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		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		42,020,166	0	42,020,166	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,762,430	0	7,762,430	31.00	
32.00	03200 CORONARY CARE UNIT		6,757,565	0	6,757,565	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		5,970,060	4,663	5,974,723	43.00	
44.00	04400 SKILLED NURSING FACILITY		2,817,742	0	2,817,742	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		44,433,845	7,531	44,441,376	50.00	
51.00	05100 RECOVERY ROOM		3,752,249	0	3,752,249	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		6,471,119	2,078	6,473,197	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,684,407	7,287	15,691,694	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		5,503,948	0	5,503,948	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
57.00	05700 CT SCAN		1,932,504	0	1,932,504	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,253,171	0	1,253,171	58.00	
59.00	05900 CARDIAC CATHETERIZATION		5,410,824	0	5,410,824	59.00	
60.00	06000 LABORATORY		14,889,380	0	14,889,380	60.00	
60.01	06001 PATHOLOGY		2,957,070	0	2,957,070	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		617,280	0	617,280	63.00	
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	7,640,159	2,798	7,642,957	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,957,857	0	3,957,857	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,161,623	0	1,161,623	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,044,122	0	1,044,122	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,661,196	0	3,661,196	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,019,038	0	1,019,038	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,043,987	0	14,043,987	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		24,216,785	0	24,216,785	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		26,499,087	0	26,499,087	73.00	
74.00	07400 RENAL DIALYSIS		0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		586,192	0	586,192	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		0	0	0	90.00	
91.00	09100 EMERGENCY		13,119,250	0	13,119,250	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,620,621	0	4,620,621	92.00	
93.00	04040 ONCOLOGY INFUSION		2,543,486	0	2,543,486	93.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
99.00	09900 CMHC		0	0	0	99.00	
99.10	09910 CORF		0	0	0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00	
106.00	10600 HEART ACQUISITION		0	0	0	106.00	
107.00	10700 LIVER ACQUISITION		0	0	0	107.00	
108.00	10800 LUNG ACQUISITION		0	0	0	108.00	
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

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				
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (see instructions)	272,347,163	0	272,347,163	24,357	272,371,520	200.00
201.00		Less Observation Beds	4,620,621		4,620,621		4,620,621	201.00
202.00		Total (see instructions)	267,726,542	0	267,726,542	24,357	267,750,899	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	59,513,251		59,513,251				30.00
31.00	03100	INTENSIVE CARE UNIT	16,586,620		16,586,620				31.00
32.00	03200	CORONARY CARE UNIT	15,039,360		15,039,360				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	18,416,474		18,416,474				43.00
44.00	04400	SKILLED NURSING FACILITY	3,694,775		3,694,775				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	96,785,209	145,795,950	242,581,159	0.183171	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,305,406	31,308,400	36,613,806	0.102482	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,811,013	0	10,811,013	0.598567	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,293,212	101,328,586	115,621,798	0.135653	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,390,796	78,363,409	81,754,205	0.067323	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	23,308,025	50,736,376	74,044,401	0.026099	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,962,709	8,825,418	12,788,127	0.097995	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	39,729,752	35,773,369	75,503,121	0.071664	0.000000		59.00
60.00	06000	LABORATORY	23,927,862	32,904,513	56,832,375	0.261988	0.000000		60.00
60.01	06001	PATHOLOGY	1,765,900	7,654,315	9,420,215	0.313907	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,901,518	2,919,062	8,820,580	0.069982	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,451,035	2,100,116	17,551,151	0.435308	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	7,133,263	8,405,492	15,538,755	0.254709	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,450,192	1,689,466	5,139,658	0.226012	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,390,348	2,305,760	4,696,108	0.222338	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	17,086,737	42,567,266	59,654,003	0.061374	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,002,811	6,802,868	7,805,679	0.130551	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,348,598	26,636,128	50,984,726	0.275455	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	78,827,141	53,031,615	131,858,756	0.183657	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,745,628	161,800,809	205,546,437	0.128920	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	4,738	755,935	760,673	0.770623	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	12,058,191	58,918,815	70,977,006	0.184838	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,850,476	17,117,359	18,967,835	0.243603	0.000000		92.00
93.00	04040	ONCOLOGY INFUSION	42,036	14,401,689	14,443,725	0.176096	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 18-0104			Period: From 09/01/2016 To 08/31/2017		Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XVIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
200.00	Subtotal (see instructions)	549,823,076	892,142,716	1,441,965,792			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	549,823,076	892,142,716	1,441,965,792			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm
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
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
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.183202		50.00
51.00	05100	RECOVERY ROOM	0.102482		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.598760		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135716		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067323		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.026099		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097995		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071664		59.00
60.00	06000	LABORATORY	0.261988		60.00
60.01	06001	PATHOLOGY	0.313907		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.069982		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.435468		65.00
66.00	06600	PHYSICAL THERAPY	0.254709		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226012		67.00
68.00	06800	SPEECH PATHOLOGY	0.222338		68.00
69.00	06900	ELECTROCARDIOLOGY	0.061374		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130551		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.275455		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.183657		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128920		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.770623		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.184838		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.243603		92.00
93.00	04040	ONCOLOGY INFUSION	0.176096		93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		PPS Inpatient Ratio					
		11.00					
202.00	Total (see instructions)						202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

		Title XIX		Hospital		TEFRA	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	42,020,166		42,020,166	0	42,020,166	30.00
31.00	03100 INTENSIVE CARE UNIT	7,762,430		7,762,430	0	7,762,430	31.00
32.00	03200 CORONARY CARE UNIT	6,757,565		6,757,565	0	6,757,565	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	5,970,060		5,970,060	4,663	5,974,723	43.00
44.00	04400 SKILLED NURSING FACILITY	2,817,742		2,817,742	0	2,817,742	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	44,433,845		44,433,845	7,531	44,441,376	50.00
51.00	05100 RECOVERY ROOM	3,752,249		3,752,249	0	3,752,249	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,471,119		6,471,119	2,078	6,473,197	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,684,407		15,684,407	7,287	15,691,694	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,503,948		5,503,948	0	5,503,948	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	1,932,504		1,932,504	0	1,932,504	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,253,171		1,253,171	0	1,253,171	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,410,824		5,410,824	0	5,410,824	59.00
60.00	06000 LABORATORY	14,889,380		14,889,380	0	14,889,380	60.00
60.01	06001 PATHOLOGY	2,957,070		2,957,070	0	2,957,070	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	617,280		617,280	0	617,280	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	7,640,159	0	7,640,159	2,798	7,642,957	65.00
66.00	06600 PHYSICAL THERAPY	3,957,857	0	3,957,857	0	3,957,857	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,161,623	0	1,161,623	0	1,161,623	67.00
68.00	06800 SPEECH PATHOLOGY	1,044,122	0	1,044,122	0	1,044,122	68.00
69.00	06900 ELECTROCARDIOLOGY	3,661,196		3,661,196	0	3,661,196	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,019,038		1,019,038	0	1,019,038	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,043,987		14,043,987	0	14,043,987	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	24,216,785		24,216,785	0	24,216,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,499,087		26,499,087	0	26,499,087	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	586,192		586,192	0	586,192	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
91.00	09100 EMERGENCY	13,119,250		13,119,250	0	13,119,250	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,620,621		4,620,621	0	4,620,621	92.00
93.00	04040 ONCOLOGY INFUSION	2,543,486		2,543,486	0	2,543,486	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet C
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description			Therapy Limit Adj.	Costs				
				Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)		0	272,347,163	24,357	272,371,520	200.00
201.00		Less Observation Beds			4,620,621		4,620,621	201.00
202.00		Total (see instructions)		0	267,726,542	24,357	267,750,899	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm		
			Title XIX			Hospital		TEFRA	
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	59,513,251		59,513,251				30.00
31.00	03100	INTENSIVE CARE UNIT	16,586,620		16,586,620				31.00
32.00	03200	CORONARY CARE UNIT	15,039,360		15,039,360				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	18,416,474		18,416,474				43.00
44.00	04400	SKILLED NURSING FACILITY	3,694,775		3,694,775				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	96,785,209	145,795,950	242,581,159	0.183171	0.183171		50.00
51.00	05100	RECOVERY ROOM	5,305,406	31,308,400	36,613,806	0.102482	0.102482		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,811,013	0	10,811,013	0.598567	0.598567		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,293,212	101,328,586	115,621,798	0.135653	0.135653		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,390,796	78,363,409	81,754,205	0.067323	0.067323		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	23,308,025	50,736,376	74,044,401	0.026099	0.026099		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,962,709	8,825,418	12,788,127	0.097995	0.097995		58.00
59.00	05900	CARDIAC CATHETERIZATION	39,729,752	35,773,369	75,503,121	0.071664	0.071664		59.00
60.00	06000	LABORATORY	23,927,862	32,904,513	56,832,375	0.261988	0.261988		60.00
60.01	06001	PATHOLOGY	1,765,900	7,654,315	9,420,215	0.313907	0.313907		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,901,518	2,919,062	8,820,580	0.069982	0.069982		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	15,451,035	2,100,116	17,551,151	0.435308	0.435308		65.00
66.00	06600	PHYSICAL THERAPY	7,133,263	8,405,492	15,538,755	0.254709	0.254709		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,450,192	1,689,466	5,139,658	0.226012	0.226012		67.00
68.00	06800	SPEECH PATHOLOGY	2,390,348	2,305,760	4,696,108	0.222338	0.222338		68.00
69.00	06900	ELECTROCARDIOLOGY	17,086,737	42,567,266	59,654,003	0.061374	0.061374		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,002,811	6,802,868	7,805,679	0.130551	0.130551		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,348,598	26,636,128	50,984,726	0.275455	0.275455		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	78,827,141	53,031,615	131,858,756	0.183657	0.183657		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,745,628	161,800,809	205,546,437	0.128920	0.128920		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	4,738	755,935	760,673	0.770623	0.770623		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	12,058,191	58,918,815	70,977,006	0.184838	0.184838		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,850,476	17,117,359	18,967,835	0.243603	0.243603		92.00
93.00	04040	ONCOLOGY INFUSION	42,036	14,401,689	14,443,725	0.176096	0.176096		93.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 18-0104			Period: From 09/01/2016 To 08/31/2017		Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XIX			Hospital		TEFRA	
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		
200.00	Subtotal (see instructions)	549,823,076	892,142,716	1,441,965,792			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	549,823,076	892,142,716	1,441,965,792			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		TEFRA
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
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
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
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
60.01	06001	PATHOLOGY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040	ONCOLOGY INFUSION	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part I Date/Time Prepared: 1/30/2018 6:54 pm
		Title XIX	Hospital	TEFRA
Cost Center Description		PPS Inpatient Ratio		
202.00	Total (see instructions)	11.00		
			202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part II Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description	Title XIX			Hospital	TEFRA
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	44,433,845	3,775,496	40,658,349	0	0
51.00 05100 RECOVERY ROOM	3,752,249	105,663	3,646,586	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,471,119	287,313	6,183,806	0	0
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,684,407	1,367,998	14,316,409	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	5,503,948	569,411	4,934,537	0	0
56.00 05600 RADIO SOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	1,932,504	221,213	1,711,291	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,253,171	332,703	920,468	0	0
59.00 05900 CARDIAC CATHETERIZATION	5,410,824	407,392	5,003,432	0	0
60.00 06000 LABORATORY	14,889,380	1,246,664	13,642,716	0	0
60.01 06001 PATHOLOGY	2,957,070	97,581	2,859,489	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	617,280	21,021	596,259	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	7,640,159	393,515	7,246,644	0	0
66.00 06600 PHYSICAL THERAPY	3,957,857	192,840	3,765,017	0	0
67.00 06700 OCCUPATIONAL THERAPY	1,161,623	17,911	1,143,712	0	0
68.00 06800 SPEECH PATHOLOGY	1,044,122	14,600	1,029,522	0	0
69.00 06900 ELECTROCARDIOLOGY	3,661,196	547,961	3,113,235	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	1,019,038	102,741	916,297	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,043,987	131,980	13,912,007	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	24,216,785	274,626	23,942,159	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	26,499,087	246,222	26,252,865	0	0
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	586,192	37,031	549,161	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
91.00 09100 EMERGENCY	13,119,250	931,302	12,187,948	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,620,621	442,124	4,178,497	0	0
93.00 04040 ONCOLOGY INFUSION	2,543,486	362,227	2,181,259	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00 09900 CMHC	0	0	0	0	0
99.10 09910 CORF	0	0	0	0	0
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600 HEART ACQUISITION	0	0	0	0	0
107.00 10700 LIVER ACQUISITION	0	0	0	0	0
108.00 10800 LUNG ACQUISITION	0	0	0	0	0
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100 ISLET ACQUISITION	0	0	0	0	0
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00 11600 HOSPICE	0	0	0	0	0
200.00	Subtotal (sum of lines 50 thru 199)	207,019,200	12,127,535	194,891,665	0
201.00	Less Observation Beds	4,620,621	442,124	4,178,497	0
202.00	Total (line 200 minus line 201)	202,398,579	11,685,411	190,713,168	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet C Part II Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	TEFRA
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	44,433,845	242,581,159	0.183171		50.00
51.00	05100 RECOVERY ROOM	3,752,249	36,613,806	0.102482		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,471,119	10,811,013	0.598567		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,684,407	115,621,798	0.135653		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,503,948	81,754,205	0.067323		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,932,504	74,044,401	0.026099		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,253,171	12,788,127	0.097995		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,410,824	75,503,121	0.071664		59.00
60.00	06000 LABORATORY	14,889,380	56,832,375	0.261988		60.00
60.01	06001 PATHOLOGY	2,957,070	9,420,215	0.313907		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	617,280	8,820,580	0.069982		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	7,640,159	17,551,151	0.435308		65.00
66.00	06600 PHYSICAL THERAPY	3,957,857	15,538,755	0.254709		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,161,623	5,139,658	0.226012		67.00
68.00	06800 SPEECH PATHOLOGY	1,044,122	4,696,108	0.222338		68.00
69.00	06900 ELECTROCARDIOLOGY	3,661,196	59,654,003	0.061374		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,019,038	7,805,679	0.130551		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,043,987	50,984,726	0.275455		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	24,216,785	131,858,756	0.183657		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,499,087	205,546,437	0.128920		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	586,192	760,673	0.770623		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	13,119,250	70,977,006	0.184838		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,620,621	18,967,835	0.243603		92.00
93.00	04040 ONCOLOGY INFUSION	2,543,486	14,443,725	0.176096		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	207,019,200	1,328,715,312			200.00
201.00	Less Observation Beds	4,620,621	0			201.00
202.00	Total (line 200 minus line 201)	202,398,579	1,328,715,312			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part I Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,020,703	0	4,020,703	38,868	103.45	30.00
31.00	INTENSIVE CARE UNIT	334,391		334,391	3,544	94.35	31.00
32.00	CORONARY CARE UNIT	221,982		221,982	3,219	68.96	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	224,853		224,853	5,772	38.96	43.00
44.00	SKILLED NURSING FACILITY	196,458		196,458	2,495	78.74	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,998,387		4,998,387	53,898		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,684	1,622,510				
31.00	INTENSIVE CARE UNIT	1,805	170,302				
32.00	CORONARY CARE UNIT	1,607	110,819				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	1,756	138,267				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	20,852	2,041,898				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part II Date/Time Prepared: 1/30/2018 6:54 pm
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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	3,775,496	242,581,159	0.015564	41,860,092	651,510	50.00
51.00	05100 RECOVERY ROOM	105,663	36,613,806	0.002886	1,930,970	5,573	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	287,313	10,811,013	0.026576	17,929	476	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,367,998	115,621,798	0.011832	7,022,667	83,092	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	569,411	81,754,205	0.006965	1,432,335	9,976	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	221,213	74,044,401	0.002988	11,646,744	34,800	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	332,703	12,788,127	0.026017	1,868,915	48,624	58.00
59.00	05900 CARDIAC CATHETERIZATION	407,392	75,503,121	0.005396	15,828,437	85,410	59.00
60.00	06000 LABORATORY	1,246,664	56,832,375	0.021936	11,820,685	259,299	60.00
60.01	06001 PATHOLOGY	97,581	9,420,215	0.010359	620,095	6,424	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,021	8,820,580	0.002383	4,977,706	11,862	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	393,515	17,551,151	0.022421	6,657,811	149,275	65.00
66.00	06600 PHYSICAL THERAPY	192,840	15,538,755	0.012410	3,325,420	41,268	66.00
67.00	06700 OCCUPATIONAL THERAPY	17,911	5,139,658	0.003485	1,137,391	3,964	67.00
68.00	06800 SPEECH PATHOLOGY	14,600	4,696,108	0.003109	1,343,596	4,177	68.00
69.00	06900 ELECTROCARDIOLOGY	547,961	59,654,003	0.009186	9,095,759	83,554	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	102,741	7,805,679	0.013162	493,876	6,500	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	131,980	50,984,726	0.002589	9,197,504	23,812	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	274,626	131,858,756	0.002083	33,338,674	69,444	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	246,222	205,546,437	0.001198	17,789,036	21,311	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	37,031	760,673	0.048682	347	17	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	931,302	70,977,006	0.013121	6,202,121	81,378	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	442,124	18,967,835	0.023309	1,808,905	42,164	92.00
93.00	04040 ONCOLOGY INFUSION	362,227	14,443,725	0.025079	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	12,127,535	1,328,715,312		189,417,015	1,723,910	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	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
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
200.00 Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	38,868	0.00	15,684	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,544	0.00	1,805	0	31.00
32.00 03200 CORONARY CARE UNIT	3,219	0.00	1,607	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	5,772	0.00	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	2,495	0.00	1,756	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	53,898		20,852	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	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	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	242,581,159	0.000000	0.000000	41,860,092	50.00
51.00	05100	RECOVERY ROOM	0	36,613,806	0.000000	0.000000	1,930,970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,811,013	0.000000	0.000000	17,929	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,621,798	0.000000	0.000000	7,022,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81,754,205	0.000000	0.000000	1,432,335	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	74,044,401	0.000000	0.000000	11,646,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,788,127	0.000000	0.000000	1,868,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	75,503,121	0.000000	0.000000	15,828,437	59.00
60.00	06000	LABORATORY	0	56,832,375	0.000000	0.000000	11,820,685	60.00
60.01	06001	PATHOLOGY	0	9,420,215	0.000000	0.000000	620,095	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,820,580	0.000000	0.000000	4,977,706	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,551,151	0.000000	0.000000	6,657,811	65.00
66.00	06600	PHYSICAL THERAPY	0	15,538,755	0.000000	0.000000	3,325,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,139,658	0.000000	0.000000	1,137,391	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,696,108	0.000000	0.000000	1,343,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0	59,654,003	0.000000	0.000000	9,095,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,805,679	0.000000	0.000000	493,876	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,984,726	0.000000	0.000000	9,197,504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	131,858,756	0.000000	0.000000	33,338,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	205,546,437	0.000000	0.000000	17,789,036	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	760,673	0.000000	0.000000	347	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	70,977,006	0.000000	0.000000	6,202,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,967,835	0.000000	0.000000	1,808,905	92.00
93.00	04040	ONCOLOGY INFUSION	0	14,443,725	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,328,715,312			189,417,015	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	43,795,141	0		50.00
51.00	05100 RECOVERY ROOM	0	9,699,757	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,683,045	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	37,831,961	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	21,520,202	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,856,430	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,386,891	0		59.00
60.00	06000 LABORATORY	0	4,077,231	0		60.00
60.01	06001 PATHOLOGY	0	1,823,549	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,342,001	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	1,382,131	0		65.00
66.00	06600 PHYSICAL THERAPY	0	89,337	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	31,670	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	24,043	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,216,722	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	963,418	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,212,067	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	20,841,821	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	66,434,272	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	233,878	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	8,955,539	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,845,302	0		92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	285,246,408	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet D
Part V
Date/Time Prepared:
1/30/2018 6:54 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.183171	43,795,141	0	0	8,022,000	50.00
51.00	05100	RECOVERY ROOM	0.102482	9,699,757	0	0	994,050	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.598567	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135653	19,683,045	0	0	2,670,064	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067323	37,831,961	0	0	2,546,961	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.026099	21,520,202	0	0	561,656	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097995	4,856,430	0	0	475,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071664	14,386,891	0	0	1,031,022	59.00
60.00	06000	LABORATORY	0.261988	4,077,231	362	0	1,068,186	60.00
60.01	06001	PATHOLOGY	0.313907	1,823,549	0	0	572,425	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.069982	2,342,001	0	0	163,898	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.435308	1,382,131	0	0	601,653	65.00
66.00	06600	PHYSICAL THERAPY	0.254709	89,337	0	0	22,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226012	31,670	0	0	7,158	67.00
68.00	06800	SPEECH PATHOLOGY	0.222338	24,043	0	0	5,346	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061374	17,216,722	0	0	1,056,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130551	963,418	0	0	125,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.275455	5,212,067	0	0	1,435,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.183657	20,841,821	0	0	3,827,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128920	66,434,272	5,445	150,142	8,564,706	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.770623	233,878	0	0	180,232	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.184838	8,955,539	0	0	1,655,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.243603	3,845,302	0	0	936,727	92.00
93.00	04040	ONCOLOGY INFUSION	0.176096	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		285,246,408	5,807	150,142	36,525,939	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		285,246,408	5,807	150,142	36,525,939	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	95	0	60.00
60.01	06001 PATHOLOGY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
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	702	19,356	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	797	19,356	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	797	19,356	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104 Component CCN: 18-5416	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
60.01	06001 PATHOLOGY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104 Component CCN: 18-5416	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	242,581,159	0.000000	0.000000	10,440	50.00
51.00	05100 RECOVERY ROOM	0	36,613,806	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,811,013	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	115,621,798	0.000000	0.000000	53,180	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	81,754,205	0.000000	0.000000	356,414	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	74,044,401	0.000000	0.000000	31,886	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,788,127	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	75,503,121	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	56,832,375	0.000000	0.000000	200,899	60.00
60.01	06001 PATHOLOGY	0	9,420,215	0.000000	0.000000	556	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,820,580	0.000000	0.000000	50,915	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	17,551,151	0.000000	0.000000	469,889	65.00
66.00	06600 PHYSICAL THERAPY	0	15,538,755	0.000000	0.000000	845,438	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,139,658	0.000000	0.000000	625,977	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,696,108	0.000000	0.000000	52,100	68.00
69.00	06900 ELECTROCARDIOLOGY	0	59,654,003	0.000000	0.000000	25,682	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,805,679	0.000000	0.000000	2,387	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,984,726	0.000000	0.000000	1,722	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	131,858,756	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	205,546,437	0.000000	0.000000	312,613	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	760,673	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	70,977,006	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,967,835	0.000000	0.000000	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	14,443,725	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,328,715,312			3,040,098	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104 Component CCN: 18-5416	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 PATHOLOGY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part I Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Title XIX			Hospital	TEFRA	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,020,703	0	4,020,703	38,868	103.45	30.00
31.00	INTENSIVE CARE UNIT	334,391		334,391	3,544	94.35	31.00
32.00	CORONARY CARE UNIT	221,982		221,982	3,219	68.96	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	224,853		224,853	5,772	38.96	43.00
44.00	SKILLED NURSING FACILITY	196,458		196,458	2,495	78.74	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,998,387		4,998,387	53,898		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	471	48,725				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				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
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	471	48,725				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet D
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description		Title XIX			Hospital	TEFRA		
		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	3,775,496	242,581,159	0.015564	598,156	9,310	50.00
51.00	05100	RECOVERY ROOM	105,663	36,613,806	0.002886	23,840	69	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	287,313	10,811,013	0.026576	23,901	635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,367,998	115,621,798	0.011832	168,902	1,998	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	569,411	81,754,205	0.006965	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	221,213	74,044,401	0.002988	167,441	500	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	332,703	12,788,127	0.026017	13,716	357	58.00
59.00	05900	CARDIAC CATHETERIZATION	407,392	75,503,121	0.005396	42,584	230	59.00
60.00	06000	LABORATORY	1,246,664	56,832,375	0.021936	214,289	4,701	60.00
60.01	06001	PATHOLOGY	97,581	9,420,215	0.010359	11,476	119	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,021	8,820,580	0.002383	21,021	50	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	393,515	17,551,151	0.022421	81,215	1,821	65.00
66.00	06600	PHYSICAL THERAPY	192,840	15,538,755	0.012410	28,922	359	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,911	5,139,658	0.003485	6,247	22	67.00
68.00	06800	SPEECH PATHOLOGY	14,600	4,696,108	0.003109	3,695	11	68.00
69.00	06900	ELECTROCARDIOLOGY	547,961	59,654,003	0.009186	118,949	1,093	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,741	7,805,679	0.013162	64,219	845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	131,980	50,984,726	0.002589	104,519	271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	274,626	131,858,756	0.002083	105,690	220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	246,222	205,546,437	0.001198	374,346	448	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	37,031	760,673	0.048682	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	931,302	70,977,006	0.013121	70,493	925	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	442,124	18,967,835	0.023309	41,571	969	92.00
93.00	04040	ONCOLOGY INFUSION	362,227	14,443,725	0.025079	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	12,127,535	1,328,715,312		2,285,192	24,953	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part III Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description	Title XIX			Hospital	TEFRA
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
200.00 Total (lines 30-199)	0	0	0	0	0

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	38,868	0.00	471	0
31.00 03100 INTENSIVE CARE UNIT	3,544	0.00	0	0
32.00 03200 CORONARY CARE UNIT	3,219	0.00	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0
42.00 04200 SUBPROVIDER	0	0.00	0	0
43.00 04300 NURSERY	5,772	0.00	0	0
44.00 04400 SKILLED NURSING FACILITY	2,495	0.00	0	0
45.00 04500 NURSING FACILITY	0	0.00	0	0
200.00 Total (lines 30-199)	53,898		471	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description	Title XIX				Hospital	TEFRA	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	PATHOLOGY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	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	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	ONCOLOGY INFUSION	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Title XIX			Hospital		TEFRA	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	242,581,159	0.000000	0.000000	598,156	50.00
51.00	05100	RECOVERY ROOM	0	36,613,806	0.000000	0.000000	23,840	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,811,013	0.000000	0.000000	23,901	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,621,798	0.000000	0.000000	168,902	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81,754,205	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	74,044,401	0.000000	0.000000	167,441	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,788,127	0.000000	0.000000	13,716	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	75,503,121	0.000000	0.000000	42,584	59.00
60.00	06000	LABORATORY	0	56,832,375	0.000000	0.000000	214,289	60.00
60.01	06001	PATHOLOGY	0	9,420,215	0.000000	0.000000	11,476	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,820,580	0.000000	0.000000	21,021	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,551,151	0.000000	0.000000	81,215	65.00
66.00	06600	PHYSICAL THERAPY	0	15,538,755	0.000000	0.000000	28,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,139,658	0.000000	0.000000	6,247	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,696,108	0.000000	0.000000	3,695	68.00
69.00	06900	ELECTROCARDIOLOGY	0	59,654,003	0.000000	0.000000	118,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,805,679	0.000000	0.000000	64,219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,984,726	0.000000	0.000000	104,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	131,858,756	0.000000	0.000000	105,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	205,546,437	0.000000	0.000000	374,346	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	760,673	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	70,977,006	0.000000	0.000000	70,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,967,835	0.000000	0.000000	41,571	92.00
93.00	04040	ONCOLOGY INFUSION	0	14,443,725	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,328,715,312			2,285,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part IV Date/Time Prepared: 1/30/2018 6:54 pm
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Cost Center Description		Title XIX			Hospital	TEFRA
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 PATHOLOGY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040 ONCOLOGY INFUSION	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 6:54 pm
		Title XIX	Hospital	TEFRA

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	0.183171	0	0	288,938	0 50.00
51.00 05100 RECOVERY ROOM	0.102482	0	0	43,571	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.598567	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.135653	0	0	214,305	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.067323	0	0	500,946	0 55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.026099	0	0	220,846	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.097995	0	0	36,010	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.071664	0	0	14,155	0 59.00
60.00 06000 LABORATORY	0.261988	0	0	128,677	0 60.00
60.01 06001 PATHOLOGY	0.313907	0	0	18,742	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.069982	0	0	48,965	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.435308	0	0	3,220	0 65.00
66.00 06600 PHYSICAL THERAPY	0.254709	0	0	10,396	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.226012	0	0	221	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.222338	0	0	67,277	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.061374	0	0	64,479	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.130551	0	0	11,848	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.275455	0	0	42,888	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.183657	0	0	129,495	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.128920	0	0	956,047	0 73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.770623	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
91.00 09100 EMERGENCY	0.184838	0	0	195,321	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.243603	0	0	14,049	0 92.00
93.00 04040 ONCOLOGY INFUSION	0.176096	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0 97.00
200.00 Subtotal (see instructions)		0	0	3,010,396	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0 201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	3,010,396	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D Part V Date/Time Prepared: 1/30/2018 6:54 pm
	Title XIX	Hospital	TEFRA

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	52,925		50.00
51.00 05100 RECOVERY ROOM	0	4,465		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	29,071		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	33,725		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	5,764		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,529		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,014		59.00
60.00 06000 LABORATORY	0	33,712		60.00
60.01 06001 PATHOLOGY	0	5,883		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,427		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	1,402		65.00
66.00 06600 PHYSICAL THERAPY	0	2,648		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	50		67.00
68.00 06800 SPEECH PATHOLOGY	0	14,958		68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,957		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,547		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,814		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	23,783		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	123,254		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03951 OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	36,103		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,422		92.00
93.00 04040 ONCOLOGY INFUSION	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	0	396,453	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	396,453	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/30/2018 6:54 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,868	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,868	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)		34,594	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,684	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,020,166	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		42,020,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,020,166	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)		1,081.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,955,972	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)		16,955,972	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	7,762,430	3,544	2,190.30	1,805	3,953,492	43.00
44.00	CORONARY CARE UNIT	6,757,565	3,219	2,099.27	1,607	3,373,527	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,650,161	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,933,152	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,903,631	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,723,910	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,627,541	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,305,611	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)					4,274	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,081.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,620,621	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,020,703	42,020,166	0.095685	4,620,621	442,124	90.00
91.00	Nursing School cost	0	42,020,166	0.000000	4,620,621	0	91.00
92.00	Allied health cost	0	42,020,166	0.000000	4,620,621	0	92.00
93.00	All other Medical Education	0	42,020,166	0.000000	4,620,621	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104 Component CCN: 18-5416	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,495	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,495	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,495	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)		1,756	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,817,742	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,817,742	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,817,742	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104 Component CCN: 18-5416		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					2,817,742	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,129,36	71.00
72.00	Program routine service cost (line 9 x line 71)					1,983,156	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,983,156	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,983,156	83.00
84.00	Program inpatient ancillary services (see instructions)					705,937	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					2,689,093	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: 18-0104 Component CCN: 18-5416		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm
Cost Center Description		Title XIX	Hospital	TEFRA
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,868	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,868	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)		34,594	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)		471	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)		5,772	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		42,020,166	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		42,020,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		42,020,166	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)		1,081.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		509,198	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)		509,198	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm		
Cost Center Description			Title XIX		Hospital	TEFRA	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	5,970,060	5,772	1,034.31	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,762,430	3,544	2,190.30	0	0	43.00
44.00	CORONARY CARE UNIT	6,757,565	3,219	2,099.27	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					399,464	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					908,662	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)					48,725	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,953	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					73,678	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					834,984	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					70	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)					-834,984	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)					73,678	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)					4,274	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,081.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,620,621	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 18-0104		Period: From 09/01/2016 To 08/31/2017		Worksheet D-1 Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,020,703	42,020,166	0.095685	4,620,621	442,124	90.00
91.00	Nursing School cost	0	42,020,166	0.000000	4,620,621	0	91.00
92.00	Allied health cost	0	42,020,166	0.000000	4,620,621	0	92.00
93.00	All other Medical Education	0	42,020,166	0.000000	4,620,621	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		23,148,875	30.00
31.00	03100	INTENSIVE CARE UNIT		8,417,048	31.00
32.00	03200	CORONARY CARE UNIT		7,502,090	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.183202	41,860,092	50.00
51.00	05100	RECOVERY ROOM	0.102482	1,930,970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.598760	17,929	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135716	7,022,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067323	1,432,335	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.026099	11,646,744	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097995	1,868,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071664	15,828,437	59.00
60.00	06000	LABORATORY	0.261988	11,820,685	60.00
60.01	06001	PATHOLOGY	0.313907	620,095	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.069982	4,977,706	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.435468	6,657,811	65.00
66.00	06600	PHYSICAL THERAPY	0.254709	3,325,420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226012	1,137,391	67.00
68.00	06800	SPEECH PATHOLOGY	0.222338	1,343,596	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061374	9,095,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130551	493,876	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.275455	9,197,504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.183657	33,338,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128920	17,789,036	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.770623	347	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.184838	6,202,121	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.243603	1,808,905	92.00
93.00	04040	ONCOLOGY INFUSION	0.176096	0	93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		189,417,015	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)		189,417,015	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0104 Component CCN: 18-5416	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.183171	10,440	1,912 50.00
51.00	05100	RECOVERY ROOM	0.102482	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.598567	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135653	53,180	7,214 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067323	356,414	23,995 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.026099	31,886	832 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097995	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071664	0	0 59.00
60.00	06000	LABORATORY	0.261988	200,899	52,633 60.00
60.01	06001	PATHOLOGY	0.313907	556	175 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.069982	50,915	3,563 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.435308	469,889	204,546 65.00
66.00	06600	PHYSICAL THERAPY	0.254709	845,438	215,341 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226012	625,977	141,478 67.00
68.00	06800	SPEECH PATHOLOGY	0.222338	52,100	11,584 68.00
69.00	06900	ELECTROCARDIOLOGY	0.061374	25,682	1,576 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130551	2,387	312 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.275455	1,722	474 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.183657	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128920	312,613	40,302 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.770623	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.184838	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.243603	0	0 92.00
93.00	04040	ONCOLOGY INFUSION	0.176096	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,040,098	705,937 200.00
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)		3,040,098	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet D-3 Date/Time Prepared: 1/30/2018 6:54 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	TEFRA	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		487,769	30.00
31.00	03100	INTENSIVE CARE UNIT		92,374	31.00
32.00	03200	CORONARY CARE UNIT		92,374	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		3,435	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.183171	598,156	109,565 50.00
51.00	05100	RECOVERY ROOM	0.102482	23,840	2,443 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.598567	23,901	14,306 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.135653	168,902	22,912 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.067323	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.026099	167,441	4,370 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.097995	13,716	1,344 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071664	42,584	3,052 59.00
60.00	06000	LABORATORY	0.261988	214,289	56,141 60.00
60.01	06001	PATHOLOGY	0.313907	11,476	3,602 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.069982	21,021	1,471 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.435308	81,215	35,354 65.00
66.00	06600	PHYSICAL THERAPY	0.254709	28,922	7,367 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226012	6,247	1,412 67.00
68.00	06800	SPEECH PATHOLOGY	0.222338	3,695	822 68.00
69.00	06900	ELECTROCARDIOLOGY	0.061374	118,949	7,300 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130551	64,219	8,384 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.275455	104,519	28,790 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.183657	105,690	19,411 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128920	374,346	48,261 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03951	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.770623	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.184838	70,493	13,030 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.243603	41,571	10,127 92.00
93.00	04040	ONCOLOGY INFUSION	0.176096	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,285,192	399,464 200.00
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)		2,285,192	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,787,272	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		30,659,997	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)		2,281,928	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		259.29	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.38	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.54	31.00
32.00	Sum of lines 30 and 31		29.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.90	33.00
34.00	Disproportionate share adjustment (see instructions)		1,162,293	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,118,661	2,059,935	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	173,660	1,890,625	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,064,285		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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	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)	38,955,775		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)		38,955,775	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,838,251	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		9,321	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		41,803,347	59.00
60.00	Primary payer payments		61,558	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,741,789	61.00
62.00	Deductibles billed to program beneficiaries		4,076,548	62.00
63.00	Coinurance billed to program beneficiaries		49,210	63.00
64.00	Allowable bad debts (see instructions)		783,765	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		509,447	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		51,886	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,125,478	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	MSP PASS THRU AND HAC REDUCTION		73	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-241,842	70.93
70.94	HRR adjustment amount (see instructions)		-73,604	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part A Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			371,839	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			37,438,266	71.00
71.01	Sequestration adjustment (see instructions)			748,765	71.01
72.00	Interim payments			36,229,451	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			460,050	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			538,643	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet E Part B Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,153	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		36,525,939	2.00
3.00	PPS payments		26,646,509	3.00
4.00	Outlier payment (see instructions)		258,419	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.833	5.00
6.00	Line 2 times line 5		30,426,107	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		88.43	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)		20,153	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		155,949	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)		155,949	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)		155,949	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		135,796	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		20,153	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		26,904,928	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)		5,151,776	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)		21,773,305	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)		21,773,305	30.00
31.00	Primary payer payments		8,965	31.00
32.00	Subtotal (line 30 minus line 31)		21,764,340	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)		743,178	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		483,066	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		87,617	36.00
37.00	Subtotal (see instructions)		22,247,406	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-121	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		22,247,527	40.00
40.01	Sequestration adjustment (see instructions)		444,951	40.01
41.00	Interim payments		21,500,653	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		301,923	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: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2018 6:54 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		36,364,360		21,728,704	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	03/28/2017	134,909	03/28/2017	228,051	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)		-134,909		-228,051	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)		36,229,451		21,500,653	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		460,050		301,923	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,689,501		21,802,576	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: 18-0104
Component CCN: 18-5416

Period:
From 09/01/2016
To 08/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2018 6:54 pm
PPS

Title XVIII
Skilled Nursing Facility

		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		595,791		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		595,791		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,078		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		600,869		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet E-1
Part II
Date/Time Prepared:
1/30/2018 6:54 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	11,945	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	19,096	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,640	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	41,357	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,441,965,792	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	3,657,168	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104 Component CCN: 18-5416	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part VI Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		634,256	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		634,256	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		26,306	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		7,973	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		5,182	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		613,132	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		613,132	15.00
15.01	Sequestration adjustment (see instructions)		12,263	15.01
16.00	Interim payments		595,791	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		5,078	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2018 6:54 pm	
		Title XIX	Hospital	TEFRA	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	73,678			1.00
2.00	Medical and other services		396,453		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	73,678	396,453		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	73,678	396,453		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	2,285,192	3,010,396		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,285,192	3,010,396		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	2,285,192	3,010,396		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	2,211,514	2,613,943		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	73,678	396,453		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	73,678	396,453		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	73,678	396,453		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	73,678	396,453		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	73,678	396,453		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	73,678	396,453		40.00
41.00	Interim payments	0	0		41.00
42.00	Balance due provider/program (line 40 minus line 41)	73,678	396,453		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00

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

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet G

Date/Time Prepared:
1/30/2018 6:54 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,682,806	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,757,445	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	7,430,909	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	7,126,442	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	60,997,602	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,344,004	0	0	0	12.00
13.00	Land improvements	7,477,816	0	0	0	13.00
14.00	Accumulated depreciation	-6,469,461	0	0	0	14.00
15.00	Buildings	183,473,818	0	0	0	15.00
16.00	Accumulated depreciation	-96,069,916	0	0	0	16.00
17.00	Leasehold improvements	49,604,291	0	0	0	17.00
18.00	Accumulated depreciation	-32,993,558	0	0	0	18.00
19.00	Fixed equipment	13,924,904	0	0	0	19.00
20.00	Accumulated depreciation	-13,202,173	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	113,399,551	0	0	0	23.00
24.00	Accumulated depreciation	-93,935,514	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	4,569,365	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	138,123,127	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,239,401	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,239,401	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	200,360,130	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,950,631	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,117,623	0	0	0	38.00
39.00	Payroll taxes payable	169,170	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,867,053	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,104,477	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	23,619,104	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	23,619,104	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	42,723,581	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	157,636,549	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	157,636,549	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	200,360,130	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet G-1

Date/Time Prepared:
1/30/2018 6:54 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		175,316,515		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,086,964			2.00
3.00	Total (sum of line 1 and line 2)		181,403,479		0	3.00
4.00	NET ASSETS RELEASED - CAPITAL	750,985		0		4.00
5.00	TO BALANCE	1		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)		750,986		0	10.00
11.00	Subtotal (line 3 plus line 10)		182,154,465		0	11.00
12.00	TRANSFER TO PARENT	23,897,175		0		12.00
13.00	RESTRICTED FUND	620,741		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)		24,517,916		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		157,636,549		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	NET ASSETS RELEASED - CAPITAL		0			4.00
5.00	TO BALANCE		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	TRANSFER TO PARENT		0			12.00
13.00	RESTRICTED FUND		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: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2018 6:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,355,968		53,355,968	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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	3,694,775		3,694,775	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	57,050,743		57,050,743	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,586,620		16,586,620	11.00
12.00	CORONARY CARE UNIT	15,039,360		15,039,360	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,625,980		31,625,980	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	88,676,723		88,676,723	17.00
18.00	Ancillary services	440,879,403	801,704,853	1,242,584,256	18.00
19.00	Outpatient services	0	92,288,339	92,288,339	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	18,416,474	0	18,416,474	27.00
27.01	FOOD SERVICE	0	4,080	4,080	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	547,972,600	893,997,272	1,441,969,872	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		256,151,615		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		256,151,615		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 18-0104

Period:
From 09/01/2016
To 08/31/2017

Worksheet G-3

Date/Time Prepared:
1/30/2018 6:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,441,969,872	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,189,312,580	2.00
3.00	Net patient revenues (line 1 minus line 2)	252,657,292	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	256,151,615	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,494,323	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	801,311	6.00
7.00	Income from investments	461,469	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,163,718	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	504	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	344,063	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,064,953	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	4,745,269	24.00
25.00	Total other income (sum of lines 6-24)	9,581,287	25.00
26.00	Total (line 5 plus line 25)	6,086,964	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,086,964	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 18-0104	Period: From 09/01/2016 To 08/31/2017	Worksheet L Parts I-III Date/Time Prepared: 1/30/2018 6:54 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,652,470	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		185,781	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)		114.50	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,838,251	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