This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 10:10 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2018 Time: 10:10 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE ST. JOSEPH MEDICAL CENTER (14-0007) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) DEBORAH SCHIMEROWSKI
Officer or Administrator of Provider(s)

CFO-SOUTH SUBURBAN
Title

05/30/2018 10:10:04 AM
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,751,841	357,177	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-11,556	278		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	1,740,285	357,455	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2018 9:46 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 333 NORTH MADISON STREET	PO Box:			1.00
2.00	City: JOLIET	State: IL	Zip Code: 60435	County: KANE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PRESENCE ST. JOSEPH MEDICAL CENTER	140007	20994	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	SJMC PHYSICAL MED & REHAB	14T007	20994	5	09/07/1987	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2017	12/31/2017	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	11,958	4,576	0	0	2,912	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 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.	574	228	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N		37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1	60.01

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2018 9:46 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2018 9:46 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2018 9:46 am

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	6,717,260	118.01

		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 healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2018 9:46 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: PRESENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00450	141.00
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:		142.00
143.00	City: CHICAGO	State: IL	Zip Code: 60606	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2017	12/31/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2018 9:46 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/11/2018	Y	04/30/2017 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

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		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/813-3721	ANNE.LITTLE@PRESENCEHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 9:46 am

		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.	REG DIRECTOR, REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2018 9:46 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	373	136,145	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)		373	136,145	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	34	12,410	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	18	6,570	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)		425	155,125	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	41	14,965		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		466				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)		4	1,460			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

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	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	33,040	4,331	70,880			1.00
2.00	HMO and other (see instructions)	10,341	13,552				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	795	376				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)	33,040	4,331	70,880			7.00
8.00	INTENSIVE CARE UNIT	2,569	259	8,039			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	2,224	92	5,093			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,189	3,569			13.00
14.00	Total (see instructions)	37,833	5,871	87,581	3.92	1,612.92	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	9,506	426	12,812	0.00	56.64	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	279			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				3.92	1,669.56	27.00
28.00	Observation Bed Days		741	14,115			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)	1	23	364			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			527			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2018 9:46 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	8,033	5,053	21,701	1.00
2.00	HMO and other (see instructions)			2,094	3,534		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	8,033	5,053	21,701	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	792	13	879	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 9:46 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	114,759,990	-106,428	114,653,562	3,472,689.00	33.02	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	58,109	58,109	2,080.00	27.94	7.00
7.01	Contracted interns and residents (in an approved programs)		0	100,517	100,517	4,212.00	23.86	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,524,475	0	5,524,475	193,713.00	28.52	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		17,491,580	0	17,491,580	425,697.00	41.09	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		478,628	0	478,628	4,087.00	117.11	13.00
14.00	Home office and/or related orgainzation salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		32,470,473	0	32,470,473	651,197.00	49.86	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,133,398	0	28,133,398			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,859,858	0	1,859,858			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-100,388	100,388	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	7,503,049	-154,497	7,348,552	293,459.00	25.04	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 9:46 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,999,007	0	2,999,007	108,453.00	27.65	30.00
31.00	Laundry & Linen Service	8.00	166,257	0	166,257	11,390.00	14.60	31.00
32.00	Housekeeping	9.00	2,460,377	0	2,460,377	168,203.00	14.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,549,349	-1,266,741	1,282,608	99,149.00	12.94	34.00
35.00	Dietary under contract (see instructions)		1,522,962	0	1,522,962	30,699.00	49.61	35.00
36.00	Cafeteria	11.00	0	1,266,741	1,266,741	99,406.00	12.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,121,901	0	4,121,901	95,499.00	43.16	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	4,014,150	0	4,014,150	94,981.00	42.26	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part III Date/Time Prepared: 5/30/2018 9:46 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		116,282,952	-265,054	116,017,898	3,497,096.00	33.18	1.00
2.00	Excluded area salaries (see instructions)		5,524,475	0	5,524,475	193,713.00	28.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)		110,758,477	-265,054	110,493,423	3,303,383.00	33.45	3.00
4.00	Subtotal other wages & related costs (see inst.)		50,440,681	0	50,440,681	1,080,981.00	46.66	4.00
5.00	Subtotal wage-related costs (see inst.)		28,133,398	0	28,133,398	0.00	25.46	5.00
6.00	Total (sum of lines 3 thru 5)		189,332,556	-265,054	189,067,502	4,384,364.00	43.12	6.00
7.00	Total overhead cost (see instructions)		25,236,664	-54,109	25,182,555	1,001,239.00	25.15	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 9:46 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	4,330,159	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)	5,133,113	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)	9,884,864	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	282,886	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	62,223	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)	318,648	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,343,307	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	8,279,519	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	143,316	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	215,221	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	29,993,256	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-3 Part V | Date/Time Prepared: 5/30/2018 9:46 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	16,931,170	29,993,256	1.00
2.00	Hospital	16,931,170	29,993,256	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-5 | Date/Time Prepared: 5/30/2018 9:46 am

		Outpatient		Training		Home		
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00	0.00	0.00	2.00
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00
4.00	CAPD exchanges per day				0.00		0.00	4.00
5.00	Number of days in year dialysis furnished	0	0					5.00
6.00	Number of stations	0	0	0	0			6.00
7.00	Treatment capacity per day per station	0	0					7.00
8.00	Utilization (see instructions)	0.00	0.00					8.00
9.00	Average times dialyzers re-used	0.00	0.00					9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00

		Y/N	
		1.00	
	ESRD PPS		
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)	N	10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)	Y	10.02

		Prior to 1/1	After 12/31	
		1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)	0	0	10.03
	TRANSPLANT INFORMATION			
11.00	Number of patients on transplant list	0		11.00
12.00	Number of patients transplanted during the cost reporting period	0		12.00
	EPOETIN			
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
	ARANESP			
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

		MCP	INITIAL METHOD	
		1.00	2.00	
	PHYSICIAN PAYMENT METHOD			
21.00	Enter "X" if method(s) is applicable			21.00

		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1.00	2.00	3.00	4.00	5.00	
	ESAs						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)		0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-5 | Date/Time Prepared: 5/30/2018 9:46 am

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet S-10 | Date/Time Prepared: 5/30/2018 9:46 am

				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)			0.171615	1.00
	Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid			32,487,245	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			367,993,876	6.00
7.00	Medicaid cost (line 1 times line 6)			63,153,269	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)			30,666,024	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)			30,666,024	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)	32,309,649	6,446,562	38,756,211	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,544,820	6,446,562	11,991,382	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)	5,544,820	6,446,562	11,991,382	23.00

				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,973,509	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,929,679	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,968,738	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,004,771	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,472,178	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			16,463,560	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			47,129,584	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		55,278	55,278	12,642,237	12,697,515	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	14,968,934	14,968,934	2.00
3.00	00300	OTHER CAP REL COSTS		337,512	337,512	-337,512	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-100,388	-728,528	-828,916	91,121	-737,795	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,503,049	92,381,783	99,884,832	-7,814,920	92,069,912	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,999,007	17,905,609	20,904,616	-5,637,687	15,266,929	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	166,257	1,106,523	1,272,780	-858	1,271,922	8.00
9.00	00900	HOUSEKEEPING	2,460,377	2,286,595	4,746,972	-70,785	4,676,187	9.00
10.00	01000	DIETARY	2,549,349	4,590,496	7,139,845	-3,587,997	3,551,848	10.00
11.00	01100	CAFETERIA	0	0	0	3,470,968	3,470,968	11.00
13.00	01300	NURSING ADMINISTRATION	4,121,901	1,992,756	6,114,657	-282,252	5,832,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	306,037	306,037	-13,357	292,680	14.00
15.00	01500	PHARMACY	4,014,150	19,266,403	23,280,553	-18,276,117	5,004,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,354	10,354	-10,354	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	58,109	58,109	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	112,517	112,517	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	244,007	88,400	332,407	-179	332,228	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,145,672	13,692,536	50,838,208	-11,067,962	39,770,246	30.00
31.00	03100	INTENSIVE CARE UNIT	6,849,288	2,343,838	9,193,126	-668,359	8,524,767	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,152,401	1,395,341	5,547,742	-423,598	5,124,144	34.00
41.00	04100	SUBPROVIDER - IRF	3,655,221	5,105,162	8,760,383	-2,988,572	5,771,811	41.00
43.00	04300	NURSERY	1,493,038	378,678	1,871,716	815,772	2,687,488	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,847,001	39,035,495	49,882,496	-27,882,948	21,999,548	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,845,354	2,845,354	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,991,321	5,953,456	10,944,777	-3,028,044	7,916,733	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	501,009	391,108	892,117	59,478	951,595	55.00
56.00	05600	RADIOISOTOPE	1,844,346	4,744,352	6,588,698	-3,926,085	2,662,613	56.00
57.00	05700	CT SCAN	890,919	301,865	1,192,784	50,513	1,243,297	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	587,413	444,712	1,032,125	-79,210	952,915	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,362,379	9,993,213	12,355,592	-9,485,033	2,870,559	59.00
60.00	06000	LABORATORY	0	14,208,278	14,208,278	-312,445	13,895,833	60.00
64.00	06400	INTRAVENOUS THERAPY	615,017	242,797	857,814	4,786,518	5,644,332	64.00
65.00	06500	RESPIRATORY THERAPY	2,717,983	1,571,347	4,289,330	-688,695	3,600,635	65.00
66.00	06600	PHYSICAL THERAPY	171,637	10,270,097	10,441,734	2,470,989	12,912,723	66.00
69.00	06900	ELECTROCARDIOLOGY	1,282,884	692,190	1,975,074	-305,045	1,670,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	345,015	135,491	480,506	-49,698	430,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,829,448	28,829,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,949,951	16,949,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,707,133	17,707,133	73.00
74.00	07400	RENAL DIALYSIS	721,356	682,873	1,404,229	-184,188	1,220,041	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	126,880	30,368	157,248	-2,080	155,168	76.10
76.97	07697	CARDIAC REHABILITATION	531,234	133,979	665,213	-9,516	655,697	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,345,020	4,775,812	12,120,832	-1,206,534	10,914,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		6,929,131	6,929,131	-6,929,131	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	113,134,743	263,051,337	376,186,080	589,881	376,775,961	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	1,625,247	11,440,463	13,065,710	-589,881	12,475,829	192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	114,759,990	274,491,800	389,251,790	0	389,251,790	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,851,908	14,549,423		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-258,221	14,710,713		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,193,382	455,587		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,915,876	85,154,036		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	-86,363	15,180,566		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,271,922		8.00
9.00	00900	HOUSEKEEPING	0	4,676,187		9.00
10.00	01000	DIETARY	0	3,551,848		10.00
11.00	01100	CAFETERIA	-1,546,315	1,924,653		11.00
13.00	01300	NURSING ADMINISTRATION	-9,619	5,822,786		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,631,704	1,924,384		14.00
15.00	01500	PHARMACY	-32,439	4,971,997		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,489,729	3,489,729		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	58,109		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,238	110,279		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	332,228		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,444,568	38,325,678		30.00
31.00	03100	INTENSIVE CARE UNIT	778,705	9,303,472		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	5,124,144		34.00
41.00	04100	SUBPROVIDER - IRF	-103,126	5,668,685		41.00
43.00	04300	NURSERY	-940	2,686,548		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-2,186,629	19,812,919		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-349,160	2,496,194		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-668,872	7,247,861		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-4,977	946,618		55.00
56.00	05600	RADIOISOTOPE	0	2,662,613		56.00
57.00	05700	CT SCAN	0	1,243,297		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	952,915		58.00
59.00	05900	CARDIAC CATHETERIZATION	-44,676	2,825,883		59.00
60.00	06000	LABORATORY	83,998	13,979,831		60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,644,332		64.00
65.00	06500	RESPIRATORY THERAPY	0	3,600,635		65.00
66.00	06600	PHYSICAL THERAPY	-259,727	12,652,996		66.00
69.00	06900	ELECTROCARDIOLOGY	-6,062	1,663,967		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	430,808		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,829,448		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,949,951		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,707,133		73.00
74.00	07400	RENAL DIALYSIS	-2,343	1,217,698		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	155,168		76.10
76.97	07697	CARDIAC REHABILITATION	-45,671	610,026		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-612,385	10,301,913		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,550,781	371,225,180		118.00
		NONREIMBURSABLE COST CENTERS				
192.01	19201	OTHER NRCC	0	12,475,829		192.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,550,781	383,701,009		200.00

RECLASSIFICATIONS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 9:46 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS CAFETERIA COSTS				
1.00	CAFETERIA	11.00	1,266,741	2,204,227	1.00
	0		1,266,741	2,204,227	
	B - SHARED RADIOLOFY				
1.00	RADIOLOGY - THERAPEUTIC	55.00	75,557	10,766	1.00
2.00	RADIOISOTOPE	56.00	278,144	130,597	2.00
3.00	CT SCAN	57.00	134,359	8,309	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	88,587	12,242	4.00
	0		576,647	161,914	
	C - RECLASS INTEREST EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,158,156	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,770,975	2.00
	0		0	6,929,131	
	D - RECLASS MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	28,829,448	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,949,951	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	0		0	45,779,399	
	E - RECLASS DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,242,535	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,101,993	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

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
58.00		0.00	0	0		58.00
59.00		0.00	0	0		59.00
60.00		0.00	0	0		60.00
61.00		0.00	0	0		61.00
	0		0	20,344,528		
	F - RECLASS IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	3,332,456	1,484,718		1.00
2.00		0.00	0	0		2.00
	0		3,332,456	1,484,718		
	H - RECLASS RESIDENT COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	58,109	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	112,517		2.00
	0		58,109	112,517		
	I - LDR RECLASS					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,868,921	1,130,415		1.00
2.00	NURSERY	43.00	620,540	323,723		2.00
	0		2,489,461	1,454,138		
	J - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,259,358		1.00
	TOTALS		0	18,259,358		
	K - REHAB CARE RECLASSIFICATION					
1.00	PHYSICAL THERAPY	66.00	0	2,824,654		1.00
	TOTALS		0	2,824,654		
	L - OTHER RECLASSIFICATIONS					
1.00	EMERGENCY	91.00	0	110,428		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	100,388	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	4,000	0		3.00
	TOTALS		104,388	110,428		
500.00	Grand Total: Increases		7,827,802	99,665,012		500.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS CAFETERIA COSTS						
1.00	DIETARY	10.00	1,266,741	2,204,227	0		1.00
	0		1,266,741	2,204,227			
	B - SHARED RADIOLOFY						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	75,557	10,766	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	278,144	130,597	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	134,359	8,309	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	88,587	12,242	0		4.00
	0		576,647	161,914			
	C - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	3,158,156	11		1.00
2.00	INTEREST EXPENSE	113.00	0	3,770,975	11		2.00
	0		0	6,929,131			
	D - RECLASS MEDICAL SUPPLIES						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	552,225	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,701,911	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	553,082	0		3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	372,499	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	122,150	0		5.00
6.00	NURSERY	43.00	0	114,329	0		6.00
7.00	OPERATING ROOM	50.00	0	14,023,125	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	151,122	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	209,947	0		9.00
10.00	RADIOLOGY - THERAPEUTIC	55.00	0	6,470	0		10.00
11.00	RADIOISOTOPE	56.00	0	3,766,813	0		11.00
12.00	CT SCAN	57.00	0	78,880	0		12.00
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	15,738	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	5,093,439	0		14.00
15.00	LABORATORY	60.00	0	74,153	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	24,969	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	646,013	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	263,031	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	27,282	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,483	0		20.00
21.00	RENAL DIALYSIS	74.00	0	149,591	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	3,534	0		22.00
23.00	EMERGENCY	91.00	0	860,662	0		23.00
24.00	ADULTS & PEDIATRICS	30.00	0	14,392	0		24.00
25.00	INTENSIVE CARE UNIT	31.00	0	21,263	0		25.00
26.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	4,863	0		26.00
27.00	SUBPROVIDER - IRF	41.00	0	543	0		27.00
28.00	NURSERY	43.00	0	2,402	0		28.00
29.00	OPERATING ROOM	50.00	0	12,303,475	0		29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,860	0		30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,449	0		31.00
32.00	RADIOISOTOPE	56.00	0	533,389	0		32.00
33.00	CT SCAN	57.00	0	3,641	0		33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,750	0		34.00
35.00	CARDIAC CATHETERIZATION	59.00	0	4,031,178	0		35.00
36.00	INTRAVENOUS THERAPY	64.00	0	2,939	0		36.00
37.00	RESPIRATORY THERAPY	65.00	0	57	0		37.00
38.00	PHYSICAL THERAPY	66.00	0	216	0		38.00
39.00	RENAL DIALYSIS	74.00	0	356	0		39.00
40.00	EMERGENCY	91.00	0	21,178	0		40.00
	0		0	45,779,399			
	E - RECLASS DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,418	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,511,854	9		2.00
3.00	OPERATION OF PLANT	7.00	0	5,085,998	9		3.00
4.00	DIETARY	10.00	0	67,043	9		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,627	9		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	155	9		6.00
7.00	PHARMACY	15.00	0	7,748	9		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	663	9		8.00
9.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	179	9		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	263,979	9		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	21,773	9		11.00
12.00	SUBPROVIDER - IRF	41.00	0	19,130	9		12.00
13.00	NURSERY	43.00	0	182	9		13.00
14.00	OPERATING ROOM	50.00	0	606,796	9		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	695,410	9		15.00
16.00	RADIOLOGY - THERAPEUTIC	55.00	0	4,889	9		16.00

RECLASSIFICATIONS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-6 | Date/Time Prepared: 5/30/2018 9:46 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
17.00	RADIOISOTOPE	56.00	0	292	9		17.00
18.00	CT SCAN	57.00	0	326	9		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,079	9		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	148,472	9		20.00
21.00	LABORATORY	60.00	0	26,075	9		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	258	9		22.00
23.00	RESPIRATORY THERAPY	65.00	0	914	9		23.00
24.00	PHYSICAL THERAPY	66.00	0	27,470	9		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	109	9		25.00
26.00	OUTPATIENT PSYCH	76.10	0	1,626	9		26.00
27.00	EMERGENCY	91.00	0	246,979	9		27.00
28.00	OTHER NRCC	192.01	0	495,091	9		28.00
29.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,849	0		29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	0	6,036,052	0		30.00
31.00	OPERATION OF PLANT	7.00	0	551,689	0		31.00
32.00	LAUNDRY & LINEN SERVICE	8.00	0	858	0		32.00
33.00	HOUSEKEEPING	9.00	0	70,785	0		33.00
34.00	DIETARY	10.00	0	49,986	0		34.00
35.00	NURSING ADMINISTRATION	13.00	0	279,625	0		35.00
36.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,202	0		36.00
37.00	PHARMACY	15.00	0	9,011	0		37.00
38.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,691	0		38.00
39.00	ADULTS & PEDIATRICS	30.00	0	328,386	0		39.00
40.00	INTENSIVE CARE UNIT	31.00	0	72,241	0		40.00
41.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	44,757	0		41.00
42.00	SUBPROVIDER - IRF	41.00	0	22,095	0		42.00
43.00	NURSERY	43.00	0	11,578	0		43.00
44.00	OPERATING ROOM	50.00	0	949,552	0		44.00
45.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,378,677	0		45.00
46.00	RADIOLOGY - THERAPEUTIC	55.00	0	15,486	0		46.00
47.00	RADIOISOTOPE	56.00	0	34,332	0		47.00
48.00	CT SCAN	57.00	0	9,308	0		48.00
49.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	159,472	0		49.00
50.00	CARDIAC CATHETERIZATION	59.00	0	211,944	0		50.00
51.00	LABORATORY	60.00	0	212,217	0		51.00
52.00	INTRAVENOUS THERAPY	64.00	0	2,490	0		52.00
53.00	RESPIRATORY THERAPY	65.00	0	41,711	0		53.00
54.00	PHYSICAL THERAPY	66.00	0	62,948	0		54.00
55.00	ELECTROCARDIOLOGY	69.00	0	277,654	0		55.00
56.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,215	0		56.00
57.00	RENAL DIALYSIS	74.00	0	34,241	0		57.00
58.00	OUTPATIENT PSYCH	76.10	0	454	0		58.00
59.00	CARDIAC REHABILITATION	76.97	0	5,982	0		59.00
60.00	EMERGENCY	91.00	0	77,715	0		60.00
61.00	OTHER NRCC	192.01	0	94,790	0		61.00
	0		0	20,344,528			
	F - RECLASS IV THERAPY						
1.00	ADULTS & PEDIATRICS	30.00	3,331,433	1,484,262	0		1.00
2.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,023	456	0		2.00
	0		3,332,456	1,484,718			
	H - RECLASS RESIDENT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	58,109	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	112,517	0		2.00
	0		58,109	112,517			
	I - LDR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,868,921	1,130,415	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	620,540	323,723	0		2.00
	0		2,489,461	1,454,138			
	J - PHARMACY RECLASS						
1.00	PHARMACY	15.00	0	18,259,358	0		1.00
	TOTALS		0	18,259,358			
	K - REHAB CARE RECLASSIFICATION						
1.00	SUBPROVIDER - IRF	41.00	0	2,824,654	0		1.00
	TOTALS		0	2,824,654			
	L - OTHER RECLASSIFICATIONS						
1.00	EMERGENCY	91.00	110,428	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	100,388	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,000	0		3.00
	TOTALS		210,816	4,000			
500.00	Grand Total: Decreases		7,934,230	99,558,584			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part I | Date/Time Prepared: 5/30/2018 9:46 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,884,595	0	0	0	36,200	1.00
2.00	Land Improvements	2,758,858	105,825	0	105,825	0	2.00
3.00	Buildings and Fixtures	342,384,613	477,512	0	477,512	227,202	3.00
4.00	Building Improvements	104,159	4,275,277	0	4,275,277	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	132,203,478	2,437,101	0	2,437,101	1,752,369	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	479,335,703	7,295,715	0	7,295,715	2,015,771	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	479,335,703	7,295,715	0	7,295,715	2,015,771	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,848,395	0	1.00
2.00	Land Improvements	2,864,683	0	2.00
3.00	Buildings and Fixtures	342,634,923	0	3.00
4.00	Building Improvements	4,379,436	0	4.00
5.00	Fixed Equipment	0	0	5.00
6.00	Movable Equipment	132,888,210	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	484,615,647	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	484,615,647	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part II Date/Time Prepared: 5/30/2018 9:46 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	55,278	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	55,278	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	CAP REL COSTS-BLDG & FIXT	0	55,278		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	Total (sum of lines 1-2)	0	55,278		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2018 9:46 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	345,499,604	0	345,499,604	0.715665	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	137,267,645	0	137,267,645	0.284335	0	2.00
3.00	Total (sum of lines 1-2)	482,767,249	0	482,767,249	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	241,546	241,546	11,387,812	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	95,966	95,966	11,128,063	0	2.00
3.00	Total (sum of lines 1-2)	0	337,512	337,512	22,515,875	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,920,065	0	0	241,546	14,549,423	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,486,684	0	0	95,966	14,710,713	2.00
3.00	Total (sum of lines 1-2)	6,406,749	0	0	337,512	29,260,136	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/30/2018 9:46 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-238,091	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-284,291	CAP REL COSTS-MVBLE EQUIP	2.00	11	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)	B	-86,363	OPERATION OF PLANT	7.00	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	-7,073,949			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	7,322,324			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,546,315	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	B	80	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME	B	5,557	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8 | Date/Time Prepared: 5/30/2018 9:46 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
34.00	MISC INCOME	B	-1,206,217	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	MISC INCOME	B	-150	EMERGENCY	91.00	0	35.00
36.00	MISC INCOME	B	-3,625	EMERGENCY	91.00	0	36.00
37.00	MISC INCOME	B	-988	NURSING ADMINISTRATION	13.00	0	37.00
38.00	MISC INCOME	B	-31,600	PHARMACY	15.00	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.00
40.00	MISC INCOME	B	-25,000	ADULTS & PEDIATRICS	30.00	0	40.00
41.00	MISC INCOME	B	65,892	OPERATING ROOM	50.00	0	41.00
42.00	MISC INCOME	B	-73	RADIOLOGY-DIAGNOSTIC	54.00	0	42.00
42.01	MISC INCOME	B	-3,660	DELIVERY ROOM & LABOR ROOM	52.00	0	42.01
43.00	MISC INCOME	B	-14,150	LABORATORY	60.00	0	43.00
44.00	MISC INCOME	B	-17,294	PHYSICAL THERAPY	66.00	0	44.00
44.01	CBISA REVENUE	B	-656,344	ADMINISTRATIVE & GENERAL	5.00	0	44.01
44.02	MISC INCOME	B	-45,671	CARDIAC REHABILITATION	76.97	0	44.02
44.03	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.03
45.00	RENTAL INCOME	B	-930,712	ADMINISTRATIVE & GENERAL	5.00	0	45.00
45.01	RENTAL INCOME	B	-6,139	RADIOLOGY-DIAGNOSTIC	54.00	0	45.01
45.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
45.03	MARKETING AND ADVERTISING	A	-4,979	ADMINISTRATIVE & GENERAL	5.00	0	45.03
46.00	MARKETING AND ADVERTISING	A	-3,855	ADMINISTRATIVE & GENERAL	5.00	0	46.00
46.01	MARKETING AND ADVERTISING	A	-195	MEDICAL RECORDS & LIBRARY	16.00	0	46.01
46.02	MARKETING AND ADVERTISNG	A	-6,393	NURSING ADMINISTRATION	13.00	0	46.02
46.03	ADVERTISING	A	-6,805	PHYSICAL THERAPY	66.00	0	46.03
47.01	CONTRIBUTIONS CHARITABLE	A	-299,590	ADMINISTRATIVE & GENERAL	5.00	9	47.01
48.00	PATIENT TRANSPORTATION	A	-235,628	PHYSICAL THERAPY	66.00	0	48.00
48.01	INCOME AND REAL ESTATE TAX	A	-65,010	ADMINISTRATIVE & GENERAL	5.00	0	48.01
48.02	CBISA CONTRIBUTION	A	-128,839	ADMINISTRATIVE & GENERAL	5.00	0	48.02
48.03	INVESTMENT INCOME MEDICAL STAFF	A	-20,209	ADMINISTRATIVE & GENERAL	5.00	0	48.03
48.04	SPONSERED PROGRAM	A	-2,499	ADMINISTRATIVE & GENERAL	5.00	0	48.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,550,781				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2018 9:46 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	1,590,205	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	1,187,825	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMINSTRATION	29,113,077	46,990,398	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	IT	6,746,283	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PATIENT ACCOUNTS	5,507,369	0	3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	RENT EXPENSE	499,794	0	3.03
3.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,489,844	0	3.04
3.05	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICES	1,631,704	0	3.05
3.06	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	26,070	0	3.06
3.07	31.00	INTENSIVE CARE UNIT	ICU	943,205	0	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	ADMITTING	3,471,443	0	3.08
3.09	0.00			0	0	3.09
4.00	60.00	LABORATORY	PURCHASE FEE	12,478,772	12,372,869	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			66,685,591	59,363,267	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		
	Symbol (1)	Name	Percentage of Ownership	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	PRESENCE HEALTH	100.00		0.00	6.00
7.00	C	APHL LABS	66.67		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2018 9:46 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,590,205	9		1.00
2.00	1,187,825	0		2.00
3.00	-17,877,321	0		3.00
3.01	6,746,283	0		3.01
3.02	5,507,369	0		3.02
3.03	499,794	9		3.03
3.04	3,489,844	0		3.04
3.05	1,631,704	0		3.05
3.06	26,070	9		3.06
3.07	943,205	0		3.07
3.08	3,471,443	0		3.08
3.09	0	0		3.09
4.00	105,903	0		4.00
5.00	7,322,324			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2018 9:46 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,642,762	1,425,300	217,462	211,500	1,941	1.00
2.00	13.00	NURSING ADMINISTRATION	12,000	0	12,000	211,500	96	2.00
3.00	55.00	RADIOLOGY - THERAPEUTIC	24,500	500	24,000	211,500	192	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,431,567	1,416,867	14,700	211,500	118	4.00
5.00	31.00	INTENSIVE CARE UNIT	164,500	164,500	0	211,500	0	5.00
6.00	41.00	SUBPROVIDER - IRF	103,126	103,126	0	211,500	0	6.00
7.00	50.00	OPERATING ROOM	2,272,067	2,239,067	33,000	246,400	165	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	664,037	662,660	1,377	271,900	168	8.00
9.00	60.00	LABORATORY	46,800	0	46,800	260,300	312	9.00
10.00	65.00	RESPIRATORY THERAPY	29,400	0	29,400	211,500	300	10.00
11.00	69.00	ELECTROCARDIOLOGY	32,500	0	32,500	211,500	260	11.00
12.00	91.00	EMERGENCY	612,169	607,794	4,375	211,500	35	12.00
13.00	74.00	RENAL DIALYSIS	12,613	0	12,613	211,500	101	13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	345,500	345,500	0	237,100	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	76,068	42,918	33,150	246,400	265	15.00
16.00	15.00	PHARMACY	4,500	0	4,500	211,500	36	16.00
17.00	43.00	NURSERY	940	940	0	169,700	0	17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	12,000	0	12,000	211,500	96	18.00
19.00	64.00	INTRAVENOUS THERAPY	150	0	150	211,500	2	19.00
200.00			7,487,199	7,009,172	478,027		4,087	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	5.00	ADMINISTRATIVE & GENERAL	197,366	9,868	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	9,762	488	0	0	0	2.00
3.00	55.00	RADIOLOGY - THERAPEUTIC	19,523	976	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	11,999	600	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	19,546	977	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	21,961	1,098	0	0	0	8.00
9.00	60.00	LABORATORY	39,045	1,952	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	30,505	1,525	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	26,438	1,322	0	0	0	11.00
12.00	91.00	EMERGENCY	3,559	178	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	10,270	514	0	0	0	13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	31,392	1,570	0	0	0	15.00
16.00	15.00	PHARMACY	3,661	183	0	0	0	16.00
17.00	43.00	NURSERY	0	0	0	0	0	17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	9,762	488	0	0	0	18.00
19.00	64.00	INTRAVENOUS THERAPY	203	10	0	0	0	19.00
200.00			434,992	21,749	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	5.00	ADMINISTRATIVE & GENERAL	0	197,366	20,096	1,445,396		1.00
2.00	13.00	NURSING ADMINISTRATION	0	9,762	2,238	2,238		2.00
3.00	55.00	RADIOLOGY - THERAPEUTIC	0	19,523	4,477	4,977		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	11,999	2,701	1,419,568		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	164,500		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	103,126		6.00
7.00	50.00	OPERATING ROOM	0	19,546	13,454	2,252,521		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	21,961	0	662,660		8.00
9.00	60.00	LABORATORY	0	39,045	7,755	7,755		9.00
10.00	65.00	RESPIRATORY THERAPY	0	30,505	0	0		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	26,438	6,062	6,062		11.00
12.00	91.00	EMERGENCY	0	3,559	816	608,610		12.00
13.00	74.00	RENAL DIALYSIS	0	10,270	2,343	2,343		13.00
14.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	345,500		14.00
15.00	59.00	CARDIAC CATHETERIZATION	0	31,392	1,758	44,676		15.00
16.00	15.00	PHARMACY	0	3,661	839	839		16.00
17.00	43.00	NURSERY	0	0	0	940		17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	9,762	2,238	2,238		18.00
19.00	64.00	INTRAVENOUS THERAPY	0	203	0	0		19.00
200.00			0	434,992	64,777	7,073,949		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	14,549,423	14,549,423				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	14,710,713		14,710,713			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	455,587	68,639	2,450	526,676		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	85,154,036	790,603	7,998,079	33,759	93,976,477	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	15,180,566	2,385,964	731,017	13,777	18,311,324	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,271,922	96,556	1,137	764	1,370,379	8.00
9.00	00900	HOUSEKEEPING	4,676,187	182,245	93,794	11,303	4,963,529	9.00
10.00	01000	DIETARY	3,551,848	213,420	37,661	5,892	3,808,821	10.00
11.00	01100	CAFETERIA	1,924,653	148,403	28,573	5,819	2,107,448	11.00
13.00	01300	NURSING ADMINISTRATION	5,822,786	93,313	370,518	18,936	6,305,553	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,924,384	130,777	17,493	0	2,072,654	14.00
15.00	01500	PHARMACY	4,971,997	57,197	11,940	18,441	5,059,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,489,729	161,255	12,841	0	3,663,825	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	58,109	0	0	267	58,376	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	110,279	0	0	0	110,279	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	332,228	3,637	0	1,121	336,986	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,325,678	3,670,789	303,538	143,863	42,443,868	30.00
31.00	03100	INTENSIVE CARE UNIT	9,303,472	414,973	95,723	31,466	9,845,634	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,124,144	329,269	59,305	19,071	5,531,789	34.00
41.00	04100	SUBPROVIDER - IRF	5,668,685	259,205	29,277	16,792	5,973,959	41.00
43.00	04300	NURSERY	2,686,548	220,695	48,143	9,710	2,965,096	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,812,919	1,509,081	1,258,206	49,831	22,630,037	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,496,194	235,320	98,789	8,586	2,838,889	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,247,861	676,300	1,826,819	20,281	9,771,261	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	946,618	145,538	20,520	2,649	1,115,325	55.00
56.00	05600	RADIOISOTOPE	2,662,613	67,624	45,492	9,751	2,785,480	56.00
57.00	05700	CT SCAN	1,243,297	32,842	12,334	4,710	1,293,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	952,915	36,661	211,309	3,106	1,203,991	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,825,883	138,279	280,837	10,853	3,255,852	59.00
60.00	06000	LABORATORY	13,979,831	195,309	281,199	0	14,456,339	60.00
64.00	06400	INTRAVENOUS THERAPY	5,644,332	62,759	3,299	18,135	5,728,525	64.00
65.00	06500	RESPIRATORY THERAPY	3,600,635	71,201	55,269	12,486	3,739,591	65.00
66.00	06600	PHYSICAL THERAPY	12,652,996	463,623	83,409	789	13,200,817	66.00
69.00	06900	ELECTROCARDIOLOGY	1,663,967	122,820	367,906	5,894	2,160,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	430,808	67,624	41,361	1,585	541,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,829,448	0	0	0	28,829,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,949,951	0	0	0	16,949,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,707,133	0	0	0	17,707,133	73.00
74.00	07400	RENAL DIALYSIS	1,217,698	18,717	45,371	3,314	1,285,100	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	155,168	4,789	602	583	161,142	76.10
76.97	07697	CARDIAC REHABILITATION	610,026	82,143	7,926	2,440	702,535	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,301,913	499,526	102,976	33,236	10,937,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	371,225,180	13,657,096	14,585,113	519,210	370,199,787	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	12,475,829	892,327	125,600	7,466	13,501,222	192.01
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	383,701,009	14,549,423	14,710,713	526,676	383,701,009	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	93,976,477					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	5,939,553	0	24,250,877			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	444,503	0	207,141	2,022,023		8.00
9.00	00900	HOUSEKEEPING	1,609,995	0	390,970	0	6,964,494	9.00
10.00	01000	DIETARY	1,235,448	0	457,849	0	134,812	10.00
11.00	01100	CAFETERIA	683,582	0	318,368	0	93,743	11.00
13.00	01300	NURSING ADMINISTRATION	2,045,301	0	200,183	0	58,943	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	672,296	0	280,555	0	82,609	14.00
15.00	01500	PHARMACY	1,641,149	0	122,704	0	36,130	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,188,417	0	345,939	0	101,861	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	18,935	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	35,771	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	109,306	0	7,803	0	2,298	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,767,287	0	7,874,925	1,427,599	2,318,749	30.00
31.00	03100	INTENSIVE CARE UNIT	3,193,579	0	890,240	161,914	262,129	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,794,319	0	706,379	102,579	207,991	34.00
41.00	04100	SUBPROVIDER - IRF	1,937,743	0	556,071	258,047	163,734	41.00
43.00	04300	NURSERY	961,773	0	473,455	71,884	139,408	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,340,392	0	3,237,423	0	953,251	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	920,836	0	504,830	0	148,646	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,169,455	0	1,450,863	0	427,203	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	361,772	0	312,223	0	91,933	55.00
56.00	05600	RADIOISOTOPE	903,512	0	145,073	0	42,716	56.00
57.00	05700	CT SCAN	419,463	0	70,456	0	20,746	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	390,533	0	78,649	0	23,158	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,056,084	0	296,649	0	87,348	59.00
60.00	06000	LABORATORY	4,689,130	0	418,996	0	123,372	60.00
64.00	06400	INTRAVENOUS THERAPY	1,858,133	0	134,637	0	39,643	64.00
65.00	06500	RESPIRATORY THERAPY	1,212,992	0	152,746	0	44,976	65.00
66.00	06600	PHYSICAL THERAPY	4,281,883	0	994,607	0	292,859	66.00
69.00	06900	ELECTROCARDIOLOGY	700,819	0	263,486	0	77,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175,604	0	145,073	0	42,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,351,264	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,497,971	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,743,574	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	416,841	0	40,154	0	11,823	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	52,269	0	10,274	0	3,025	76.10
76.97	07697	CARDIAC REHABILITATION	227,878	0	176,221	0	51,888	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,547,791	0	1,071,631	0	315,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	89,597,153	0	22,336,573	2,022,023	6,400,832	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	4,379,324	0	1,914,304	0	563,662	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	93,976,477	0	24,250,877	2,022,023	6,964,494	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,636,930					10.00
11.00	01100	CAFETERIA	0	3,203,141				11.00
13.00	01300	NURSING ADMINISTRATION	0	82,412	8,692,392			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,108,114		14.00
15.00	01500	PHARMACY	0	81,727	0	689	6,941,974	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	6,338	0	61	56	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,318,675	1,228,661	3,883,864	18,667	139,636	30.00
31.00	03100	INTENSIVE CARE UNIT	408,476	223,036	705,010	1,761	34,932	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	258,789	138,942	439,229	1,276	27,768	34.00
41.00	04100	SUBPROVIDER - IRF	650,990	152,864	483,200	1,617	3,330	41.00
43.00	04300	NURSERY	0	64,861	205,008	990	3,821	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	290,202	917,359	53,463	121,813	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,361	190,785	0	6,626	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	122,357	0	2,912	8,141	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	10,839	0	244	59	55.00
56.00	05600	RADIOISOTOPE	0	54,941	0	484	17,554	56.00
57.00	05700	CT SCAN	0	30,648	0	21	4,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,544	0	127	2,088	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	57,402	181,463	835	0	59.00
60.00	06000	LABORATORY	0	0	0	92,971	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	82,692	261,385	234	12,586	64.00
65.00	06500	RESPIRATORY THERAPY	0	102,532	324,095	708	1,467	65.00
66.00	06600	PHYSICAL THERAPY	0	2,414	0	3,904	3,216	66.00
69.00	06900	ELECTROCARDIOLOGY	0	36,160	114,331	410	2,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,166	35,288	69	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,839,906	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,081,746	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,386,458	73.00
74.00	07400	RENAL DIALYSIS	0	24,123	76,276	237	33,080	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	3,006	9,495	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	10,699	33,816	85	8	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	263,136	831,788	3,607	132,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,636,930	3,161,063	8,692,392	3,107,024	6,941,936	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	42,078	0	1,090	38	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,636,930	3,203,141	8,692,392	3,108,114	6,941,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
			16.00	17.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	5,300,042					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	77,311			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		146,050		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			462,848	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	533,927	0	25,559	48,284	0	30.00
31.00	03100	INTENSIVE CARE UNIT	137,899	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	89,622	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	74,525	0	0	0	0	41.00
43.00	04300	NURSERY	27,856	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	536,410	0	51,752	97,766	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,470	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	311,338	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	7,442	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	136,596	0	0	0	0	56.00
57.00	05700	CT SCAN	369,211	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	114,403	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	204,996	0	0	0	0	59.00
60.00	06000	LABORATORY	627,796	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	128,427	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	130,128	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	233,512	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	169,409	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,350	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	358,431	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	325,839	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	277,342	0	0	0	462,848	73.00
74.00	07400	RENAL DIALYSIS	14,826	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	3,415	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	10,030	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	427,842	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,300,042	0	77,311	146,050	462,848	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0	0	0	192.01
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,300,042	0	77,311	146,050	462,848	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part I Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	78,029,701	-73,843	77,955,858		30.00
31.00	03100	INTENSIVE CARE UNIT	15,864,610	0	15,864,610		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,298,683	0	9,298,683		34.00
41.00	04100	SUBPROVIDER - IRF	10,256,080	0	10,256,080		41.00
43.00	04300	NURSERY	4,914,152	0	4,914,152		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	36,229,868	-149,518	36,080,350		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,704,443	0	4,704,443		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,263,530	0	15,263,530		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,899,837	0	1,899,837		55.00
56.00	05600	RADIOISOTOPE	4,086,356	0	4,086,356		56.00
57.00	05700	CT SCAN	2,208,094	0	2,208,094		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,832,493	0	1,832,493		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,140,629	0	5,140,629		59.00
60.00	06000	LABORATORY	20,408,604	0	20,408,604		60.00
64.00	06400	INTRAVENOUS THERAPY	8,246,262	0	8,246,262		64.00
65.00	06500	RESPIRATORY THERAPY	5,709,235	0	5,709,235		65.00
66.00	06600	PHYSICAL THERAPY	19,013,212	0	19,013,212		66.00
69.00	06900	ELECTROCARDIOLOGY	3,525,236	0	3,525,236		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	966,646	0	966,646		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,379,049	0	40,379,049		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,855,507	0	23,855,507		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,577,355	0	30,577,355		73.00
74.00	07400	RENAL DIALYSIS	1,902,460	0	1,902,460		74.00
76.00	03950	OTHER ANCILLARY	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	242,626	0	242,626		76.10
76.97	07697	CARDIAC REHABILITATION	1,213,160	0	1,213,160		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	17,531,463	0	17,531,463		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	363,299,291	-223,361	363,075,930		118.00
		NONREIMBURSABLE COST CENTERS					
192.01	19201	OTHER NRCC	20,401,718	0	20,401,718		192.01
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	383,701,009	-223,361	383,477,648		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	68,639	2,450	71,089	71,089	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	790,603	7,998,079	8,788,682	4,556	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,385,964	731,017	3,116,981	1,859	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	96,556	1,137	97,693	103	8.00
9.00	00900	HOUSEKEEPING	0	182,245	93,794	276,039	1,525	9.00
10.00	01000	DIETARY	0	213,420	37,661	251,081	795	10.00
11.00	01100	CAFETERIA	0	148,403	28,573	176,976	785	11.00
13.00	01300	NURSING ADMINISTRATION	0	93,313	370,518	463,831	2,556	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	130,777	17,493	148,270	0	14.00
15.00	01500	PHARMACY	0	57,197	11,940	69,137	2,489	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	161,255	12,841	174,096	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	36	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	3,637	0	3,637	151	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,670,789	303,538	3,974,327	19,428	30.00
31.00	03100	INTENSIVE CARE UNIT	0	414,973	95,723	510,696	4,247	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	329,269	59,305	388,574	2,574	34.00
41.00	04100	SUBPROVIDER - IRF	0	259,205	29,277	288,482	2,266	41.00
43.00	04300	NURSERY	0	220,695	48,143	268,838	1,310	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,509,081	1,258,206	2,767,287	6,725	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	235,320	98,789	334,109	1,159	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	676,300	1,826,819	2,503,119	2,737	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	145,538	20,520	166,058	357	55.00
56.00	05600	RADIOISOTOPE	0	67,624	45,492	113,116	1,316	56.00
57.00	05700	CT SCAN	0	32,842	12,334	45,176	636	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	36,661	211,309	247,970	419	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	138,279	280,837	419,116	1,465	59.00
60.00	06000	LABORATORY	0	195,309	281,199	476,508	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	62,759	3,299	66,058	2,447	64.00
65.00	06500	RESPIRATORY THERAPY	0	71,201	55,269	126,470	1,685	65.00
66.00	06600	PHYSICAL THERAPY	0	463,623	83,409	547,032	106	66.00
69.00	06900	ELECTROCARDIOLOGY	0	122,820	367,906	490,726	795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	67,624	41,361	108,985	214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	18,717	45,371	64,088	447	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	4,789	602	5,391	79	76.10
76.97	07697	CARDIAC REHABILITATION	0	82,143	7,926	90,069	329	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	499,526	102,976	602,502	4,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	13,657,096	14,585,113	28,242,209	70,081	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	892,327	125,600	1,017,927	1,008	192.01
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	14,549,423	14,710,713	29,260,136	71,089	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,793,238					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	555,749	0	3,674,589			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41,591	0	31,387	170,774		8.00
9.00	00900	HOUSEKEEPING	150,643	0	59,241	0	487,448	9.00
10.00	01000	DIETARY	115,598	0	69,375	0	9,436	10.00
11.00	01100	CAFETERIA	63,961	0	48,240	0	6,561	11.00
13.00	01300	NURSING ADMINISTRATION	191,374	0	30,333	0	4,125	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,905	0	42,511	0	5,782	14.00
15.00	01500	PHARMACY	153,558	0	18,593	0	2,529	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	111,197	0	52,418	0	7,129	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,772	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,347	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	10,228	0	1,182	0	161	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,288,266	0	1,193,240	120,571	162,289	30.00
31.00	03100	INTENSIVE CARE UNIT	298,815	0	134,893	13,675	18,347	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	167,890	0	107,033	8,663	14,557	34.00
41.00	04100	SUBPROVIDER - IRF	181,310	0	84,258	21,794	11,460	41.00
43.00	04300	NURSERY	89,991	0	71,740	6,071	9,757	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	686,822	0	490,547	0	66,718	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	86,160	0	76,494	0	10,404	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	296,558	0	219,840	0	29,900	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	33,850	0	47,309	0	6,434	55.00
56.00	05600	RADIOISOTOPE	84,539	0	21,982	0	2,990	56.00
57.00	05700	CT SCAN	39,248	0	10,676	0	1,452	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,541	0	11,917	0	1,621	58.00
59.00	05900	CARDIAC CATHETERIZATION	98,815	0	44,949	0	6,113	59.00
60.00	06000	LABORATORY	438,750	0	63,488	0	8,635	60.00
64.00	06400	INTRAVENOUS THERAPY	173,861	0	20,401	0	2,775	64.00
65.00	06500	RESPIRATORY THERAPY	113,497	0	23,145	0	3,148	65.00
66.00	06600	PHYSICAL THERAPY	400,645	0	150,707	0	20,497	66.00
69.00	06900	ELECTROCARDIOLOGY	65,574	0	39,924	0	5,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,431	0	21,982	0	2,990	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	874,974	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	514,431	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	537,411	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	39,003	0	6,084	0	828	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	4,891	0	1,557	0	212	76.10
76.97	07697	CARDIAC REHABILITATION	21,322	0	26,702	0	3,632	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	331,958	0	162,378	0	22,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,383,476	0	3,384,526	170,774	447,997	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	409,762	0	290,063	0	39,451	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	8,793,238	0	3,674,589	170,774	487,448	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	446,285					10.00
11.00	01100	CAFETERIA	0	296,523				11.00
13.00	01300	NURSING ADMINISTRATION	0	7,629	699,848			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	259,468		14.00
15.00	01500	PHARMACY	0	7,566	0	58	253,930	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	587	0	5	2	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	341,916	113,742	312,701	1,558	5,108	30.00
31.00	03100	INTENSIVE CARE UNIT	32,340	20,647	56,762	147	1,278	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	20,489	12,862	35,363	107	1,016	34.00
41.00	04100	SUBPROVIDER - IRF	51,540	14,151	38,904	135	122	41.00
43.00	04300	NURSERY	0	6,004	16,506	83	140	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	26,865	73,859	4,463	4,456	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,588	15,361	0	242	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,327	0	243	298	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	1,003	0	20	2	55.00
56.00	05600	RADIOISOTOPE	0	5,086	0	40	642	56.00
57.00	05700	CT SCAN	0	2,837	0	2	160	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,809	0	11	76	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,314	14,610	70	0	59.00
60.00	06000	LABORATORY	0	0	0	7,762	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,655	21,045	20	460	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,492	26,094	59	54	65.00
66.00	06600	PHYSICAL THERAPY	0	223	0	326	118	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,347	9,205	34	90	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,034	2,841	6	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	153,591	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	233,609	73.00
74.00	07400	RENAL DIALYSIS	0	2,233	6,141	20	1,210	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	278	764	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	990	2,723	7	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	24,359	66,969	301	4,846	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	446,285	292,628	699,848	259,377	253,929	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	3,895	0	91	1	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	446,285	296,523	699,848	259,468	253,930	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	
			16.00	17.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	344,840					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,808			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		3,347		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			15,953	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	34,743	0				30.00
31.00	03100	INTENSIVE CARE UNIT	8,973	0				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,832	0				34.00
41.00	04100	SUBPROVIDER - IRF	4,849	0				41.00
43.00	04300	NURSERY	1,813	0				43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,904	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,178	0				52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,259	0				54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	484	0				55.00
56.00	05600	RADIOISOTOPE	8,888	0				56.00
57.00	05700	CT SCAN	24,025	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,444	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	13,339	0				59.00
60.00	06000	LABORATORY	40,816	0				60.00
64.00	06400	INTRAVENOUS THERAPY	8,357	0				64.00
65.00	06500	RESPIRATORY THERAPY	8,467	0				65.00
66.00	06600	PHYSICAL THERAPY	15,195	0				66.00
69.00	06900	ELECTROCARDIOLOGY	11,023	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	999	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,323	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,202	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,047	0				73.00
74.00	07400	RENAL DIALYSIS	965	0				74.00
76.00	03950	OTHER ANCILLARY	0	0				76.00
76.10	03550	OUTPATIENT PSYCH	222	0				76.10
76.97	07697	CARDIAC REHABILITATION	653	0				76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	27,840	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	344,840	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0				192.01
200.00		Cross Foot Adjustments			1,808	3,347	15,953	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	344,840	0	1,808	3,347	15,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	7,567,889	0	7,567,889		30.00
31.00	03100	INTENSIVE CARE UNIT	1,100,820	0	1,100,820		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	764,960	0	764,960		34.00
41.00	04100	SUBPROVIDER - IRF	699,271	0	699,271		41.00
43.00	04300	NURSERY	472,253	0	472,253		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,162,646	0	4,162,646		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531,695	0	531,695		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,084,281	0	3,084,281		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	255,517	0	255,517		55.00
56.00	05600	RADIOISOTOPE	238,599	0	238,599		56.00
57.00	05700	CT SCAN	124,212	0	124,212		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	307,808	0	307,808		58.00
59.00	05900	CARDIAC CATHETERIZATION	603,791	0	603,791		59.00
60.00	06000	LABORATORY	1,035,959	0	1,035,959		60.00
64.00	06400	INTRAVENOUS THERAPY	303,079	0	303,079		64.00
65.00	06500	RESPIRATORY THERAPY	312,111	0	312,111		65.00
66.00	06600	PHYSICAL THERAPY	1,134,849	0	1,134,849		66.00
69.00	06900	ELECTROCARDIOLOGY	626,148	0	626,148		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155,482	0	155,482		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,051,888	0	1,051,888		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,942	0	625,942		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,067	0	789,067		73.00
74.00	07400	RENAL DIALYSIS	121,019	0	121,019		74.00
76.00	03950	OTHER ANCILLARY	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	13,394	0	13,394		76.10
76.97	07697	CARDIAC REHABILITATION	146,427	0	146,427		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	1,247,723	0	1,247,723		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,476,830	0	27,476,830		118.00
		NONREIMBURSABLE COST CENTERS					
192.01	19201	OTHER NRCC	1,762,198	0	1,762,198		192.01
200.00		Cross Foot Adjustments	21,108	0	21,108		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	29,260,136	0	29,260,136		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	960,008					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,101,992				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,529	1,849	114,653,562			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,166	6,036,052	7,348,552	-93,976,477	289,724,532	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	157,432	551,689	2,999,007	0	18,311,324	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,371	858	166,257	0	1,370,379	8.00
9.00	00900	HOUSEKEEPING	12,025	70,785	2,460,377	0	4,963,529	9.00
10.00	01000	DIETARY	14,082	28,422	1,282,608	0	3,808,821	10.00
11.00	01100	CAFETERIA	9,792	21,564	1,266,741	0	2,107,448	11.00
13.00	01300	NURSING ADMINISTRATION	6,157	279,625	4,121,901	0	6,305,553	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,629	13,202	0	0	2,072,654	14.00
15.00	01500	PHARMACY	3,774	9,011	4,014,150	0	5,059,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,640	9,691	0	0	3,663,825	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	58,109	0	58,376	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	110,279	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	240	0	244,007	0	336,986	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	242,208	229,076	31,324,778	0	42,443,868	30.00
31.00	03100	INTENSIVE CARE UNIT	27,381	72,241	6,849,288	0	9,845,634	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	21,726	44,757	4,151,378	0	5,531,789	34.00
41.00	04100	SUBPROVIDER - IRF	17,103	22,095	3,655,221	0	5,973,959	41.00
43.00	04300	NURSERY	14,562	36,333	2,113,578	0	2,965,096	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	99,573	949,552	10,847,001	0	22,630,037	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,527	74,555	1,868,921	0	2,838,889	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,624	1,378,677	4,414,674	0	9,771,261	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	9,603	15,486	576,566	0	1,115,325	55.00
56.00	05600	RADIOISOTOPE	4,462	34,332	2,122,490	0	2,785,480	56.00
57.00	05700	CT SCAN	2,167	9,308	1,025,278	0	1,293,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,419	159,472	676,000	0	1,203,991	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,124	211,944	2,362,379	0	3,255,852	59.00
60.00	06000	LABORATORY	12,887	212,217	0	0	14,456,339	60.00
64.00	06400	INTRAVENOUS THERAPY	4,141	2,490	3,947,473	0	5,728,525	64.00
65.00	06500	RESPIRATORY THERAPY	4,698	41,711	2,717,983	0	3,739,591	65.00
66.00	06600	PHYSICAL THERAPY	30,591	62,948	171,637	0	13,200,817	66.00
69.00	06900	ELECTROCARDIOLOGY	8,104	277,654	1,282,884	0	2,160,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,462	31,215	345,015	0	541,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	28,829,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,949,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,707,133	73.00
74.00	07400	RENAL DIALYSIS	1,235	34,241	721,356	0	1,285,100	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	316	454	126,880	0	161,142	76.10
76.97	07697	CARDIAC REHABILITATION	5,420	5,982	531,234	0	702,535	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	32,960	77,715	7,234,592	0	10,937,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	901,130	11,007,203	113,028,315	-93,976,477	276,223,310	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	58,878	94,789	1,625,247	0	13,501,222	192.01
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)	14,549,423	14,710,713	526,676		93,976,477	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.155523	1.325052	0.004594		0.324365	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			71,089		8,793,238	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000620		0.030350	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	745,881				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	6,371	100,393			8.00
9.00	00900	HOUSEKEEPING	0	12,025	0	727,485		9.00
10.00	01000	DIETARY	0	14,082	0	14,082	329,735	10.00
11.00	01100	CAFETERIA	0	9,792	0	9,792	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,157	0	6,157	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,629	0	8,629	0	14.00
15.00	01500	PHARMACY	0	3,774	0	3,774	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,640	0	10,640	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	240	0	240	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	242,208	70,880	242,208	252,623	30.00
31.00	03100	INTENSIVE CARE UNIT	0	27,381	8,039	27,381	23,894	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	21,726	5,093	21,726	15,138	34.00
41.00	04100	SUBPROVIDER - IRF	0	17,103	12,812	17,103	38,080	41.00
43.00	04300	NURSERY	0	14,562	3,569	14,562	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	99,573	0	99,573	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,527	0	15,527	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,624	0	44,624	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	9,603	0	9,603	0	55.00
56.00	05600	RADIOISOTOPE	0	4,462	0	4,462	0	56.00
57.00	05700	CT SCAN	0	2,167	0	2,167	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,419	0	2,419	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,124	0	9,124	0	59.00
60.00	06000	LABORATORY	0	12,887	0	12,887	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,141	0	4,141	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,698	0	4,698	0	65.00
66.00	06600	PHYSICAL THERAPY	0	30,591	0	30,591	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,104	0	8,104	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,462	0	4,462	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,235	0	1,235	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	316	0	316	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	5,420	0	5,420	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	32,960	0	32,960	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	687,003	100,393	668,607	329,735	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	58,878	0	58,878	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	24,250,877	2,022,023	6,964,494	5,636,930	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	32.513064	20.141076	9.573385	17.095334	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	3,674,589	170,774	487,448	446,285	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.926508	1.701055	0.670045	1.353466	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	205,686					11.00
13.00	01300	NURSING ADMINISTRATION	5,292	4,121,567				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	48,701,094			14.00
15.00	01500	PHARMACY	5,248	0	10,795	18,735,696		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,115,636,334	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	407	0	951	151	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	78,897	1,841,566	292,488	376,864	213,144,354	30.00
31.00	03100	INTENSIVE CARE UNIT	14,322	334,286	27,595	94,279	55,049,310	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,922	208,264	19,990	74,943	35,777,440	34.00
41.00	04100	SUBPROVIDER - IRF	9,816	229,113	25,340	8,987	29,750,646	41.00
43.00	04300	NURSERY	4,165	97,206	15,519	10,313	11,120,175	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	18,635	434,973	837,719	328,761	214,135,783	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,876	90,462	0	17,884	13,361,458	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,857	0	45,627	21,972	124,286,776	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	696	0	3,826	160	2,970,869	55.00
56.00	05600	RADIOISOTOPE	3,528	0	7,576	47,377	54,529,216	56.00
57.00	05700	CT SCAN	1,968	0	336	11,783	147,389,613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,255	0	1,993	5,635	45,669,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,686	86,042	13,080	0	81,834,877	59.00
60.00	06000	LABORATORY	0	0	1,456,773	1	250,468,415	60.00
64.00	06400	INTRAVENOUS THERAPY	5,310	123,938	3,670	33,969	51,268,303	64.00
65.00	06500	RESPIRATORY THERAPY	6,584	153,672	11,090	3,958	51,947,428	65.00
66.00	06600	PHYSICAL THERAPY	155	0	61,173	8,680	93,218,203	66.00
69.00	06900	ELECTROCARDIOLOGY	2,322	54,211	6,430	6,616	67,628,219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	717	16,732	1,079	5	6,127,589	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	28,829,448	0	143,086,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	16,949,951	0	130,075,345	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,236,411	110,715,287	73.00
74.00	07400	RENAL DIALYSIS	1,549	36,167	3,720	89,279	5,918,458	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	193	4,502	0	0	1,363,360	76.10
76.97	07697	CARDIAC REHABILITATION	687	16,034	1,329	22	4,004,095	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,897	394,399	56,524	357,544	170,795,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	202,984	4,121,567	48,684,022	18,735,594	2,115,636,334	118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	2,702	0	17,072	102	0	192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,203,141	8,692,392	3,108,114	6,941,974	5,300,042	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.572966	2.109002	0.063820	0.370521	0.002505	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	296,523	699,848	259,468	253,930	344,840	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.441629	0.169801	0.005328	0.013553	0.000163	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet B-1 | Date/Time Prepared: 5/30/2018 9:46 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)		
			17.00	21.00	22.00	23.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	0					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,000				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,000			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	3,306	3,306	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	6,694	6,694	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	10,000	10,000	100		118.00
		NONREIMBURSABLE COST CENTERS						
192.01	19201	OTHER NRCC	0	0	0	0		192.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	77,311	146,050	462,848		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	7.731100	14.605000	4,628.480000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,808	3,347	15,953		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.180800	0.334700	159.530000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,955,858		77,955,858	2,701	77,958,559	30.00
31.00	03100	INTENSIVE CARE UNIT	15,864,610		15,864,610	0	15,864,610	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,298,683		9,298,683	0	9,298,683	34.00
41.00	04100	SUBPROVIDER - IRF	10,256,080		10,256,080	0	10,256,080	41.00
43.00	04300	NURSERY	4,914,152		4,914,152	0	4,914,152	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,080,350		36,080,350	13,454	36,093,804	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,704,443		4,704,443	0	4,704,443	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,263,530		15,263,530	0	15,263,530	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,899,837		1,899,837	4,477	1,904,314	55.00
56.00	05600	RADIOISOTOPE	4,086,356		4,086,356	0	4,086,356	56.00
57.00	05700	CT SCAN	2,208,094		2,208,094	0	2,208,094	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,832,493		1,832,493	0	1,832,493	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,140,629		5,140,629	1,758	5,142,387	59.00
60.00	06000	LABORATORY	20,408,604		20,408,604	7,755	20,416,359	60.00
64.00	06400	INTRAVENOUS THERAPY	8,246,262		8,246,262	0	8,246,262	64.00
65.00	06500	RESPIRATORY THERAPY	5,709,235	0	5,709,235	0	5,709,235	65.00
66.00	06600	PHYSICAL THERAPY	19,013,212	0	19,013,212	0	19,013,212	66.00
69.00	06900	ELECTROCARDIOLOGY	3,525,236		3,525,236	6,062	3,531,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	966,646		966,646	0	966,646	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,379,049		40,379,049	0	40,379,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,855,507		23,855,507	0	23,855,507	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,577,355		30,577,355	0	30,577,355	73.00
74.00	07400	RENAL DIALYSIS	1,902,460		1,902,460	2,343	1,904,803	74.00
76.00	03950	OTHER ANCILLARY	0		0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	242,626		242,626	0	242,626	76.10
76.97	07697	CARDIAC REHABILITATION	1,213,160		1,213,160	0	1,213,160	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	17,531,463		17,531,463	816	17,532,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,946,419		12,946,419		12,946,419	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	376,022,349	0	376,022,349	39,366	376,061,715	200.00
201.00		Less Observation Beds	12,946,419		12,946,419		12,946,419	201.00
202.00		Total (see instructions)	363,075,930	0	363,075,930	39,366	363,115,296	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	187,738,829		187,738,829			30.00
31.00	03100	INTENSIVE CARE UNIT	55,049,310		55,049,310			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	35,777,440		35,777,440			34.00
41.00	04100	SUBPROVIDER - IRF	29,750,646		29,750,646			41.00
43.00	04300	NURSERY	11,120,175		11,120,175			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	90,828,053	123,307,730	214,135,783	0.168493	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,161,517	3,199,941	13,361,458	0.352091	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,309,738	98,977,038	124,286,776	0.122809	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	846,723	2,124,146	2,970,869	0.639489	0.000000	55.00
56.00	05600	RADIOISOTOPE	25,423,214	29,106,002	54,529,216	0.074939	0.000000	56.00
57.00	05700	CT SCAN	55,532,874	91,856,739	147,389,613	0.014981	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,293,196	27,376,695	45,669,891	0.040125	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,174,082	47,660,795	81,834,877	0.062817	0.000000	59.00
60.00	06000	LABORATORY	129,265,928	121,202,487	250,468,415	0.081482	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,879,437	48,388,866	51,268,303	0.160845	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	42,125,618	9,821,810	51,947,428	0.109904	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	44,455,626	48,762,577	93,218,203	0.203965	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	34,788,780	32,839,439	67,628,219	0.052127	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,029,995	4,097,594	6,127,589	0.157753	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,891,006	62,195,079	143,086,085	0.282201	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,295,435	41,779,910	130,075,345	0.183398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,122,200	33,593,087	110,715,287	0.276180	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,508,884	409,574	5,918,458	0.321445	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	1,280,436	82,924	1,363,360	0.177962	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	9,230	3,994,865	4,004,095	0.302980	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	56,962,612	113,832,527	170,795,139	0.102646	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,308,307	17,097,218	25,405,525	0.509591	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,153,929,291	961,707,043	2,115,636,334			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,153,929,291	961,707,043	2,115,636,334			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.168556	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352091	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122809	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.640996	55.00
56.00	05600	RADIOISOTOPE	0.074939	56.00
57.00	05700	CT SCAN	0.014981	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040125	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062839	59.00
60.00	06000	LABORATORY	0.081513	60.00
64.00	06400	INTRAVENOUS THERAPY	0.160845	64.00
65.00	06500	RESPIRATORY THERAPY	0.109904	65.00
66.00	06600	PHYSICAL THERAPY	0.203965	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052216	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.282201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.183398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276180	73.00
74.00	07400	RENAL DIALYSIS	0.321841	74.00
76.00	03950	OTHER ANCILLARY	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0.177962	76.10
76.97	07697	CARDIAC REHABILITATION	0.302980	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.102651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.509591	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	77,955,858		77,955,858	2,701	77,958,559	30.00
31.00	03100	INTENSIVE CARE UNIT	15,864,610		15,864,610	0	15,864,610	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,298,683		9,298,683	0	9,298,683	34.00
41.00	04100	SUBPROVIDER - IRF	10,256,080		10,256,080	0	10,256,080	41.00
43.00	04300	NURSERY	4,914,152		4,914,152	0	4,914,152	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	36,080,350		36,080,350	13,454	36,093,804	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,704,443		4,704,443	0	4,704,443	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,263,530		15,263,530	0	15,263,530	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	1,899,837		1,899,837	4,477	1,904,314	55.00
56.00	05600	RADIOISOTOPE	4,086,356		4,086,356	0	4,086,356	56.00
57.00	05700	CT SCAN	2,208,094		2,208,094	0	2,208,094	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,832,493		1,832,493	0	1,832,493	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,140,629		5,140,629	1,758	5,142,387	59.00
60.00	06000	LABORATORY	20,408,604		20,408,604	7,755	20,416,359	60.00
64.00	06400	INTRAVENOUS THERAPY	8,246,262		8,246,262	0	8,246,262	64.00
65.00	06500	RESPIRATORY THERAPY	5,709,235	0	5,709,235	0	5,709,235	65.00
66.00	06600	PHYSICAL THERAPY	19,013,212	0	19,013,212	0	19,013,212	66.00
69.00	06900	ELECTROCARDIOLOGY	3,525,236		3,525,236	6,062	3,531,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	966,646		966,646	0	966,646	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,379,049		40,379,049	0	40,379,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,855,507		23,855,507	0	23,855,507	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,577,355		30,577,355	0	30,577,355	73.00
74.00	07400	RENAL DIALYSIS	1,902,460		1,902,460	2,343	1,904,803	74.00
76.00	03950	OTHER ANCILLARY	0		0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	242,626		242,626	0	242,626	76.10
76.97	07697	CARDIAC REHABILITATION	1,213,160		1,213,160	0	1,213,160	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	17,531,463		17,531,463	816	17,532,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	12,946,419		12,946,419		12,946,419	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	376,022,349	0	376,022,349	39,366	376,061,715	200.00
201.00		Less Observation Beds	12,946,419		12,946,419		12,946,419	201.00
202.00		Total (see instructions)	363,075,930	0	363,075,930	39,366	363,115,296	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	187,738,829		187,738,829			30.00
31.00	03100	INTENSIVE CARE UNIT	55,049,310		55,049,310			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	35,777,440		35,777,440			34.00
41.00	04100	SUBPROVIDER - IRF	29,750,646		29,750,646			41.00
43.00	04300	NURSERY	11,120,175		11,120,175			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	90,828,053	123,307,730	214,135,783	0.168493	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,161,517	3,199,941	13,361,458	0.352091	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,309,738	98,977,038	124,286,776	0.122809	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	846,723	2,124,146	2,970,869	0.639489	0.000000	55.00
56.00	05600	RADIOISOTOPE	25,423,214	29,106,002	54,529,216	0.074939	0.000000	56.00
57.00	05700	CT SCAN	55,532,874	91,856,739	147,389,613	0.014981	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,293,196	27,376,695	45,669,891	0.040125	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,174,082	47,660,795	81,834,877	0.062817	0.000000	59.00
60.00	06000	LABORATORY	129,265,928	121,202,487	250,468,415	0.081482	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	2,879,437	48,388,866	51,268,303	0.160845	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	42,125,618	9,821,810	51,947,428	0.109904	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	44,455,626	48,762,577	93,218,203	0.203965	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	34,788,780	32,839,439	67,628,219	0.052127	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,029,995	4,097,594	6,127,589	0.157753	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	80,891,006	62,195,079	143,086,085	0.282201	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,295,435	41,779,910	130,075,345	0.183398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,122,200	33,593,087	110,715,287	0.276180	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,508,884	409,574	5,918,458	0.321445	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	1,280,436	82,924	1,363,360	0.177962	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	9,230	3,994,865	4,004,095	0.302980	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	56,962,612	113,832,527	170,795,139	0.102646	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,308,307	17,097,218	25,405,525	0.509591	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,153,929,291	961,707,043	2,115,636,334			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,153,929,291	961,707,043	2,115,636,334			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
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
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,567,889	0	7,567,889	84,995	89.04	30.00
31.00	INTENSIVE CARE UNIT	1,100,820		1,100,820	8,039	136.93	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	764,960		764,960	5,093	150.20	34.00
41.00	SUBPROVIDER - IRF	699,271	0	699,271	12,812	54.58	41.00
43.00	NURSERY	472,253		472,253	3,569	132.32	43.00
200.00	Total (lines 30 through 199)	10,605,193		10,605,193	114,508		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	33,040	2,941,882				30.00
31.00	INTENSIVE CARE UNIT	2,569	351,773				31.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,224	334,045				34.00
41.00	SUBPROVIDER - IRF	9,506	518,837				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	47,339	4,146,537				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,162,646	214,135,783	0.019439	36,889,351	717,092	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531,695	13,361,458	0.039793	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,084,281	124,286,776	0.024816	12,174,742	302,128	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	255,517	2,970,869	0.086007	509,049	43,782	55.00
56.00	05600	RADIOISOTOPE	238,599	54,529,216	0.004376	10,567,359	46,243	56.00
57.00	05700	CT SCAN	124,212	147,389,613	0.000843	30,793,935	25,959	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	307,808	45,669,891	0.006740	8,589,204	57,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	603,791	81,834,877	0.007378	16,920,610	124,840	59.00
60.00	06000	LABORATORY	1,035,959	250,468,415	0.004136	61,414,059	254,009	60.00
64.00	06400	INTRAVENOUS THERAPY	303,079	51,268,303	0.005912	80,813	478	64.00
65.00	06500	RESPIRATORY THERAPY	312,111	51,947,428	0.006008	19,976,867	120,021	65.00
66.00	06600	PHYSICAL THERAPY	1,134,849	93,218,203	0.012174	12,393,701	150,881	66.00
69.00	06900	ELECTROCARDIOLOGY	626,148	67,628,219	0.009259	20,393,174	188,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155,482	6,127,589	0.025374	898,369	22,795	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,051,888	143,086,085	0.007351	36,120,878	265,525	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,942	130,075,345	0.004812	37,842,003	182,096	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,067	110,715,287	0.007127	36,438,427	259,697	73.00
74.00	07400	RENAL DIALYSIS	121,019	5,918,458	0.020448	3,063,153	62,635	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	13,394	1,363,360	0.009824	148,108	1,455	76.10
76.97	07697	CARDIAC REHABILITATION	146,427	4,004,095	0.036569	3,155	115	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,247,723	170,795,139	0.007305	27,610,810	201,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,256,787	25,405,525	0.049469	4,502,545	222,736	92.00
200.00		Total (lines 50 through 199)	18,128,424	1,796,199,934		377,330,312	3,250,895	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part III Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	84,995	0.00	33,040	30.00
31.00	03100	INTENSIVE CARE UNIT		0	8,039	0.00	2,569	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	5,093	0.00	2,224	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,812	0.00	9,506	41.00
43.00	04300	NURSERY		0	3,569	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	114,508		47,339	200.00

		Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			9.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	462,848	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	462,848	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	214,135,783	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,361,458	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,286,776	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	2,970,869	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	54,529,216	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	147,389,613	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	45,669,891	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	81,834,877	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	250,468,415	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	51,268,303	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,947,428	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	93,218,203	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	67,628,219	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,127,589	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	143,086,085	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,075,345	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	462,848	462,848	110,715,287	0.004181	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,918,458	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	1,363,360	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,004,095	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	170,795,139	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,405,525	0.000000	92.00
200.00		Total (lines 50 through 199)	0	462,848	462,848	1,796,199,934		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	36,889,351	0	30,785,318	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,174,742	0	18,124,551	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	509,049	0	1,091,049	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	10,567,359	0	8,666,502	0	56.00
57.00	05700	CT SCAN	0.000000	30,793,935	0	19,938,699	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	8,589,204	0	7,147,857	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	16,920,610	0	22,441,121	0	59.00
60.00	06000	LABORATORY	0.000000	61,414,059	0	17,210,132	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	80,813	0	2,832,639	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	19,976,867	0	1,601,493	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	12,393,701	0	2,033,581	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	20,393,174	0	8,074,514	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	898,369	0	1,028,758	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	36,120,878	0	19,527,789	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	37,842,003	0	14,019,340	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004181	36,438,427	152,349	21,803,673	91,161	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,063,153	0	210,657	0	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.000000	148,108	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.000000	3,155	0	1,988,146	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000	27,610,810	0	18,629,483	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	4,502,545	0	8,330,173	0	92.00
200.00		Total (lines 50 through 199)		377,330,312	152,349	225,485,475	91,161	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.168493	30,785,318	43	2,084	5,187,111	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352091	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122809	18,124,551	9	0	2,225,858	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.639489	1,091,049	0	0	697,714	55.00
56.00	05600	RADIOISOTOPE	0.074939	8,666,502	0	0	649,459	56.00
57.00	05700	CT SCAN	0.014981	19,938,699	0	0	298,702	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040125	7,147,857	0	0	286,808	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062817	22,441,121	0	0	1,409,684	59.00
60.00	06000	LABORATORY	0.081482	17,210,132	1,404	0	1,402,316	60.00
64.00	06400	INTRAVENOUS THERAPY	0.160845	2,832,639	0	0	455,616	64.00
65.00	06500	RESPIRATORY THERAPY	0.109904	1,601,493	0	0	176,010	65.00
66.00	06600	PHYSICAL THERAPY	0.203965	2,033,581	28	484	414,779	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052127	8,074,514	0	0	420,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157753	1,028,758	0	0	162,290	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.282201	19,527,789	0	0	5,510,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.183398	14,019,340	0	0	2,571,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276180	21,803,673	0	63,856	6,021,738	73.00
74.00	07400	RENAL DIALYSIS	0.321445	210,657	0	0	67,715	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.177962	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.302980	1,988,146	0	0	602,368	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.102646	18,629,483	65	0	1,912,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.509591	8,330,173	0	0	4,244,981	92.00
200.00		Subtotal (see instructions)		225,485,475	1,549	66,424	34,718,172	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		225,485,475	1,549	66,424	34,718,172	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	7	351		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	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	114	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	6	99		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,636		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	7	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	135	18,086		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	135	18,086		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part II Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,162,646	214,135,783	0.019439	73,630	1,431	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531,695	13,361,458	0.039793	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,084,281	124,286,776	0.024816	369,734	9,175	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	255,517	2,970,869	0.086007	8	1	55.00
56.00	05600	RADIOISOTOPE	238,599	54,529,216	0.004376	204,218	894	56.00
57.00	05700	CT SCAN	124,212	147,389,613	0.000843	531,642	448	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	307,808	45,669,891	0.006740	172,488	1,163	58.00
59.00	05900	CARDIAC CATHETERIZATION	603,791	81,834,877	0.007378	33,590	248	59.00
60.00	06000	LABORATORY	1,035,959	250,468,415	0.004136	4,308,663	17,821	60.00
64.00	06400	INTRAVENOUS THERAPY	303,079	51,268,303	0.005912	909	5	64.00
65.00	06500	RESPIRATORY THERAPY	312,111	51,947,428	0.006008	1,566,518	9,412	65.00
66.00	06600	PHYSICAL THERAPY	1,134,849	93,218,203	0.012174	16,315,664	198,627	66.00
69.00	06900	ELECTROCARDIOLOGY	626,148	67,628,219	0.009259	398,690	3,691	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155,482	6,127,589	0.025374	11,207	284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,051,888	143,086,085	0.007351	744,047	5,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	625,942	130,075,345	0.004812	16,448	79	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	789,067	110,715,287	0.007127	2,397,852	17,089	73.00
74.00	07400	RENAL DIALYSIS	121,019	5,918,458	0.020448	392,475	8,025	74.00
76.00	03950	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	13,394	1,363,360	0.009824	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	146,427	4,004,095	0.036569	14	1	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,247,723	170,795,139	0.007305	198,029	1,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	25,405,525	0.000000	148,119	0	92.00
200.00		Total (lines 50 through 199)	16,871,637	1,796,199,934		27,883,945	275,310	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	462,848	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	462,848	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	214,135,783	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	13,361,458	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	124,286,776	0.000000	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	2,970,869	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	54,529,216	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	147,389,613	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	45,669,891	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	81,834,877	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	250,468,415	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	51,268,303	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	51,947,428	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	93,218,203	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	67,628,219	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,127,589	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	143,086,085	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	130,075,345	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	462,848	462,848	110,715,287	0.004181	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,918,458	0.000000	74.00
76.00	03950	OTHER ANCILLARY	0	0	0	0	0.000000	76.00
76.10	03550	OUTPATIENT PSYCH	0	0	0	1,363,360	0.000000	76.10
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,004,095	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	170,795,139	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	25,405,525	0.000000	92.00
200.00		Total (lines 50 through 199)	0	462,848	462,848	1,796,199,934		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	73,630	0	11	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	369,734	0	1,681	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	8	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	204,218	0	138	0	56.00
57.00	05700	CT SCAN	0.000000	531,642	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	172,488	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	33,590	0	24	0	59.00
60.00	06000	LABORATORY	0.000000	4,308,663	0	332	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	909	0	2	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,566,518	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	16,315,664	0	3	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	398,690	0	2,696	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	11,207	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	744,047	0	9,897	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	16,448	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004181	2,397,852	10,025	1,089	5	73.00
74.00	07400	RENAL DIALYSIS	0.000000	392,475	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.000000	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.000000	14	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000	198,029	0	5	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	148,119	0	0	0	92.00
200.00		Total (lines 50 through 199)		27,883,945	10,025	15,878	5	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.168493	11	0	54	2	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352091	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122809	1,681	0	0	206	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.639489	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.074939	138	0	0	10	56.00
57.00	05700	CT SCAN	0.014981	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040125	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062817	24	0	0	2	59.00
60.00	06000	LABORATORY	0.081482	332	0	0	27	60.00
64.00	06400	INTRAVENOUS THERAPY	0.160845	2	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.109904	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.203965	3	0	0	1	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052127	2,696	0	0	141	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157753	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.282201	9,897	0	0	2,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.183398	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276180	1,089	0	3,382	301	73.00
74.00	07400	RENAL DIALYSIS	0.321445	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.177962	0	0	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.302980	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.102646	5	0	0	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.509591	0	0	0	0	92.00
200.00		Subtotal (see instructions)		15,878	0	3,436	3,484	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		15,878	0	3,436	3,484	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D Part V | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	9		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	934		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY	0	0		76.00
76.10	03550	OUTPATIENT PSYCH	0	0		76.10
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	943		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	943		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	84,995	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	84,995	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)	70,880	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	33,040	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)	77,958,559	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)	77,958,559	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)	77,958,559	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)	917.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	30,304,618	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)	30,304,618	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,864,610	8,039	1,973.46	2,569	5,069,819	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	9,298,683	5,093	1,825.78	2,224	4,060,535	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)	54,988,521	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	94,423,493	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)	3,627,700	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	3,403,244	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	7,030,944	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	87,392,549	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)	14,115	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	917.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	12,946,419	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	7,567,889	77,958,559	0.097076	12,946,419	1,256,787	90.00
91.00	Nursing School cost	0	77,958,559	0.000000	12,946,419	0	91.00
92.00	Allied health cost	0	77,958,559	0.000000	12,946,419	0	92.00
93.00	All other Medical Education	0	77,958,559	0.000000	12,946,419	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,812	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,812	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,812	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)	9,506	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)	10,256,080	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)	10,256,080	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)	10,256,080	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)	800.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,609,648	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)	7,609,648	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-1 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						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)	5,061,413	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	12,671,061	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)	518,837	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	285,335	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	804,172	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	11,866,889	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	699,271	10,256,080	0.068181	0	0	90.00
91.00	Nursing School cost	0	10,256,080	0.000000	0	0	91.00
92.00	Allied health cost	0	10,256,080	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,256,080	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		83,898,246		30.00
31.00	03100	INTENSIVE CARE UNIT		24,156,692		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		17,616,671		34.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.168556	36,889,351	6,217,921	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352091	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122809	12,174,742	1,495,168	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.640996	509,049	326,298	55.00
56.00	05600	RADIOISOTOPE	0.074939	10,567,359	791,907	56.00
57.00	05700	CT SCAN	0.014981	30,793,935	461,324	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040125	8,589,204	344,642	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062839	16,920,610	1,063,274	59.00
60.00	06000	LABORATORY	0.081513	61,414,059	5,006,044	60.00
64.00	06400	INTRAVENOUS THERAPY	0.160845	80,813	12,998	64.00
65.00	06500	RESPIRATORY THERAPY	0.109904	19,976,867	2,195,538	65.00
66.00	06600	PHYSICAL THERAPY	0.203965	12,393,701	2,527,881	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052216	20,393,174	1,064,850	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157753	898,369	141,720	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.282201	36,120,878	10,193,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.183398	37,842,003	6,940,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276180	36,438,427	10,063,565	73.00
74.00	07400	RENAL DIALYSIS	0.321841	3,063,153	985,848	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.177962	148,108	26,358	76.10
76.97	07697	CARDIAC REHABILITATION	0.302980	3,155	956	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.102651	27,610,810	2,834,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.509591	4,502,545	2,294,456	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		377,330,312	54,988,521	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)		377,330,312		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet D-3 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100	SUBPROVIDER - IRF		22,068,377		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.168556	73,630	12,411	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352091	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122809	369,734	45,407	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.640996	8	5	55.00
56.00	05600	RADIOISOTOPE	0.074939	204,218	15,304	56.00
57.00	05700	CT SCAN	0.014981	531,642	7,965	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.040125	172,488	6,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.062839	33,590	2,111	59.00
60.00	06000	LABORATORY	0.081513	4,308,663	351,212	60.00
64.00	06400	INTRAVENOUS THERAPY	0.160845	909	146	64.00
65.00	06500	RESPIRATORY THERAPY	0.109904	1,566,518	172,167	65.00
66.00	06600	PHYSICAL THERAPY	0.203965	16,315,664	3,327,824	66.00
69.00	06900	ELECTROCARDIOLOGY	0.052216	398,690	20,818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.157753	11,207	1,768	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.282201	744,047	209,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.183398	16,448	3,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276180	2,397,852	662,239	73.00
74.00	07400	RENAL DIALYSIS	0.321841	392,475	126,315	74.00
76.00	03950	OTHER ANCILLARY	0.000000	0	0	76.00
76.10	03550	OUTPATIENT PSYCH	0.177962	0	0	76.10
76.97	07697	CARDIAC REHABILITATION	0.302980	14	4	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.102651	198,029	20,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.509591	148,119	75,480	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,883,945	5,061,413	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)		27,883,945		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	54,394,372	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	18,461,644	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)	1,871,443	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	19,315,090	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	388.12	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)	9.00	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)	5.85	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	5.85	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)	9.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	2.92	10.00
11.00	FTE count for residents in dental and podiatric programs.	1.00	11.00
12.00	Current year allowable FTE (see instructions)	3.92	12.00
13.00	Total allowable FTE count for the prior year.	2.58	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.	1.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	2.50	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	2.50	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.006441	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.003444	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.003444	21.00
22.00	IME payment adjustment (see instructions)	137,042	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	36,332	22.01
	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	-6.08	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)	137,042	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	36,332	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	2.84	30.00
31.00	Percentage of Medicaid patient days (see instructions)	22.11	31.00
32.00	Sum of lines 30 and 31	24.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)	9.80	33.00
34.00	Disproportionate share adjustment (see instructions)	1,784,972	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Date/Time Prepared: 5/30/2018 9:46 am

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		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)	2,919,530	3,240,618	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,183,648	816,814	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,000,462		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	79,649,935		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)	79,686,267	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	6,399,027	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).	45,890	52.00
53.00	Nursing and Allied Health Managed Care payment	293,358	53.00
54.00	Special add-on payments for new technologies	12,429	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	152,349	58.00
59.00	Total (sum of amounts on lines 49 through 58)	86,589,320	59.00
60.00	Primary payer payments	25,424	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	86,563,896	61.00
62.00	Deductibles billed to program beneficiaries	6,907,712	62.00
63.00	Coinsurance billed to program beneficiaries	307,342	63.00
64.00	Allowable bad debts (see instructions)	1,951,283	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,268,334	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,473,032	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	80,617,176	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)	0	70.50
70.87	Demonstration payment adjustment amount before sequestration	0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92
70.93	HVBP payment adjustment amount (see instructions)	11,364	70.93
70.94	HRR adjustment amount (see instructions)	-1,999,310	70.94
70.95	Recovery of accelerated depreciation	0	70.95

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		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		78,629,230	71.00
71.01	Sequestration adjustment (see instructions)		1,572,585	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		75,304,804	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,751,841	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		325,000	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	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	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	0	104.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2018 9:46 am

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	54,394,372	0	54,394,372		54,394,372	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,461,644	0		18,461,644	18,461,644	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,871,443	0	1,605,791	265,652	1,871,443	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,315,090	0	14,312,634	5,002,456	19,315,090	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003444	0.003444	0.003444	0.003444		5.00
6.00	IME payment adjustment (see instructions)	22.00	137,042	0	102,316	34,726	137,042	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	36,332	0	36,332	0	36,332	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	137,042	0	102,316	34,726	137,042	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	36,332	0	36,332	0	36,332	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0980	0.0980	0.0980	0.0980		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,784,972	0	1,332,662	452,310	1,784,972	11.00
11.01	Uncompensated care payments	36.00	3,000,462	0	2,857,138	806,418	3,663,556	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	79,649,935	0	59,629,185	20,020,750	79,649,935	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	79,686,267	0	59,665,517	20,020,750	79,686,267	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,399,027	0	4,795,406	1,603,621	6,399,027	16.00
17.00	Special add-on payments for new technologies	54.00	12,429	0	12,429	0	12,429	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/30/2018 9:46 am

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	64,473,352	21,624,371	86,097,723	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	5,907,075	0	4,403,417	1,503,658	5,907,075	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	167,654	0	150,241	17,413	167,654	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0031	0.0031	0.0031	0.0031		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	18,312	0	13,651	4,661	18,312	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0518	0.0518	0.0518	0.0518		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	305,986	0	228,097	77,889	305,986	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,399,027	0	4,795,406	1,603,621	6,399,027	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 9:46 am

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		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	54,394,372	54,394,372		54,394,372	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,461,644		18,461,644	18,461,644	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,871,443	1,605,791	265,652	1,871,443	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	19,315,090	14,312,634	5,002,456	19,315,090	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.003444	0.003444	0.003444		5.00
6.00	IME payment adjustment (see instructions)	22.00	137,042	102,316	34,726	137,042	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	36,332	26,922	9,410	36,332	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	137,042	102,316	34,726	137,042	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	36,332	26,922	9,410	36,332	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0980	0.0980	0.0980		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,784,972	1,332,662	452,310	1,784,972	11.00
11.01	Uncompensated care payments	36.00	3,000,462	2,183,648	816,814	3,000,462	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	79,649,935	59,618,789	20,031,146	79,649,935	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	79,686,267	59,645,711	20,040,556	79,686,267	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	6,399,027	4,795,406	1,603,621	6,399,027	16.00
17.00	Special add-on payments for new technologies	54.00	12,429	12,429	0	12,429	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			64,453,546	21,644,177	86,097,723	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5 | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 9:46 am

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		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,907,075	4,403,417	1,503,658	5,907,075	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	167,654	150,241	17,413	167,654	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0031	0.0031	0.0031		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	18,312	13,651	4,661	18,312	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0518	0.0518	0.0518		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	305,986	228,097	77,889	305,986	25.00
26.00	Total prospective capital payments (see instructions)	12.00	6,399,027	4,795,406	1,603,621	6,399,027	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	11,364	92,778	-81,414	11,364	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,999,310	-1,545,154	-454,156	-1,999,310	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 9:46 am
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		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	18,221	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	34,627,011	2.00
3.00	OPPS payments	27,336,704	3.00
4.00	Outlier payment (see instructions)	417,263	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	91,161	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	18,221	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	67,973	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)	67,973	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	67,973	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	49,752	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	18,221	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	27,845,128	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,948,957	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)	22,914,392	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	14,887	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)	22,929,279	30.00
31.00	Primary payer payments	6,091	31.00
32.00	Subtotal (line 30 minus line 31)	22,923,188	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)	991,099	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	644,214	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	696,388	36.00
37.00	Subtotal (see instructions)	23,567,402	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-23	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	23,567,425	40.00
40.01	Sequestration adjustment (see instructions)	471,349	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	22,738,899	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	357,177	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	943	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,479	2.00
3.00	OPPS payments	740	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	5	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	943	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	3,436	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)	3,436	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	3,436	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	2,493	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	943	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	745	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)	70	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)	1,618	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)	1,618	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,618	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,618	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,618	40.00
40.01	Sequestration adjustment (see instructions)	32	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	1,308	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	278	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		74,820,294		22,352,035	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		683,029		456,061	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	12/04/2017	198,519	12/04/2017	69,197	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)		-198,519		-69,197	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)		75,304,804		22,738,899	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,751,841		357,177	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		77,056,645		23,096,076	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0007 | Component CCN: 14-T007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		14,912,072		1,308	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/04/2017	182,930		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)		182,930		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)		15,095,002		1,308	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		278	6.01
6.02	SETTLEMENT TO PROGRAM		11,556		0	6.02
7.00	Total Medicare program liability (see instructions)		15,083,446		1,586	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0007 Component CCN: 14-T007	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	15,053,639	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0105	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	341,718	3.00
4.00	Outlier Payments	109,409	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	35.101370	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	15,504,766	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	15,504,766	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	15,504,766	19.00
20.00	Deductibles	73,668	20.00
21.00	Subtotal (line 19 minus line 20)	15,431,098	21.00
22.00	Coinsurance	66,983	22.00
23.00	Subtotal (line 21 minus line 22)	15,364,115	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	26,356	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	17,131	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	24,458	26.00
27.00	Subtotal (sum of lines 23 and 25)	15,381,246	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	10,025	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	15,391,271	32.00
32.01	Sequestration adjustment (see instructions)	307,825	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	15,095,002	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-11,556	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	25,184	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	109,409	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-4 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			9.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.85	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			5.85	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			9.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.92	6.00
7.00	Enter the lesser of line 5 or line 6			2.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.30	2.29	2.59	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.30	2.29	2.59	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.92		10.01
11.00	Total weighted FTE count	0.30	2.29		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.10	0.76		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.10	0.76		17.00
18.00	Per resident amount	120,704.86	120,704.86		18.00
19.00	Approved amount for resident costs	12,070	91,736	103,806	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			103,806	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	47,340	11,136		26.00
27.00	Total Inpatient Days (see instructions)	97,188	97,188		27.00
28.00	Ratio of inpatient days to total inpatient days	0.487097	0.114582		28.00
29.00	Program direct GME amount	50,564	11,894		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,681		30.00
31.00	Net Program direct GME amount			60,777	31.00

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

Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet E-4 | Date/Time Prepared: 5/30/2018 9:46 am

Title XVIII | Hospital | PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	5,918,458	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	107,094,554	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	25,424	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	107,069,130	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	34,740,820	42.00
43.00	Primary payer payments (see instructions)	6,091	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	34,734,729	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	141,803,859	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.755051	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.244949	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	60,777	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	45,890	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	14,887	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G | Date/Time Prepared: 5/30/2018 9:46 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	4,892,478	0	0	0	1.00
2.00	Temporary investments	1,119,950	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	226,813,632	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-171,182,653	0	0	0	6.00
7.00	Inventory	9,604,117	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,365,118	0	0	0	9.00
10.00	Due from other funds	10,784,052	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	86,396,694	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,848,395	0	0	0	12.00
13.00	Land improvements	2,864,683	0	0	0	13.00
14.00	Accumulated depreciation	-2,290,391	0	0	0	14.00
15.00	Buildings	337,408,039	0	0	0	15.00
16.00	Accumulated depreciation	-181,464,098	0	0	0	16.00
17.00	Leasehold improvements	4,465,488	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	138,029,040	0	0	0	23.00
24.00	Accumulated depreciation	-103,185,954	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	197,675,202	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	1,486,340	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	271,019	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,757,359	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	285,829,255	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,557,778	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	28,868	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	37,404,589	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,995,235	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	812,346	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	812,346	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,807,581	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	246,021,674				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	246,021,674	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	285,829,255	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-1 | Date/Time Prepared: 5/30/2018 9:46 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		207,033,147		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-5,029,461				2.00
3.00	Total (sum of line 1 and line 2)		202,003,686		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	NET ASSET TRANSFERS	43,481,280		0		0	5.00
6.00	OTHER UNRESTRICTED NET ASSETS	536,707		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		44,017,987		0		10.00
11.00	Subtotal (line 3 plus line 10)		246,021,673		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	ROUNDING	-1		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		-1		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		246,021,674		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	Additions (credit adjustments) (specify)		0			4.00
5.00	NET ASSET TRANSFERS		0			5.00
6.00	OTHER UNRESTRICTED NET ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/30/2018 9:46 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	198,859,005		198,859,005	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	29,750,646		29,750,646	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	228,609,651		228,609,651	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	55,049,310		55,049,310	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	35,777,440		35,777,440	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	90,826,750		90,826,750	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	319,436,401		319,436,401	17.00
18.00	Ancillary services	769,221,971	830,777,296	1,599,999,267	18.00
19.00	Outpatient services	65,270,919	130,929,745	196,200,664	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	27,417	4,028,656	4,056,073	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,153,956,708	965,735,697	2,119,692,405	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		389,251,790		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	3			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)		3		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)		389,251,793		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 14-0007 | Period: From 01/01/2017 To 12/31/2017 | Worksheet G-3 | Date/Time Prepared: 5/30/2018 9:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,119,692,405	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,745,578,071	2.00
3.00	Net patient revenues (line 1 minus line 2)	374,114,334	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	389,251,793	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,137,459	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	89,932	6.00
7.00	Income from investments	316,082	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	1,515,800	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHERS	8,186,184	24.00
24.01	OTHER GAINS	0	24.01
25.00	Total other income (sum of lines 6-24)	10,107,998	25.00
26.00	Total (line 5 plus line 25)	-5,029,461	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)	-5,029,461	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0007	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	5,907,075	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	167,654	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)	231.17	3.00
4.00	Number of interns & residents (see instructions)	2.50	4.00
5.00	Indirect medical education percentage (see instructions)	0.31	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)	18,312	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	2.84	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	22.11	8.00
9.00	Sum of lines 7 and 8	24.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.18	10.00
11.00	Disproportionate share adjustment (see instructions)	305,986	11.00
12.00	Total prospective capital payments (see instructions)	6,399,027	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