

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: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/27/2017 2:36 pm
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PART I - COST REPORT STATUS

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

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

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

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

Date: 11/27/2017 Time: 2:36 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL (14-0053) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	963,518	467,994	0	0	1.00
2.00 Subprovider - IPF	0	70,731	62		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	165,153	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	1,199,402	468,056	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: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 8:50 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62769		4.00 County: SANGAMON				
1.00 Street: 800 EAST CARPENTER		2.00 City: SPRINGFIELD								
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ST. JOHN'S HOSPITAL PSYCH UNIT	14S053	44100	4	07/03/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	ST. JOHN'S HOSPITAL TCU	145225	44100		06/01/1977	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984				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)					07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)					1			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		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 days	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.	10,703	10,493	0	0	8,068	465		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.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 8:50 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)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000			64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
65.01			0.00	0.00	0.000000		65.01
65.02			0.00	0.00	0.000000		65.02

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	
67.01				0.00	0.00	0.000000	
67.02				0.00	0.00	0.000000	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y	N	0	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		0	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	
				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	0	
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	0	
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	0	
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.					0	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 8:50 am	
		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.		Y		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	931,805	2,567,017	7,083,753	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 state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 8:50 am	
		1.00	2.00				
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		148005		140.00	
		1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131		141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 8:50 am
			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)			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)		01/01/2016	03/31/2016
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 8:50 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					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?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	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.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			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	10/03/2017	Y	10/03/2017		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 8:50 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBIN		BARBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	HSHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-544-6464		ROBIN.BARBER@HSHS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-2
Part II
Date/Time Prepared:
11/27/2017 8:50 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.	DIRECTOR OF ACCOUNTING	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: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 8:50 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	262	94,240	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)		262	94,240	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	51	18,544	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 HIGH RISK NEONATAL	35.00	43	15,695	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		356	128,479	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,589		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		394				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 8:50 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,110	9,026	60,499			1.00
2.00 HMO and other (see instructions)	8,909	11,470				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	24,110	9,026	60,499			7.00
8.00 INTENSIVE CARE UNIT	5,506	1,575	11,079			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 HIGH RISK NEONATAL	0	5,956	13,541			12.00
13.00 NURSERY		1,237	3,117			13.00
14.00 Total (see instructions)	29,616	17,794	88,236	72.51	2,348.21	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,828	147	4,491	2.23	27.21	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	2,373	365	3,818	0.05	22.16	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	13,393	0	30,182	0.00	52.69	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	7.20	24.00
24.10 HOSPICE (non-distinct part)	0	0	519			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)				74.79	2,457.47	27.00
28.00 Observation Bed Days		678	3,188			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,734			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	465	809			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 8:50 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,743	4,896	17,347	1.00
2.00 HMO and other (see instructions)			1,770	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
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 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,743	4,896	17,347	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	149	10	252	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2017 8:50 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	144,791,150	-4,466,355	140,324,795	5,111,537.89	27.45
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		359,057	0	359,057	2,080.00	172.62
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,905,262	0	6,905,262	260,813.53	26.48
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,362,316	-2,070	1,360,246	46,095.15	29.51
10.00	Excluded area salaries (see instructions)		10,298,417	7,516	10,305,933	317,707.85	32.44
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,393,968	0	3,393,968	61,995.87	54.75
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		2,157,129	0	2,157,129	15,793.33	136.58
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		14,642,166	0	14,642,166	296,860.98	49.32
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		50,665,743	0	50,665,743		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,847,697	0	3,847,697		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		87,836	0	87,836		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,828,183	0	1,828,183		
25.50	Home office wage-related		5,918,641	0	5,918,641		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,217,497	0	2,217,497	38,768.69	57.20
27.00	Administrative & General	5.00	19,521,157	-2,855,246	16,665,911	559,069.29	29.81

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2017 8:50 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	681,403	0	681,403	9,998.11	68.15	28.00
29.00	Maintenance & Repairs	3,811,685	-17,989	3,793,696	105,036.65	36.12	29.00
30.00	Operation of Plant	1,718,598	0	1,718,598	79,828.68	21.53	30.00
31.00	Laundry & Linen Service	1,217,507	-583,735	633,772	48,764.16	13.00	31.00
32.00	Housekeeping	2,586,088	-43,996	2,542,092	221,384.12	11.48	32.00
33.00	Housekeeping under contract (see instructions)	147,017	0	147,017	8,977.57	16.38	33.00
34.00	Dietary	2,172,369	-1,629,755	542,614	44,630.60	12.16	34.00
35.00	Dietary under contract (see instructions)	170,874	0	170,874	11,582.11	14.75	35.00
36.00	Cafeteria	0	1,604,631	1,604,631	126,141.97	12.72	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,010,363	-33,642	2,976,721	77,688.03	38.32	38.00
39.00	Central Services and Supply	509,333	-13,317	496,016	39,103.20	12.68	39.00
40.00	Pharmacy	4,832,734	-178,638	4,654,096	113,866.95	40.87	40.00
41.00	Medical Records & Medical Records Library	2,328,237	-28,800	2,299,437	99,535.51	23.10	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2017 8:50 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	138,885,182	-4,466,355	134,418,827	4,881,282.15	27.54	1.00
2.00	Excluded area salaries (see instructions)	11,660,733	5,446	11,666,179	363,803.00	32.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	127,224,449	-4,471,801	122,752,648	4,517,479.15	27.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,193,263	0	20,193,263	374,650.18	53.90	4.00
5.00	Subtotal wage-related costs (see inst.)	56,672,220	0	56,672,220	0.00	46.17	5.00
6.00	Total (sum of lines 3 thru 5)	204,089,932	-4,471,801	199,618,131	4,892,129.33	40.80	6.00
7.00	Total overhead cost (see instructions)	44,924,862	-3,780,487	41,144,375	1,584,375.64	25.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2017 8:50 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		491,128	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)		16,332,581	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)		22,589,433	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		1,766,687	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		560,187	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,080,424	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,413,813	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		8,389,557	17.00
18.00	Medicare Taxes - Employers Portion Only		2,034,710	18.00
19.00	Unemployment Insurance		252,927	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))		6,432	21.00
22.00	Day Care Cost and Allowances		174,102	22.00
23.00	Tuition Reimbursement		337,476	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		56,429,457	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: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-3
Part V
Date/Time Prepared:
11/27/2017 8:50 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	3,393,968	56,429,457	1.00
2.00	Hospital	3,393,968	56,429,457	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0053 Component CCN: 14-7222		Period: From 07/01/2016 To 06/30/2017		Worksheet S-4 Date/Time Prepared: 11/27/2017 8:50 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,673	47	38	1,758	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,370.00	175.00	567.00	2,112.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			15.49	0.00	15.49	5.00
6.00	Direct Nursing Service			22.74	0.00	22.74	6.00
7.00	Nursing Supervisor			0.98	0.00	0.98	7.00
8.00	Physical Therapy Service			7.45	0.00	7.45	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.89	0.00	2.89	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.22	0.00	0.22	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.98	0.00	0.98	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.95	0.00	1.95	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			14010			20.00
20.01				16580			20.01
20.02				19500			20.02
20.03				41180			20.03
20.04				44100			20.04
20.05				99914			20.05
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,548	641	285	189	7,663	21.00
22.00	Skilled Nursing Visit Charges	1,289,956	126,277	56,145	37,233	1,509,611	22.00
23.00	Physical Therapy Visits	2,988	43	25	61	3,117	23.00
24.00	Physical Therapy Visit Charges	627,480	9,030	5,250	12,810	654,570	24.00
25.00	Occupational Therapy Visits	1,119	51	7	40	1,217	25.00
26.00	Occupational Therapy Visit Charges	234,990	10,710	1,470	8,400	255,570	26.00
27.00	Speech Pathology Visits	35	0	0	0	35	27.00
28.00	Speech Pathology Visit Charges	7,350	0	0	0	7,350	28.00
29.00	Medical Social Service Visits	114	5	3	4	126	29.00
30.00	Medical Social Service Visit Charges	29,640	1,300	780	1,040	32,760	30.00
31.00	Home Health Aide Visits	1,056	158	5	16	1,235	31.00
32.00	Home Health Aide Visit Charges	100,320	15,010	475	1,520	117,325	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,860	898	325	310	13,393	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,289,736	162,327	64,120	61,003	2,577,186	35.00
36.00	Total Number of Episodes (standard/non outlier)	853		122	20	995	36.00
37.00	Total Number of Outlier Episodes		27		4	31	37.00
38.00	Total Non-Routine Medical Supply Charges	110,058	20,163	9,215	4,978	144,414	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-7

Date/Time Prepared:
11/27/2017 8:50 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	10	0	10	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	6	0	6	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	11	0	11	12.00
13.00	RUB	12	0	12	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	84	0	84	15.00
16.00	RVB	229	0	229	16.00
17.00	RVA	95	0	95	17.00
18.00	RHC	69	0	69	18.00
19.00	RHB	192	0	192	19.00
20.00	RHA	91	0	91	20.00
21.00	RMC	29	0	29	21.00
22.00	RMB	15	0	15	22.00
23.00	RMA	61	0	61	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	129	0	129	28.00
29.00	HE2	7	0	7	29.00
30.00	HE1	29	0	29	30.00
31.00	HD2	14	0	14	31.00
32.00	HD1	128	0	128	32.00
33.00	HC2	11	0	11	33.00
34.00	HC1	396	0	396	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	21	0	21	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	13	0	13	38.00
39.00	LD2	70	0	70	39.00
40.00	LD1	13	0	13	40.00
41.00	LC2	27	0	27	41.00
42.00	LC1	32	0	32	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	14	0	14	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	83	0	83	47.00
48.00	CD1	52	0	52	48.00
49.00	CC2	20	0	20	49.00
50.00	CC1	238	0	238	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	21	0	21	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	113	0	113	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-7

Date/Time Prepared:
11/27/2017 8:50 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	7	0	7	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	16	0	16	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	15	0	15	199.00
200.00	TOTAL		2,373	0	2,373	200.00

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

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	44100	44100	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		2,876,901		207.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0053
Hospice CCN: 14-1503

Period:
From 07/01/2016
To 06/30/2017

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
11/27/2017 8:50 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of col.s. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	5,881	97	296	6,274	11.00
12.00	Hospice Inpatient Respite Care	36	0	4	40	12.00
13.00	Hospice General Inpatient Care	407	0	75	482	13.00
14.00	Total Hospice Days	6,324	97	375	6,796	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/27/2017 8:50 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.228565	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		79,727,583	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		354,355,245	6.00	
7.00	Medicaid cost (line 1 times line 6)		80,993,207	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)		1,265,624	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		159,240	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		437,054	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,265,624	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)	13,412,989	18,569,586	31,982,575	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,065,740	18,569,586	21,635,326	21.00
22.00	Payments received from patients for amounts previously written off as charity care	191,092	16,567,932	16,759,024	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,874,648	2,001,654	4,876,302	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,844,305		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,745,299		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,685,075		27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		7,159,230		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,576,125		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,452,427		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,718,051		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Date/Time Prepared: 11/27/2017 8:50 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		28,206,938	28,206,938	-13,112,756	15,094,182	1.00
1.01	00101	CAP REL COSTS - CON		0	0	172,716	172,716	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	13,249,743	13,249,743	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,217,497	23,621,659	25,839,156	1,029,862	26,869,018	4.00
5.01	00580	COMMUNICATIONS	313,466	309,736	623,202	89,612	712,814	5.01
5.02	00540	INFORMATION SYSTEMS	177,538	27,403,819	27,581,357	0	27,581,357	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	655,321	858,692	1,514,013	0	1,514,013	5.03
5.04	00570	ADMINISTRATIVE	1,478,165	98,125	1,576,290	-8,972	1,567,318	5.04
5.05	00560	PATIENT ACCOUNTING	2,624,456	276,405	2,900,861	161,578	3,062,439	5.05
5.06	00590	OTHER ADMIN & GENERAL	14,272,211	106,395,972	120,668,183	-13,398,815	107,269,368	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,811,685	7,653,085	11,464,770	-17,989	11,446,781	6.00
7.00	00700	OPERATION OF PLANT	1,718,598	8,989,243	10,707,841	-86,910	10,620,931	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,217,507	1,725,296	2,942,803	-9,869	2,932,934	8.00
9.00	00900	HOUSEKEEPING	2,586,088	1,606,988	4,193,076	-43,996	4,149,080	9.00
10.00	01000	DIETARY	2,172,369	177,015	2,349,384	-1,760,508	588,876	10.00
11.00	01100	CAFETERIA	0	0	0	1,735,384	1,735,384	11.00
13.00	01300	NURSING ADMINISTRATION	3,010,363	795,886	3,806,249	-33,642	3,772,607	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	509,333	1,246,269	1,755,602	-1,181,439	574,163	14.00
15.00	01500	PHARMACY	4,832,734	14,600,223	19,432,957	-11,827,240	7,605,717	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,328,237	1,688,742	4,016,979	-28,800	3,988,179	16.00
20.00	02000	NURSING SCHOOL	2,074,563	459,446	2,534,009	-76,541	2,457,468	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,905,262	595	6,905,857	0	6,905,857	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	13,254,670	13,254,670	22.00
23.00	02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	127,786	5,364	133,150	0	133,150	23.00
23.01	02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL (PHARMACY)	173,474	25,777	199,251	164,294	363,545	23.03
23.04	02304	PARAMEDICAL (PASTORAL CARE)	78,742	11,401	90,143	0	90,143	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,126,070	8,504,505	28,630,575	-3,783,702	24,846,873	30.00
31.00	03100	INTENSIVE CARE UNIT	6,500,374	1,441,679	7,942,053	-538,393	7,403,660	31.00
35.00	02040	HIGH RISK NEONATAL	6,528,316	1,542,493	8,070,809	-250,873	7,819,936	35.00
40.00	04000	SUBPROVIDER - IPF	1,340,284	588,918	1,929,202	-10,825	1,918,377	40.00
43.00	04300	NURSERY	0	2	2	891,201	891,203	43.00
44.00	04400	SKILLED NURSING FACILITY	1,362,316	104,269	1,466,585	-2,786	1,463,799	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,168,599	30,337,846	40,506,445	-24,963,105	15,543,340	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	757,813	629,402	1,387,215	-546,689	840,526	50.01
50.02	05002	PAIN MANAGEMENT CENTER	108,936	-10,802	98,134	-20,445	77,689	50.02
51.00	05100	RECOVERY ROOM	1,933,257	147,708	2,080,965	-9,446	2,071,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,957,260	1,641,153	4,598,413	504,682	5,103,095	52.00
53.00	05300	ANESTHESIOLOGY	977,522	2,195,296	3,172,818	-367,376	2,805,442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,297,993	1,621,120	4,919,113	-1,217,058	3,702,055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	312,159	161,806	473,965	0	473,965	55.00
56.00	05600	RADIOISOTOPE	517,153	746,238	1,263,391	36,361	1,299,752	56.00
57.00	05700	CT SCAN	797,880	287,765	1,085,645	-61,112	1,024,533	57.00
58.00	05800	MRI	320,747	79,814	400,561	37,662	438,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,339,543	31,306,181	36,645,724	-30,059,181	6,586,543	59.00
60.00	06000	LABORATORY	4,333,002	7,344,150	11,677,152	-12,476	11,664,676	60.00
65.00	06500	RESPIRATORY THERAPY	3,008,448	742,410	3,750,858	-461,065	3,289,793	65.00
66.00	06600	PHYSICAL THERAPY	5,010,225	1,233,546	6,243,771	-135,682	6,108,089	66.00
69.00	06900	ELECTROCARDIOLOGY	2,279,309	3,098,598	5,377,907	-54,639	5,323,268	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	744,806	371,524	1,116,330	-3,117	1,113,213	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,424,270	25,424,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,188,853	34,188,853	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,113,032	12,113,032	73.00
74.00	07400	RENAL DIALYSIS	0	805,668	805,668	-14,770	790,898	74.00
76.00	03020	OTHER ANCILLARY	991,996	84,805	1,076,801	1,928,997	3,005,798	76.00
76.97	07697	CARDIAC REHABILITATION	596,292	21,219	617,511	-1,297	616,214	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	234,880	866,418	1,101,298	-145,604	955,694	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,457,007	5,357,584	9,814,591	-141,515	9,673,076	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,002,125	729,105	4,731,230	-265,064	4,466,166	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,299,323	5,299,323	0	5,299,323	113.00
116.00	11600	HOSPICE	485,689	575,160	1,060,849	-41,150	1,019,699	116.00
117.00	06950	HOME INFUSION	704,735	2,764,695	3,469,430	-297,752	3,171,678	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	143,480,131	336,776,274	480,256,405	-9,682	480,246,723	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet A Date/Time Prepared: 11/27/2017 8:50 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,050	259,090	310,140	0	310,140	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	998,356	998,356	12,994	1,011,350	192.00
194.00	07950	NON REIMBURSABLE-OTHER	679,475	708,578	1,388,053	-3,312	1,384,741	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	580,494	-590,703	-10,209	0	-10,209	194.01
200.00		TOTAL (SUM OF LINES 118-199)	144,791,150	338,151,595	482,942,745	0	482,942,745	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A
Date/Time Prepared:
11/27/2017 8:50 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	0	15,094,182	1.00
1.01	00101	CAP REL COSTS - CON	0	172,716	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,249,743	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,890,275	53,759,293	4.00
5.01	00580	COMMUNICATIONS	-278,135	434,679	5.01
5.02	00540	INFORMATION SYSTEMS	2,575,412	30,156,769	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	-120	1,513,893	5.03
5.04	00570	ADMINING	0	1,567,318	5.04
5.05	00560	PATIENT ACCOUNTING	-235,979	2,826,460	5.05
5.06	00590	OTHER ADMIN & GENERAL	-81,173,954	26,095,414	5.06
6.00	00600	MAINTENANCE & REPAIRS	-77,295	11,369,486	6.00
7.00	00700	OPERATION OF PLANT	-1,496,792	9,124,139	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,200,499	732,435	8.00
9.00	00900	HOUSEKEEPING	0	4,149,080	9.00
10.00	01000	DIETARY	-875	588,001	10.00
11.00	01100	CAFETERIA	0	1,735,384	11.00
13.00	01300	NURSING ADMINISTRATION	-123,688	3,648,919	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	574,163	14.00
15.00	01500	PHARMACY	-66,298	7,539,419	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-100	3,988,079	16.00
20.00	02000	NURSING SCHOOL	-2,497,034	-39,566	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-861,936	6,043,921	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	13,254,670	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-55,712	77,438	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-24,500	339,045	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	-4,562	85,581	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,707,644	20,139,229	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,403,660	31.00
35.00	02040	HIGH RISK NEONATAL	-132,142	7,687,794	35.00
40.00	04000	SUBPROVIDER - I PF	-188,069	1,730,308	40.00
43.00	04300	NURSERY	0	891,203	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,463,799	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,551,987	13,991,353	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	840,526	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	77,689	50.02
51.00	05100	RECOVERY ROOM	0	2,071,519	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,086,440	4,016,655	52.00
53.00	05300	ANESTHESIOLOGY	-229,318	2,576,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-47,753	3,654,302	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	473,965	55.00
56.00	05600	RADIOISOTOPE	0	1,299,752	56.00
57.00	05700	CT SCAN	0	1,024,533	57.00
58.00	05800	MRI	0	438,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	-476,925	6,109,618	59.00
60.00	06000	LABORATORY	-39,815	11,624,861	60.00
65.00	06500	RESPIRATORY THERAPY	-14,951	3,274,842	65.00
66.00	06600	PHYSICAL THERAPY	-232,668	5,875,421	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,901,587	2,421,681	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-21,997	1,091,216	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,424,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,188,853	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,113,032	73.00
74.00	07400	RENAL DIALYSIS	-37,000	753,898	74.00
76.00	03020	OTHER ANCILLARY	-4,366	3,001,432	76.00
76.97	07697	CARDIAC REHABILITATION	-30,149	586,065	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-95,241	860,453	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-3,872,705	5,800,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-323	4,465,843	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,299,323	0	113.00
116.00	11600	HOSPICE	0	1,019,699	116.00
117.00	06950	HOME INFUSION	0	3,171,678	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-80,602,195	399,644,528	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	310,140	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-1,349,543	-338,193	192.00
194.00	07950	NON REIMBURSABLE-OTHER	-40,124	1,344,617	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	-10,209	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-81,991,862	400,950,883	200.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
Date/Time Prepared:
11/27/2017 8:50 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - COLLEGE OF NURSING DEPREC COSTS					
1.00	CAP REL COSTS - CON	1.01	0	170,546	1.00
	O		0	170,546	
B - NONPAID WORKERS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,007	1.00
	O		0	15,007	
C - MEDICAL CARE ADMIN COSTS					
1.00	I & R SERVICES-OTHER PRGM COSTS APPRV	22.00	56,046	0	1.00
	O		56,046	0	
D - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	1,604,631	130,753	1.00
	O		1,604,631	130,753	
E - NURSERY AND LABOR/DELIVERY COSTS					
1.00	NURSERY	43.00	735,792	163,442	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	441,354	200,231	2.00
	O		1,177,146	363,673	
H - SNF MEDICAID ASSESSMENT FEE					
1.00	OTHER ADMIN & GENERAL	5.06	0	716	1.00
	O		0	716	
J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,113,032	1.00
3.00		0.00	0	0	3.00
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
	O		0	12,113,032	
K - WORKERS COMPENSATION COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,318	1.00
	O		0	6,318	
L - MEDICAL & IMPLANTABLE SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,424,270	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	34,188,853	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
	O		0	59,613,123	
M - RN-BSN PROGRAM/EDUCATION					
1.00	NURSING ADMINISTRATION	13.00	65,170	0	1.00
	O		65,170	0	
N - LEGAL FEES					
1.00	OTHER ADMIN & GENERAL	5.06	0	236,827	1.00
	O		0	236,827	
O - UTILITIES/TELEPHONE FOR PDC					
1.00	OPERATION OF PLANT	7.00	0	164,666	1.00
2.00	COMMUNICATIONS	5.01	0	90,044	2.00
	O		0	254,710	
P - PHARMACY CONTINUING EDUCATION/SERVI					
1.00	PARAMED ED (PHARMACY)	23.03	164,294	0	1.00
	O		164,294	0	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
Q - NURSING BONUSES					
1.00		0.00	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	7,062	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	3,221	0	3.00
4.00	HIGH RISK NEONATAL	35.00	2,056	0	4.00
5.00	OPERATING ROOM	50.00	1,539	0	5.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	3,804	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	541	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	1,072	0	9.00
10.00	OTHER ANCILLARY	76.00	1,514	0	10.00
11.00	CARDIAC REHABILITATION	76.97	500	0	11.00
12.00	EMERGENCY	91.00	2,684	0	12.00
14.00	HOME INFUSION	117.00	1,048	0	14.00
	O		25,041	0	
R - NEW GRAD RN ONSITE TRAINING					
1.00	ADULTS & PEDIATRICS	30.00	3,927	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	6,964	0	2.00
3.00	HIGH RISK NEONATAL	35.00	1,876	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	4,233	0	4.00
5.00	EMERGENCY	91.00	1,935	0	5.00
	O		18,935	0	
S - ACADEMIC SUPPORT					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	13,198,624	1.00
	COSTS APPRV				
	O			13,198,624	
T - OUTPATIENT ROUTINE SERVICES					
1.00	OTHER ANCILLARY	76.00	1,371,469	561,285	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		1,371,469	561,285	
U - RADIOLOGY ADMINISTRATION					
1.00	RADIOISOTOPE	56.00	76,667	70,995	1.00
2.00	CT SCAN	57.00	118,284	27,377	2.00
3.00	MRI	58.00	47,550	7,593	3.00
	O		242,501	105,965	
V - SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,245,364	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
37.00		0.00	0	0	37.00
			0	1,245,364	
W - MACARTHUR LEASE EXPENSE					
1.00	PATIENT ACCOUNTING	5.05	0	196,992	1.00
2.00	OTHER ADMIN & GENERAL	5.06	0	41,590	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,994	3.00
			0	251,576	
X - MOVEABLE EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,182,493	1.00
			0	13,182,493	
Y - CAPITAL INSURANCE EXPENSE					
1.00	OTHER CAP REL COSTS	3.00	0	309,703	1.00
			0	309,703	
AA - SHARED COLLEAGUES RECLASS					
1.00	OTHER ADMIN & GENERAL	5.06	0	2,647,125	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	573,866	2.00
	TOTALS		0	3,220,991	
500.00	Grand Total: Increases		4,725,233	104,980,706	500.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6
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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 - COLLEGE OF NURSING DEPREC COSTS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	170,546	9		1.00
	O		0	170,546			
B - NONPAID WORKERS							
1.00	HOSPICE	116.00	0	15,007	0		1.00
	O		0	15,007			
C - MEDICAL CARE ADMIN COSTS							
1.00	OTHER ADMIN & GENERAL	5.06	56,046	0	0		1.00
	O		56,046	0			
D - CAFETERIA COSTS							
1.00	DIETARY	10.00	1,604,631	130,753	0		1.00
	O		1,604,631	130,753			
E - NURSERY AND LABOR/DELIVERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	1,177,146	363,673	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,177,146	363,673			
H - SNF MEDICAID ASSESSMENT FEE							
1.00	SKILLED NURSING FACILITY	44.00	0	716	0		1.00
	O		0	716			
J - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	11,618,243	0		1.00
3.00	OPERATING ROOM	50.00	0	25,404	0		3.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	67,967	0		6.00
7.00	RADIOISOTOPE	56.00	0	111,301	0		7.00
8.00	CT SCAN	57.00	0	148,601	0		8.00
9.00	MRI	58.00	0	16,858	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	124,658	0		10.00
	O		0	12,113,032			
K - WORKERS COMPENSATION COSTS							
1.00	OTHER ADMIN & GENERAL	5.06	0	6,318	0		1.00
	O		0	6,318			
L - MEDICAL & IMPLANTABLE SUPPLY COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,168,122	0		1.00
2.00	PHARMACY	15.00	0	30,359	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	196,760	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	427,786	0		4.00
5.00	HIGH RISK NEONATAL	35.00	0	141,602	0		5.00
6.00	OPERATING ROOM	50.00	0	24,884,916	0		6.00
7.00	GASTRODIAGNOSTIC UNIT	50.01	0	543,349	0		7.00
8.00	PAIN MANAGEMENT CENTER	50.02	0	20,445	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	72,167	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	363,095	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	759,530	0		11.00
12.00	CT SCAN	57.00	0	36,974	0		12.00
13.00	MRI	58.00	0	623	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	29,618,519	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	446,415	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	65,198	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	43,750	0		17.00
18.00	RENAL DIALYSIS	74.00	0	14,770	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	145,604	0		19.00
20.00	EMERGENCY	91.00	0	110,310	0		20.00
21.00	HOME HEALTH AGENCY	101.00	0	200,220	0		21.00
22.00	HOSPICE	116.00	0	23,809	0		22.00
23.00	HOME INFUSION	117.00	0	298,800	0		23.00
	O		0	59,613,123			
M - RN-BSN PROGRAM/EDUCATION							
1.00	NURSING SCHOOL	20.00	65,170	0	0		1.00
	O		65,170	0			
N - LEGAL FEES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	236,827	0		1.00
	O		0	236,827			
O - UTILITIES/TELEPHONE FOR PDC							
1.00	CARDIAC CATHETERIZATION	59.00	0	254,710	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	254,710			
P - PHARMACY CONTINUING EDUCATION/SERVI							
1.00	PHARMACY	15.00	164,294	0	0		1.00
	O		164,294	0			
Q - NURSING BONUSES							
1.00	NURSING ADMINISTRATION	13.00	25,041	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0	0	5.00	
7.00	0.00	0	0	0	0	7.00	
8.00	0.00	0	0	0	0	8.00	
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
14.00	0.00	0	0	0	0	14.00	
0		25,041	0				
R - NEW GRAD RN ON SITE TRAINING							
1.00	13.00	18,926	0	0	0	1.00	
2.00	59.00	9	0	0	0	2.00	
3.00	0.00	0	0	0	0	3.00	
4.00	0.00	0	0	0	0	4.00	
5.00	0.00	0	0	0	0	5.00	
0		18,935	0				
S - ACADEMIC SUPPORT							
1.00	5.06	0	13,198,624	0	0	1.00	
0		0	13,198,624				
T - OUTPATIENT ROUTINE SERVICES							
1.00	30.00	1,294,921	548,741	0	0	1.00	
2.00	31.00	68,323	10,709	0	0	2.00	
3.00	35.00	1,580	345	0	0	3.00	
4.00	40.00	72	30	0	0	4.00	
5.00	43.00	6,573	1,460	0	0	5.00	
0		1,371,469	561,285				
U - RADIOLOGY ADMINISTRATION							
1.00	54.00	242,501	105,965	0	0	1.00	
2.00	0.00	0	0	0	0	2.00	
3.00	0.00	0	0	0	0	3.00	
0		242,501	105,965				
V - SHORT-TERM DISABILITY							
1.00	5.01	432	0	0	0	1.00	
2.00	5.04	8,972	0	0	0	2.00	
3.00	5.05	35,414	0	0	0	3.00	
4.00	5.06	107,257	0	0	0	4.00	
5.00	6.00	17,989	0	0	0	5.00	
6.00	8.00	9,869	0	0	0	6.00	
7.00	9.00	43,996	0	0	0	7.00	
8.00	10.00	25,124	0	0	0	8.00	
9.00	13.00	54,845	0	0	0	9.00	
10.00	14.00	13,317	0	0	0	10.00	
11.00	15.00	14,344	0	0	0	11.00	
12.00	16.00	28,800	0	0	0	12.00	
13.00	20.00	11,371	0	0	0	13.00	
14.00	30.00	213,450	0	0	0	14.00	
15.00	31.00	41,760	0	0	0	15.00	
16.00	35.00	111,278	0	0	0	16.00	
17.00	40.00	10,723	0	0	0	17.00	
18.00	44.00	2,070	0	0	0	18.00	
19.00	50.00	54,324	0	0	0	19.00	
20.00	50.01	3,340	0	0	0	20.00	
21.00	51.00	9,446	0	0	0	21.00	
22.00	52.00	72,773	0	0	0	22.00	
23.00	53.00	4,281	0	0	0	23.00	
24.00	54.00	41,095	0	0	0	24.00	
25.00	57.00	21,198	0	0	0	25.00	
26.00	59.00	61,826	0	0	0	26.00	
27.00	60.00	12,476	0	0	0	27.00	
28.00	65.00	14,650	0	0	0	28.00	
29.00	66.00	70,484	0	0	0	29.00	
30.00	69.00	11,961	0	0	0	30.00	
31.00	70.00	3,117	0	0	0	31.00	
32.00	76.00	5,271	0	0	0	32.00	
33.00	76.97	1,797	0	0	0	33.00	
34.00	91.00	35,824	0	0	0	34.00	
35.00	101.00	64,844	0	0	0	35.00	
36.00	116.00	2,334	0	0	0	36.00	
37.00	194.00	3,312	0	0	0	37.00	
0		1,245,364	0				
W - MACARTHUR LEASE EXPENSE							
1.00	7.00	0	251,576	0	0	1.00	
2.00	0.00	0	0	0	0	2.00	
3.00	0.00	0	0	0	0	3.00	

RECLASSIFICATIONS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	251,576			
X - MOVEABLE EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,182,493	9	1.00	
	0		0	13,182,493			
Y - CAPITAL INSURANCE EXPENSE							
1.00	OTHER ADMIN & GENERAL	5.06	0	309,703	0	1.00	
	0		0	309,703			
AA - SHARED COLLEAGUES RECLASS							
1.00	OTHER ADMIN & GENERAL	5.06	2,647,125	0	0	1.00	
2.00	LAUNDRY & LINEN SERVICE	8.00	573,866	0	0	2.00	
	TOTALS		3,220,991	0			
500.00	Grand Total: Decreases		9,191,588	100,514,351		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,002,177	176,863	0	176,863	176,613	1.00
2.00	Land Improvements	6,363,855	3,618,493	0	3,618,493	0	2.00
3.00	Buildings and Fixtures	496,676,613	14,753,539	0	14,753,539	2,952,890	3.00
4.00	Building Improvements	14,278,186	34,339	0	34,339	3,075,514	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	172,009,653	13,251,717	0	13,251,717	20,271,133	6.00
7.00	HIT designated Assets	42,138,146	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	754,468,630	31,834,951	0	31,834,951	26,476,150	8.00
9.00	Reconciling Items	18,101,495	0	0	0	10,201,729	9.00
10.00	Total (line 8 minus line 9)	736,367,135	31,834,951	0	31,834,951	16,274,421	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,002,427	0				1.00
2.00	Land Improvements	9,982,348	0				2.00
3.00	Buildings and Fixtures	508,477,262	0				3.00
4.00	Building Improvements	11,237,011	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	164,990,237	0				6.00
7.00	HIT designated Assets	42,138,146	0				7.00
8.00	Subtotal (sum of lines 1-7)	759,827,431	0				8.00
9.00	Reconciling Items	7,899,766	0				9.00
10.00	Total (line 8 minus line 9)	751,927,665	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
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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	28,206,938	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	28,206,938	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	28,206,938		1.00		
1.01	CAP REL COSTS - CON	0	0		1.01		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	28,206,938		3.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	589,512,318	0	589,512,318	0.775850	240,283	1.00
1.01	CAP REL COSTS - CON	5,324,876	0	5,324,876	0.007008	2,170	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	164,990,237	0	164,990,237	0.217142	67,250	2.00
3.00	Total (sum of lines 1-2)	759,827,431	0	759,827,431	1.000000	309,703	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	240,283	14,853,899	0	1.00
1.01	CAP REL COSTS - CON	0	0	2,170	170,546	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	67,250	13,182,493	0	2.00
3.00	Total (sum of lines 1-2)	0	0	309,703	28,206,938	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	0	240,283	0	0	15,094,182	1.00
1.01	CAP REL COSTS - CON	0	2,170	0	0	172,716	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	67,250	0	0	13,249,743	2.00
3.00	Total (sum of lines 1-2)	0	309,703	0	0	28,516,641	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS - CON (chapter 2)			0	CAP REL COSTS - CON	1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-33,036		COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-72,260		OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-26,143,365				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	2,508,734				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-47,638		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-100		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-2,402,535		NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-20		DIETARY	10.00	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
26.01 Depreciation - CAP REL COSTS - CON			0	CAP REL COSTS - CON	1.01	0	26.01
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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8

Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00		0			0.00	0	33.00
33.01 TUITI N, FEES, BOOKS, ETC.	B	-55,712	PARAMED ED (CLINICAL LAB SCIENCE)		23.00	0	33.01
33.02 TUITI ON, FEES, BOOKS, ETC.	B	-24,500	PARAMED ED (PHARMACY)		23.03	0	33.02
33.03 TUITI ON, FEES, BOOKS, ETC.	B	-4,562	PARAMED ED (PASTORAL CARE)		23.04	0	33.03
33.04 RENTAL OF HOSPITAL SPACE	B	-864	OTHER ADMIN & GENERAL		5.06	0	33.04
33.05 RENTAL OF HOSPITAL SPACE	B	-176,771	OPERATION OF PLANT		7.00	0	33.05
34.00 RENTAL OF HOSPITAL SPACE	B	-7,403	PHYSICAL THERAPY		66.00	0	34.00
34.01 RENTAL OF HOSPITAL SPACE	B	-31,850	ELECTROCARDIOLOGY		69.00	0	34.01
34.02 INTERCOMPANY REVENUE	B	2,446	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	34.02
35.00		0			0.00	0	35.00
35.01 INTERCOMPANY REVENUE	B	-159,576	INFORMATION SYSTEMS		5.02	0	35.01
35.02 INTERCOMPANY REVENUE	B	12,249	PATIENT ACCOUNTING		5.05	0	35.02
35.03 INTERCOMPANY REVENUE	B	-3,258,014	OTHER ADMIN & GENERAL		5.06	0	35.03
36.00 INTERCOMPANY REVENUE	B	-1,086,443	OPERATION OF PLANT		7.00	0	36.00
36.01 INTERCOMPANY REVENUE	B	-2,171,924	LAUNDRY & LINEN SERVICE		8.00	0	36.01
36.03 INTERCOMPANY REVENUE	B	-78,036	NURSING ADMINISTRATION		13.00	0	36.03
36.05 INTERCOMPANY REVENUE	B	-18,660	PHARMACY		15.00	0	36.05
36.06 INTERCOMPANY REVENUE	B	-634,437	ADULTS & PEDIATRICS		30.00	0	36.06
36.07 INTERCOMPANY REVENUE	B	-180	OPERATING ROOM		50.00	0	36.07
36.08 INTERCOMPANY REVENUE	B	-30,161	RADIOLOGY-DIAGNOSTIC		54.00	0	36.08
36.10 INTERCOMPANY REVENUE	B	-427,199	CARDIAC CATHETERIZATION		59.00	0	36.10
36.11 INTERCOMPANY REVENUE	B	-39,597	LABORATORY		60.00	0	36.11
36.12 INTERCOMPANY REVENUE	B	-76,639	ELECTROCARDIOLOGY		69.00	0	36.12
36.13 INTERCOMPANY REVENUE	B	-1,215,816	PHYSICIANS' PRIVATE OFFICES		192.00	0	36.13
36.14 INTERCOMPANY REVENUE	B	-40,124	NON REIMBURSABLE-OTHER		194.00	0	36.14
36.15 INTERCOMPANY REVENUE	B	-20,000	NURSING SCHOOL		20.00	0	36.15
36.16 INTERCOMPANY REVENUE	B	-23,472	MAINTENANCE & REPAIRS		6.00	0	36.16
36.17 MISC OTHER OP REVENUE	B	-245,099	COMMUNICATIONS		5.01	0	36.17
36.18 MISC OTHER OP REVENUE	B	-248,228	PATIENT ACCOUNTING		5.05	0	36.18
36.19 MISC OTHER OP REVENUE	B	-196,036	OTHER ADMIN & GENERAL		5.06	0	36.19
37.00 MISC OTHER OP REVENUE	B	-53,823	MAINTENANCE & REPAIRS		6.00	0	37.00
37.01 MISC OTHER OP REVENUE	B	-14,502	OPERATION OF PLANT		7.00	0	37.01
37.02 MISC OTHER OP REVENUE	B	-28,575	LAUNDRY & LINEN SERVICE		8.00	0	37.02
37.04 MISC OTHER OP REVENUE	B	-45,476	NURSING ADMINISTRATION		13.00	0	37.04
37.06 MISC OTHER OP REVENUE	B	-10,121	NURSING SCHOOL		20.00	0	37.06
37.07 MISC OTHER OP REVENUE	B	-861,936	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0	37.07
37.08 MISC OTHER OP REVENUE	B	-30,391	ADULTS & PEDIATRICS		30.00	0	37.08
37.09 MISC OTHER OP REVENUE	B	-125	HIGH RISK NEONATAL		35.00	0	37.09
37.10 MISC OTHER OP REVENUE	B	-1,211	OPERATING ROOM		50.00	0	37.10
37.11 MISC OTHER OP REVENUE	B	-17,592	RADIOLOGY-DIAGNOSTIC		54.00	0	37.11
37.12 MISC OTHER OP REVENUE	B	-218	LABORATORY		60.00	0	37.12
37.13 MISC OTHER OP REVENUE	B	-62,527	PHYSICAL THERAPY		66.00	0	37.13
37.14 MISC OTHER OP REVENUE	B	-218,694	ELECTROCARDIOLOGY		69.00	0	37.14
37.15 MISC OTHER OP REVENUE	B	-11,820	ELECTROENCEPHALOGRAPHY		70.00	0	37.15
37.16 MISC OTHER OP REVENUE	B	-4,366	OTHER ANCILLARY		76.00	0	37.16
37.17 MISC OTHER OP REVENUE	B	-30,149	CARDIAC REHABILITATION		76.97	0	37.17
37.18 MISC OTHER OP REVENUE	B	-133,393	EMERGENCY		91.00	0	37.18
37.19 MISC OTHER OP REVENUE	B	83	ANESTHESIOLOGY		53.00	0	37.19
37.20 MISC OTHER OP REVENUE	B	-12,146	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.20
37.21 EMPLOYEE HEALTH INSURANCE	B	-12,232,266	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.21
38.00 ADVERTISING/SPONSORSHIP	A	-7,793	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.00
39.00 ADVERTISING/SPONSORSHIP	A	-941,274	OTHER ADMIN & GENERAL		5.06	0	39.00
39.02 ADVERTISING/SPONSORSHIP	A	-3,880	NURSING SCHOOL		20.00	0	39.02
39.03 ADVERTISING/SPONSORSHIP	A	374,860	PHYSICAL THERAPY		66.00	0	39.03
39.04 ADVERTISING/SPONSORSHIP	A	-1,438	ELECTROCARDIOLOGY		69.00	0	39.04
39.05 LOBBYING COSTS	A	-44,076	OTHER ADMIN & GENERAL		5.06	0	39.05
40.00 LOBBYING COSTS	A	-323	HOME HEALTH AGENCY		101.00	0	40.00
40.01 PHYSICIAN RECRUITMENT	A	-120,000	ADULTS & PEDIATRICS		30.00	0	40.01
41.00 PHYSICIAN RECRUITMENT	A	-9,917	SUBPROVIDER - IPF		40.00	0	41.00
41.01 INTANGIBLE AMORTIZATION/GAIN-LO	A	-1,550,596	OPERATING ROOM		50.00	9	41.01
42.00 INTANGIBLE AMORTIZATION/GAIN-LO	A	-496,097	PHYSICAL THERAPY		66.00	0	42.00
42.01 INTANGIBLE AMORTIZATION/GAIN-LO	A	-115,580	OTHER ADMIN & GENERAL		5.06	0	42.01

Provider CCN: 14-0053 Period: From 07/01/2016 To 06/30/2017 Worksheet A-8
 Date/Time Prepared: 11/27/2017 8:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
42.02 PENSION	A	39,147,279	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.02
44.00 NONALLOWABLE FOOD/DRINK	A	-15,082	OTHER ADMIN & GENERAL	5.06	0 44.00
44.01 NONALLOWABLE FOOD/DRINK	A	-120	PURCHASING/RECEIVING/STORES	5.03	0 44.01
44.02 NONALLOWABLE FOOD/DRINK	A	-855	DIETARY	10.00	0 44.02
44.03 NONALLOWABLE FOOD/DRINK	A	-176	NURSING ADMINISTRATION	13.00	0 44.03
44.04 NONALLOWABLE FOOD/DRINK	A	-46	NURSING SCHOOL	20.00	0 44.04
45.00 MED GROUP PURCHASED SERVICE	A	-45,658,191	OTHER ADMIN & GENERAL	5.06	0 45.00
46.00 PROPERTY TAX	A	-183,941	OTHER ADMIN & GENERAL	5.06	0 46.00
46.01 PROPERTY TAX	A	-146,816	OPERATION OF PLANT	7.00	0 46.01
46.02 PROPERTY TAX	A	-49,237	CARDIAC CATHETERIZATION	59.00	0 46.02
46.03 PROPERTY TAX	A	-41,501	PHYSICAL THERAPY	66.00	0 46.03
46.04 PROPERTY TAX	A	-133,727	PHYSICIANS' PRIVATE OFFICES	192.00	0 46.04
46.05 MEDICAID ASSESSMENT	A	-16,477,220	OTHER ADMIN & GENERAL	5.06	0 46.05
47.00 MEDICAID ASSESSMENT	A	-716	OTHER ADMIN & GENERAL	5.06	0 47.00
48.00 NONALLOWABLE INTEREST	A	-5,299,323	INTEREST EXPENSE	113.00	0 48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-81,991,862			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: 14-0053
 Period: From 07/01/2016 To 06/30/2017
 Worksheet A-8-1
 Date/Time Prepared: 11/27/2017 8:50 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 HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	27,376,119	27,383,364 1.00
2.00	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES ISC	30,126,325	27,391,337 2.00
3.00	5.06	OTHER ADMIN & GENERAL	CONTRACTED SERVICES-SSC	9,104,485	9,263,042 3.00
3.01	20.00	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	211,685	272,137 3.01
3.02	5.06	OTHER ADMIN & GENERAL	RELATED SERVICES - HSHS	926,111	926,111 3.02
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			67,744,725	65,235,991 5.00

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

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

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

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

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

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

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

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

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-1

Date/Time Prepared:
11/27/2017 8:50 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	-7,245	0		1.00
2.00	2,734,988	0		2.00
3.00	-158,557	0		3.00
3.01	-60,452	0		3.01
3.02	0	0		3.02
4.00	0	0		4.00
5.00	2,508,734			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	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet A-8-2

Date/Time Prepared:
11/27/2017 8:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMIN & GENERAL	14,614,615	13,770,477	844,138	211,500	4,821	1.00
2.00	30.00	ADULTS & PEDIATRICS	4,084,593	3,880,311	204,282	211,500	1,591	2.00
3.00	35.00	HIGH RISK NEONATAL	208,381	93,600	114,781	211,500	751	3.00
4.00	40.00	SUBPROVIDER - IPF	313,168	75,823	237,345	181,300	1,549	4.00
5.00	44.00	SKILLED NURSING FACILITY	250	0	250	211,500	4	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,086,440	1,086,440	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	420,000	0	420,000	239,400	1,656	7.00
8.00	59.00	CARDIAC CATHETERIZATION	489	489	0	271,900	0	8.00
9.00	60.00	LABORATORY	165,000	0	165,000	260,300	5,070	9.00
10.00	65.00	RESPIRATORY THERAPY	14,951	14,951	0	211,500	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	2,723,050	2,342,270	380,780	211,500	1,476	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	16,888	7,000	9,888	211,500	66	12.00
13.00	74.00	RENAL DIALYSIS	37,000	37,000	0	211,500	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	107,545	88,172	19,373	211,500	121	14.00
15.00	91.00	EMERGENCY	3,811,100	3,690,751	120,349	211,500	706	15.00
200.00			27,603,470	25,087,284	2,516,186		17,811	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	5.06	OTHER ADMIN & GENERAL	490,212	24,511	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	161,777	8,089	0	0	0	2.00
3.00	35.00	HIGH RISK NEONATAL	76,364	3,818	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	135,016	6,751	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	407	20	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	190,599	9,530	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	634,481	31,724	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	150,084	7,504	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	6,711	336	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	0	0	0	0	0	13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	12,304	615	0	0	0	14.00
15.00	91.00	EMERGENCY	71,788	3,589	0	0	0	15.00
200.00			1,929,743	96,487	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	5.06	OTHER ADMIN & GENERAL	0	490,212	353,926	14,124,403		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	161,777	42,505	3,922,816		2.00
3.00	35.00	HIGH RISK NEONATAL	0	76,364	38,417	132,017		3.00
4.00	40.00	SUBPROVIDER - IPF	0	135,016	102,329	178,152		4.00
5.00	44.00	SKILLED NURSING FACILITY	0	407	0	0		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,086,440		6.00
7.00	53.00	ANESTHESIOLOGY	0	190,599	229,401	229,401		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	489		8.00
9.00	60.00	LABORATORY	0	634,481	0	0		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	14,951		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	150,084	230,696	2,572,966		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	6,711	3,177	10,177		12.00
13.00	74.00	RENAL DIALYSIS	0	0	0	37,000		13.00
14.00	76.98	HYPERBARIC OXYGEN THERAPY	0	12,304	7,069	95,241		14.00
15.00	91.00	EMERGENCY	0	71,788	48,561	3,739,312		15.00
200.00			0	1,929,743	1,056,081	26,143,365		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	15,094,182	15,094,182			1.00
1.01 00101	CAP REL COSTS - CON	172,716	0	172,716		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,249,743			13,249,743	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	53,759,293	70,972	0	8,245	53,838,510
5.01 00580	COMMUNICATIONS	434,679	46,230	0	1,269,090	122,030
5.02 00540	INFORMATION SYSTEMS	30,156,769	176,495	0	0	69,210
5.03 00550	PURCHASING/RECEIVING/STORES	1,513,893	315,499	0	6,192	255,464
5.04 00570	ADMITTING	1,567,318	41,957	0	52,063	572,737
5.05 00560	PATIENT ACCOUNTING	2,826,460	6,446	0	31,460	1,009,289
5.06 00590	OTHER ADMIN & GENERAL	26,095,414	1,069,801	0	363,092	4,468,158
6.00 00600	MAINTENANCE & REPAIRS	11,369,486	4,314,522	0	117,924	1,478,900
7.00 00700	OPERATION OF PLANT	9,124,139	817,222	0	51,349	669,963
8.00 00800	LAUNDRY & LINEN SERVICE	732,435	115,171	0	568,895	247,064
9.00 00900	HOUSEKEEPING	4,149,080	100,987	0	2,438	990,986
10.00 01000	DIETARY	588,001	86,328	0	10,442	211,528
11.00 01100	CAFETERIA	1,735,384	244,032	0	0	625,535
13.00 01300	NURSING ADMINISTRATION	3,648,919	163,927	0	64,536	1,160,418
14.00 01400	CENTRAL SERVICES & SUPPLY	574,163	453,139	0	293,566	193,362
15.00 01500	PHARMACY	7,539,419	94,299	0	557,898	1,814,311
16.00 01600	MEDICAL RECORDS & LIBRARY	3,988,079	0	0	13,774	896,392
20.00 02000	NURSING SCHOOL	-39,566	0	172,716	120,244	778,891
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	6,043,921	0	0	0	2,691,885
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,254,670	184,022	0	0	21,848
23.00 02300	PARAMED ED (CLINICAL LAB SCIENCE)	77,438	4,950	0	0	49,815
23.01 02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02 02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03 02303	PARAMED ED (PHARMACY)	339,045	0	0	0	131,672
23.04 02304	PARAMED ED (PASTORAL CARE)	85,581	2,768	0	0	30,696
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,139,229	1,147,350	0	752,056	6,803,160
31.00 03100	INTENSIVE CARE UNIT	7,403,660	336,513	0	240,100	2,495,104
35.00 02040	HIGH RISK NEONATAL	7,687,794	155,623	0	168,986	2,502,477
40.00 04000	SUBPROVIDER - I/PF	1,730,308	237,617	0	17,663	518,276
43.00 04300	NURSERY	891,203	36,481	0	0	284,272
44.00 04400	SKILLED NURSING FACILITY	1,463,799	171,959	0	41,706	530,266
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,991,353	1,201,531	0	3,083,128	3,943,458
50.01 05001	GASTRODIAGNOSTIC UNIT	840,526	104,452	0	256,435	294,117
50.02 05002	PAIN MANAGEMENT CENTER	77,689	0	0	34,630	42,467
51.00 05100	RECOVERY ROOM	2,071,519	160,220	0	153,518	749,961
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,016,655	168,524	0	81,144	1,299,649
53.00 05300	ANESTHESIOLOGY	2,576,124	11,254	0	454,526	379,400
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,654,302	252,963	0	951,144	1,175,105
55.00 05500	RADIOLOGY-THERAPEUTIC	473,965	0	0	466,663	121,689
56.00 05600	RADIOISOTOPE	1,299,752	83,661	0	207,566	231,489
57.00 05700	CT SCAN	1,024,533	32,935	0	279,456	348,885
58.00 05800	MRI	438,223	31,612	0	325,295	143,574
59.00 05900	CARDIAC CATHETERIZATION	6,109,618	248,103	0	1,188,523	2,057,625
60.00 06000	LABORATORY	11,624,861	212,309	0	209,025	1,684,275
65.00 06500	RESPIRATORY THERAPY	3,274,842	35,339	0	173,815	1,167,075
66.00 06600	PHYSICAL THERAPY	5,875,421	87,955	0	39,223	1,925,664
69.00 06900	ELECTROCARDIOLOGY	2,421,681	542,457	0	242,042	884,300
70.00 07000	ELECTROENCEPHALOGRAPHY	1,091,216	23,216	0	116,706	289,133
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,424,270	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	34,188,853	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	12,113,032	0	0	0	0
74.00 07400	RENAL DIALYSIS	753,898	29,318	0	753	0
76.00 03020	OTHER ANCILLARY	3,001,432	43,442	0	6,062	919,887
76.97 07697	CARDIAC REHABILITATION	586,065	68,396	0	35,200	231,947
76.98 07698	HYPERBARIC OXYGEN THERAPY	860,453	32,935	0	7,535	91,564
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	5,800,371	230,565	0	142,457	1,725,315
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	4,465,843	0	0	1,303	1,534,874
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	1,019,699	0	0	0	188,427

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
117.00 06950 HOME INFUSION	3,171,678	0	0	26,394	275,136	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	399,644,528	13,995,497	172,716	13,234,262	53,328,725	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	310,140	60,455	0	134	19,901	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	-338,193	987,271	0	13,135	0	192.00
194.00 07950 NON REIMBURSABLE-OTHER	1,344,617	17,084	0	2,212	263,589	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	-10,209	33,875	0	0	226,295	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	400,950,883	15,094,182	172,716	13,249,743	53,838,510	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINITTING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS	1,872,029					5.01
5.02	00540	INFORMATION SYSTEMS	0	30,402,474				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	13,598	136,495	2,241,141			5.03
5.04	00570	ADMINITTING	31,352	625,004	1,524	2,891,955		5.04
5.05	00560	PATIENT ACCOUNTING	26,063	0	0	0	3,899,718	5.05
5.06	00590	OTHER ADMIN & GENERAL	312,005	1,587,653	18,563	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	27,197	323,278	37,074	0	0	6.00
7.00	00700	OPERATION OF PLANT	10,954	107,759	10,684	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,910	114,943	24,902	0	0	8.00
9.00	00900	HOUSEKEEPING	8,688	179,599	4,372	0	0	9.00
10.00	01000	DIETARY	20,397	107,759	144	0	0	10.00
11.00	01100	CAFETERIA	0	308,910	407	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	27,197	114,943	1,673	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,644	114,943	0	0	0	14.00
15.00	01500	PHARMACY	24,552	704,027	341,875	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,998	323,278	737	0	0	16.00
20.00	02000	NURSING SCHOOL	27,952	1,091,960	1,359	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	1,133	0	26	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	24	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	23	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	388,685	6,724,177	37,551	166,533	224,529	30.00
31.00	03100	INTENSIVE CARE UNIT	86,122	1,451,158	17,022	66,079	89,091	31.00
35.00	02040	HIGH RISK NEONATAL	25,686	452,589	8,928	74,938	101,035	35.00
40.00	04000	SUBPROVIDER - IPF	29,085	502,876	512	8,961	12,081	40.00
43.00	04300	NURSERY	0	201,151	2,215	8,133	10,966	43.00
44.00	04400	SKILLED NURSING FACILITY	32,485	272,990	1,392	5,377	7,250	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	189,243	4,102,035	0	326,928	440,784	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	9,443	0	1,876	36,109	48,684	50.01
50.02	05002	PAIN MANAGEMENT CENTER	1,511	0	0	3,355	4,523	50.02
51.00	05100	RECOVERY ROOM	33,996	0	2,305	32,866	44,312	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	755	926,729	10,229	34,460	46,462	52.00
53.00	05300	ANESTHESIOLOGY	10,954	0	31,160	76,578	103,246	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,459	1,910,931	5,840	122,261	164,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,443	0	44	13,502	18,205	55.00
56.00	05600	RADIOISOTOPE	6,421	0	18,465	41,069	55,372	56.00
57.00	05700	CT SCAN	4,533	0	4,665	174,059	234,676	57.00
58.00	05800	MRI	4,155	0	1,061	28,270	38,115	58.00
59.00	05900	CARDIAC CATHETERIZATION	69,502	761,499	0	375,590	507,005	59.00
60.00	06000	LABORATORY	43,439	1,084,776	74,882	203,991	275,033	60.00
65.00	06500	RESPIRATORY THERAPY	11,710	0	4,358	76,003	102,471	65.00
66.00	06600	PHYSICAL THERAPY	49,483	1,020,121	1,460	58,205	78,475	66.00
69.00	06900	ELECTROCARDIOLOGY	38,906	955,465	1,729	146,522	197,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,310	107,759	653	19,924	26,863	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	615,758	158,066	213,114	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	845,397	193,234	260,529	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	251,079	338,520	73.00
74.00	07400	RENAL DIALYSIS	2,266	35,920	16	5,899	7,954	74.00
76.00	03020	OTHER ANCILLARY	23,797	265,806	1,644	22,372	30,164	76.00
76.97	07697	CARDIAC REHABILITATION	3,022	531,612	378	5,070	6,836	76.97
76.98	07698	HYPERTHERMIC OXYGEN THERAPY	7,177	0	0	7,344	9,902	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	86,500	1,530,181	21,304	149,178	201,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	23,797	1,185,352	5,554	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,133	158,047	2,451	0	0	116.00
117.00	06950	HOME INFUSION	2,644	229,886	66,815	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,823,302	30,251,611	2,229,051	2,891,955	3,899,718	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,266	0	5,685	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,533	0	53	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.00	07950	NON REIMBURSABLE-OTHER	25,308	150,863	2,688	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	16,620	0	3,664	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,872,029	30,402,474	2,241,141	2,891,955	3,899,718	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL	33,914,686	33,914,686				5.06
6.00	00600	MAINTENANCE & REPAIRS	17,668,381	1,632,576	19,300,957			6.00
7.00	00700	OPERATION OF PLANT	10,792,070	997,198	3,326,698	15,115,966		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,808,320	167,091	5,297	205,354	2,186,062	8.00
9.00	00900	HOUSEKEEPING	5,436,150	502,306	1,300,189	180,063	0	9.00
10.00	01000	DIETARY	1,024,599	94,674	130,078	153,925	0	10.00
11.00	01100	CAFETERIA	2,914,268	269,281	367,867	435,115	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,181,613	478,786	535,615	292,287	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,631,817	150,782	123,603	807,958	3,106	14.00
15.00	01500	PHARMACY	11,076,381	1,023,469	143,027	168,138	3,805	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,239,258	484,113	50,619	0	0	16.00
20.00	02000	NURSING SCHOOL	2,153,556	198,991	128,312	432,684	176	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,735,806	807,197	5,886	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,460,540	1,243,767	0	328,115	4,824	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	133,362	12,323	20,601	8,827	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	470,741	43,497	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	119,068	11,002	0	4,936	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,383,270	3,362,023	1,894,074	2,045,754	314,525	30.00
31.00	03100	INTENSIVE CARE UNIT	12,184,849	1,125,892	637,440	600,011	59,572	31.00
35.00	02040	HIGH RISK NEONATAL	11,178,056	1,032,864	808,130	277,479	32,950	35.00
40.00	04000	SUBPROVIDER - I/PF	3,057,379	282,505	181,285	423,677	15,390	40.00
43.00	04300	NURSERY	1,434,421	132,542	115,952	65,047	9,604	43.00
44.00	04400	SKILLED NURSING FACILITY	2,527,224	233,518	234,846	306,607	15,737	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,278,460	2,520,557	2,801,676	2,142,357	163,608	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	1,591,642	147,069	261,921	186,241	8,156	50.01
50.02	05002	PAIN MANAGEMENT CENTER	164,175	15,170	3,532	0	8,676	50.02
51.00	05100	RECOVERY ROOM	3,248,697	300,183	224,840	285,676	4,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,584,607	608,424	535,026	300,483	44,359	52.00
53.00	05300	ANESTHESIOLOGY	3,643,242	336,639	603,891	20,067	7,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,300,845	767,006	538,557	451,039	39,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,103,511	101,966	78,282	0	1,317	55.00
56.00	05600	RADIOISOTOPE	1,943,795	179,609	91,820	149,170	2,018	56.00
57.00	05700	CT SCAN	2,103,742	194,388	42,967	58,724	0	57.00
58.00	05800	MRI	1,010,305	93,353	62,979	56,364	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,317,465	1,045,745	679,818	442,375	47,346	59.00
60.00	06000	LABORATORY	15,412,591	1,424,139	446,738	378,553	440	60.00
65.00	06500	RESPIRATORY THERAPY	4,845,613	447,739	782,821	63,011	534	65.00
66.00	06600	PHYSICAL THERAPY	9,136,007	844,176	313,128	156,825	9,774	66.00
69.00	06900	ELECTROCARDIOLOGY	5,430,652	501,798	292,528	967,215	18,554	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,683,780	155,583	60,036	41,395	7,576	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,411,208	2,440,422	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,488,013	3,279,128	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,702,631	1,173,736	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	836,024	77,249	39,435	52,275	1,038	74.00
76.00	03020	OTHER ANCILLARY	4,314,606	398,674	195,411	77,458	2,065	76.00
76.97	07697	CARDIAC REHABILITATION	1,468,526	135,693	155,387	121,951	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,016,910	93,964	34,727	58,724	7,201	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,887,002	913,569	682,761	411,103	111,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,216,723	666,832	107,123	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,369,757	126,567	5,297	0	0	116.00
117.00	06950	HOME INFUSION	3,772,553	348,588	29,429	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	397,808,897	33,624,363	19,079,649	13,156,983	945,613	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	398,581	36,829	20,012	107,793	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	666,799	61,613	16,480	1,760,330	9,236	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

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Part I
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Cost Center Description			Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	1,806,361	166,910	176,576	30,461	1,231,213	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	270,245	24,971	8,240	60,399	0	194.01
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	400,950,883	33,914,686	19,300,957	15,115,966	2,186,062	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
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To 06/30/2017

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	7,418,708				9.00
10.00	01000	DIETARY	61,302	1,464,578			10.00
11.00	01100	CAFETERIA	173,371	0	4,159,902		11.00
13.00	01300	NURSING ADMINISTRATION	115,053	0	83,122	6,686,476	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,070	0	41,839	0	14.00
15.00	01500	PHARMACY	66,726	0	121,824	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	106,490	0	16.00
20.00	02000	NURSING SCHOOL	131,735	0	54,258	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	133,408	0	279,055	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	757	0	22.00
23.00	02300	PARAMED (CLINICAL LAB SCIENCE)	3,617	0	3,895	0	23.00
23.01	02301	PARAMED (RESPIRATORY THERAPY)	0	0	0	0	23.01
23.02	02302	PARAMED (ENDT)	0	0	0	0	23.02
23.03	02303	PARAMED (PHARMACY)	0	0	11,461	0	23.03
23.04	02304	PARAMED (PASTORAL CARE)	2,034	0	2,225	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,862,782	974,133	731,146	2,028,411	0
31.00	03100	INTENSIVE CARE UNIT	239,555	252,594	250,502	694,968	0
35.00	02040	HIGH RISK NEONATAL	111,979	0	199,672	553,949	0
40.00	04000	SUBPROVIDER - IPF	170,885	88,076	60,556	168,000	0
43.00	04300	NURSERY	26,266	0	27,396	76,004	0
44.00	04400	SKILLED NURSING FACILITY	348,867	44,408	49,317	136,820	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	839,958	0	379,425	1,052,640	0
50.01	05001	GASTRODIAGNOSTIC UNIT	74,864	0	28,753	79,771	0
50.02	05002	PAIN MANAGEMENT CENTER	0	0	3,783	10,496	0
51.00	05100	RECOVERY ROOM	109,674	0	63,071	174,977	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,337	60,783	128,144	355,511	0
53.00	05300	ANESTHESIOLOGY	8,228	0	69,925	193,993	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,637	0	118,107	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	9,013	25,006	0
56.00	05600	RADIOISOTOPE	60,081	0	18,538	0	0
57.00	05700	CT SCAN	24,005	0	33,004	0	0
58.00	05800	MRI	19,168	0	12,685	0	0
59.00	05900	CARDIAC CATHETERIZATION	177,756	0	177,105	0	0
60.00	06000	LABORATORY	146,563	0	199,093	0	0
65.00	06500	RESPIRATORY THERAPY	18,897	0	111,275	0	0
66.00	06600	PHYSICAL THERAPY	62,251	0	159,123	0	0
69.00	06900	ELECTROCARDIOLOGY	387,384	0	83,679	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	16,410	0	30,667	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,336,715	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,742,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	20,434	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	30,922	0	91,045	252,587	0
76.97	07697	CARDIAC REHABILITATION	48,869	0	20,319	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,005	0	6,988	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	535,032	18,469	185,117	513,570	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	117,262	325,319	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	16,024	44,454	0
117.00	06950	HOME INFUSION	0	0	22,656	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,668,125	1,438,463	4,108,316	6,686,476	3,079,175
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,246	0	2,225	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 8:50 am		
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			9.00	10.00	11.00	13.00	14.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	711,071	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,266	26,115	28,931	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	20,430	0	0	0	194.01
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,418,708	1,464,578	4,159,902	6,686,476	3,079,175	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMINISTRATION						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	12,603,370					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	5,880,480				16.00
20.00 02000 NURSING SCHOOL	494	0	3,100,206			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		9,961,352		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			15,038,003	22.00
23.00 02300 PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01 02301 PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02 02302 PARAMED ED (ENDT)	0	0				23.02
23.03 02303 PARAMED ED (PHARMACY)	0	0				23.03
23.04 02304 PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	198,899	3,151,665	1,719,470	2,669,431	4,029,865	30.00
31.00 03100 INTENSIVE CARE UNIT	81,836	161,869	278,860	1,313,664	1,983,153	31.00
35.00 02040 HIGH RISK NEONATAL	14,645	113,461	408,862	169,500	255,882	35.00
40.00 04000 SUBPROVIDER - IPF	603	48,408	0	266,324	402,051	40.00
43.00 04300 NURSERY	3,524	152,494	44,823	199,556	301,257	43.00
44.00 04400 SKILLED NURSING FACILITY	8,315	76,534	249,088	6,367	9,612	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	90,733	0	0	2,594,117	3,916,169	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	11,668	0	19,351	287	433	50.01
50.02 05002 PAIN MANAGEMENT CENTER	665	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	15,063	0	0	19,789	29,875	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	16,275	0	206,747	921,607	1,391,290	52.00
53.00 05300 ANESTHESIOLOGY	242,654	0	0	24,378	36,802	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	807,747	1,219,403	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,744	11,690	56.00
57.00 05700 CT SCAN	0	0	0	16,921	25,545	57.00
58.00 05800 MRI	0	0	0	24,837	37,495	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	21,336	14,971	22,601	59.00
60.00 06000 LABORATORY	6,328	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	8,221	0	39,034	0	0	65.00
66.00 06600 PHYSICAL THERAPY	76	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	2,245	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	46	0	0	10,210	15,414	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	11,818,563	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	3,867	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	2,944	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	42,672	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	12	0	20,840	2,868	4,330	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	75,393	2,176,049	24,313	891,034	1,345,136	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	24,810	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 HOME INFUSION	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,603,069	5,880,480	3,100,206	9,961,352	15,038,003	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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To 06/30/2017

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 NON REIMBURSABLE-OTHER	301	0	0	0	0	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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 118-201)	12,603,370	5,880,480	3,100,206	9,961,352	15,038,003	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
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To 06/30/2017

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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	182,625					23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0				23.01
23.02	02302	PARAMED ED (ENDT)			0			23.02
23.03	02303	PARAMED ED (PHARMACY)				525,699		23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					139,265	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	67,591	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	45,186	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	0	0	3,116	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	2,848	40.00
43.00	04300	NURSERY	0	0	0	0	269	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	1,343	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	913	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	3,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,128	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	967	59.00
60.00	06000	LABORATORY	182,625	0	0	0	54	60.00
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	54	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	525,699	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	1,343	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	11,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,625	0	0	525,699	139,265	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
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Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	182,625	0	0	525,699	139,265	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)				23.01
23.02	02302	PARAMED ED (ENDT)				23.02
23.03	02303	PARAMED ED (PHARMACY)				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,433,039	-6,699,296	54,733,743	30.00
31.00	03100	INTENSIVE CARE UNIT	19,909,951	-3,296,817	16,613,134	31.00
35.00	02040	HIGH RISK NEONATAL	15,160,545	-425,382	14,735,163	35.00
40.00	04000	SUBPROVIDER - IPF	5,167,987	-668,375	4,499,612	40.00
43.00	04300	NURSERY	2,589,155	-500,813	2,088,342	43.00
44.00	04400	SKILLED NURSING FACILITY	4,248,603	-15,979	4,232,624	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,780,613	-6,510,286	37,270,327	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,410,156	-720	2,409,436	50.01
50.02	05002	PAIN MANAGEMENT CENTER	206,497	0	206,497	50.02
51.00	05100	RECOVERY ROOM	4,479,484	-49,664	4,429,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,275,721	-2,312,897	8,962,824	52.00
53.00	05300	ANESTHESIOLOGY	5,187,383	-61,180	5,126,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,417,114	-2,027,150	10,389,964	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,319,095	0	1,319,095	55.00
56.00	05600	RADIOISOTOPE	2,464,465	-19,434	2,445,031	56.00
57.00	05700	CT SCAN	2,499,296	-42,466	2,456,830	57.00
58.00	05800	MRI	1,317,186	-62,332	1,254,854	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,947,485	-37,572	13,909,913	59.00
60.00	06000	LABORATORY	18,197,124	0	18,197,124	60.00
65.00	06500	RESPIRATORY THERAPY	6,317,145	0	6,317,145	65.00
66.00	06600	PHYSICAL THERAPY	10,681,360	0	10,681,360	66.00
69.00	06900	ELECTROCARDIOLOGY	7,684,109	0	7,684,109	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,021,117	-25,624	1,995,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,188,345	0	30,188,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,509,601	0	40,509,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,220,629	0	26,220,629	73.00
74.00	07400	RENAL DIALYSIS	1,030,322	0	1,030,322	74.00
76.00	03020	OTHER ANCILLARY	5,367,055	0	5,367,055	76.00
76.97	07697	CARDIAC REHABILITATION	1,993,417	0	1,993,417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,270,569	-7,198	1,263,371	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	17,781,287	-2,236,170	15,545,117	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	8,458,069	0	8,458,069	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	1,562,099	0	1,562,099	116.00
117.00	06950	HOME INFUSION	4,173,226	0	4,173,226	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	393,269,249	-24,999,355	368,269,894	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	603,686	0	603,686	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,225,529	0	3,225,529	192.00
194.00	07950	NON REIMBURSABLE-OTHER	3,468,134	0	3,468,134	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	384,285	0	384,285	194.01
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 118-201)	400,950,883	-24,999,355	375,951,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP	
		1.00	1.01	2.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS - CON				1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,245	79,217 4.00
5.01 00580	COMMUNICATIONS	0	0	1,269,090	1,315,320 5.01
5.02 00540	INFORMATION SYSTEMS	7,786,132	0	0	7,962,627 5.02
5.03 00550	PURCHASING/RECEIVING/STORES	0	0	6,192	321,691 5.03
5.04 00570	ADMINISTRATIVE	0	0	52,063	94,020 5.04
5.05 00560	PATIENT ACCOUNTING	10,121	0	31,460	48,027 5.05
5.06 00590	OTHER ADMIN & GENERAL	973,290	0	363,092	2,406,183 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	117,924	4,432,446 6.00
7.00 00700	OPERATION OF PLANT	0	0	51,349	868,571 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	194,085	0	568,895	878,151 8.00
9.00 00900	HOUSEKEEPING	0	0	2,438	103,425 9.00
10.00 01000	DIETARY	0	0	10,442	96,770 10.00
11.00 01100	CAFETERIA	0	0	0	244,032 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	64,536	228,463 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	293,566	746,705 14.00
15.00 01500	PHARMACY	695,880	0	557,898	1,348,077 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	13,774	13,774 16.00
20.00 02000	NURSING SCHOOL	0	172,716	120,244	292,960 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	184,022	0	184,022 22.00
23.00 02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	4,950	0	4,950 23.00
23.01 02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0 23.01
23.02 02302	PARAMED ED (ENDT)	0	0	0	0 23.02
23.03 02303	PARAMED ED (PHARMACY)	0	0	0	0 23.03
23.04 02304	PARAMED ED (PASTORAL CARE)	0	2,768	0	2,768 23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	1,147,350	0	752,056 1,899,406 30.00
31.00 03100	INTENSIVE CARE UNIT	0	336,513	0	240,100 576,613 31.00
35.00 02040	HIGH RISK NEONATAL	0	155,623	0	168,986 324,609 35.00
40.00 04000	SUBPROVIDER - I PF	0	237,617	0	17,663 255,280 40.00
43.00 04300	NURSERY	0	36,481	0	0 36,481 43.00
44.00 04400	SKILLED NURSING FACILITY	0	171,959	0	41,706 213,665 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	251,208	1,201,531	0	3,083,128 4,535,867 50.00
50.01 05001	GASTRODIAGNOSTIC UNIT	1,390	104,452	0	256,435 362,277 50.01
50.02 05002	PAIN MANAGEMENT CENTER	0	0	0	34,630 34,630 50.02
51.00 05100	RECOVERY ROOM	0	160,220	0	153,518 313,738 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	168,524	0	81,144 249,668 52.00
53.00 05300	ANESTHESIOLOGY	0	11,254	0	454,526 465,780 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,201	252,963	0	951,144 1,223,308 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	466,663 466,663 55.00
56.00 05600	RADIOISOTOPE	0	83,661	0	207,566 291,227 56.00
57.00 05700	CT SCAN	0	32,935	0	279,456 312,391 57.00
58.00 05800	MRI	0	31,612	0	325,295 356,907 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	248,103	0	1,188,523 1,436,626 59.00
60.00 06000	LABORATORY	284,219	212,309	0	209,025 705,553 60.00
65.00 06500	RESPIRATORY THERAPY	47,818	35,339	0	173,815 256,972 65.00
66.00 06600	PHYSICAL THERAPY	0	87,955	0	39,223 127,178 66.00
69.00 06900	ELECTROCARDIOLOGY	47,171	542,457	0	242,042 831,670 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,758	23,216	0	116,706 141,680 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	0 73.00
74.00 07400	RENAL DIALYSIS	0	29,318	0	753 30,071 74.00
76.00 03020	OTHER ANCILLARY	0	43,442	0	6,062 49,504 76.00
76.97 07697	CARDIAC REHABILITATION	0	68,396	0	35,200 103,596 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	6	32,935	0	7,535 40,476 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	0	230,565	0	142,457 373,022 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	1,303 1,303 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0 116.00
117.00 06950	HOME INFUSION	5,850	0	0	26,394 32,244 117.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		1.00	1.01	2.00			
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	10,318,129	13,995,497	172,716	13,234,262	37,720,604	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	60,455	0	134	60,589	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	987,271	0	13,135	1,000,406	192.00
194.00	07950 NON REIMBURSABLE-OTHER	0	17,084	0	2,212	19,296	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	33,875	0	0	33,875	194.01
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,318,129	15,094,182	172,716	13,249,743	38,834,770	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 5.01	INFORMATION SYSTEMS 5.02	PURCHASING/RECEIVING/STORES 5.03	ADMINISTRATIVE 5.04
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	79,217				4.00
5.01	00580	COMMUNICATIONS	180	1,315,500			5.01
5.02	00540	INFORMATION SYSTEMS	102	0	7,962,729		5.02
5.03	00550	PURCHASING/RECEIVING/STORES	376	9,556	35,749	367,372	5.03
5.04	00570	ADMINISTRATIVE	843	22,031	163,695	250	280,839
5.05	00560	PATIENT ACCOUNTING	1,486	18,315	0	0	0
5.06	00590	OTHER ADMIN & GENERAL	6,579	219,250	415,823	3,043	0
6.00	00600	MAINTENANCE & REPAIRS	2,178	19,111	84,670	6,078	0
7.00	00700	OPERATION OF PLANT	986	7,698	28,223	1,752	0
8.00	00800	LAUNDRY & LINEN SERVICE	364	3,451	30,105	4,082	0
9.00	00900	HOUSEKEEPING	1,459	6,105	47,039	717	0
10.00	01000	DIETARY	311	14,334	28,223	24	0
11.00	01100	CAFETERIA	921	0	80,907	67	0
13.00	01300	NURSING ADMINISTRATION	1,709	19,111	30,105	274	0
14.00	01400	CENTRAL SERVICES & SUPPLY	285	1,858	30,105	0	0
15.00	01500	PHARMACY	2,671	17,253	184,392	56,046	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,320	11,945	84,670	121	0
20.00	02000	NURSING SCHOOL	1,147	19,642	285,996	223	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,964	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32	0	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	73	796	0	4	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	194	0	0	4	0
23.04	02304	PARAMED ED (PASTORAL CARE)	45	0	0	4	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,962	273,135	1,761,133	6,156	16,202
31.00	03100	INTENSIVE CARE UNIT	3,674	60,519	380,074	2,791	6,429
35.00	02040	HIGH RISK NEONATAL	3,685	18,050	118,538	1,464	7,291
40.00	04000	SUBPROVIDER - IPF	763	20,439	131,709	84	872
43.00	04300	NURSERY	419	0	52,683	363	791
44.00	04400	SKILLED NURSING FACILITY	781	22,827	71,499	228	523
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,806	132,983	1,074,366	0	31,807
50.01	05001	GASTRODIAGNOSTIC UNIT	433	6,636	0	307	3,513
50.02	05002	PAIN MANAGEMENT CENTER	63	1,062	0	0	326
51.00	05100	RECOVERY ROOM	1,104	23,889	0	378	3,198
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,914	531	242,720	1,677	3,353
53.00	05300	ANESTHESIOLOGY	559	7,698	0	5,108	7,450
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,730	44,593	500,493	957	11,895
55.00	05500	RADIOLOGY-THERAPEUTIC	179	6,636	0	7	1,314
56.00	05600	RADIOISOTOPE	341	4,512	0	3,027	3,996
57.00	05700	CT SCAN	514	3,185	0	765	16,934
58.00	05800	MRI	211	2,920	0	174	2,750
59.00	05900	CARDIAC CATHETERIZATION	3,030	48,840	199,445	0	36,019
60.00	06000	LABORATORY	2,480	30,525	284,114	12,276	19,847
65.00	06500	RESPIRATORY THERAPY	1,718	8,229	0	714	7,394
66.00	06600	PHYSICAL THERAPY	2,835	34,772	267,180	239	5,663
69.00	06900	ELECTROCARDIOLOGY	1,302	27,340	250,246	283	14,255
70.00	07000	ELECTROENCEPHALOGRAPHY	426	5,840	28,223	107	1,938
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	100,945	15,378
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	138,557	18,800
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,428
74.00	07400	RENAL DIALYSIS	0	1,593	9,408	3	574
76.00	03020	OTHER ANCILLARY	1,354	16,722	69,617	270	2,177
76.97	07697	CARDIAC REHABILITATION	342	2,123	139,235	62	493
76.98	07698	HYPERBARIC OXYGEN THERAPY	135	5,043	0	0	715
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,540	60,785	400,771	3,492	14,514
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,260	16,722	310,456	911	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	277	796	41,394	402	0
117.00	06950	HOME INFUSION	405	1,858	60,210	10,953	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,467	1,281,259	7,923,216	365,389	280,839
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29	1,593	0	932	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 5.01	INFORMATION SYSTEMS 5.02	PURCHASING/RECEIVING/STORES 5.03	ADMINISTRATIVE 5.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,185	0	9	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	388	17,784	39,513	441	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	333	11,679	0	601	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	79,217	1,315,500	7,962,729	367,372	280,839	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
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To 06/30/2017

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Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING	67,828					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,050,878				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	146,860	4,691,343			6.00
7.00	00700	OPERATION OF PLANT	0	89,704	808,595	1,805,529		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,031	1,288	24,528	957,000	8.00
9.00	00900	HOUSEKEEPING	0	45,185	316,028	21,508	0	9.00
10.00	01000	DIETARY	0	8,516	31,617	18,386	0	10.00
11.00	01100	CAFETERIA	0	24,223	89,415	51,972	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	43,070	130,188	34,912	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,564	30,043	96,507	1,360	14.00
15.00	01500	PHARMACY	0	92,067	34,764	20,083	1,666	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43,549	12,303	0	0	16.00
20.00	02000	NURSING SCHOOL	0	17,900	31,188	51,682	77	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	72,612	1,431	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	111,884	0	39,192	2,112	22.00
23.00	02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	0	1,109	5,007	1,054	0	23.00
23.01	02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL (PHARMACY)	0	3,913	0	0	0	23.03
23.04	02304	PARAMEDICAL (PASTORAL CARE)	0	990	0	590	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,866	302,491	460,379	244,355	137,691	30.00
31.00	03100	INTENSIVE CARE UNIT	1,534	101,280	154,938	71,668	26,079	31.00
35.00	02040	HIGH RISK NEONATAL	1,740	92,912	196,426	33,144	14,424	35.00
40.00	04000	SUBPROVIDER - IPF	208	25,413	44,064	50,606	6,737	40.00
43.00	04300	NURSERY	189	11,923	28,184	7,770	4,204	43.00
44.00	04400	SKILLED NURSING FACILITY	125	21,006	57,082	36,623	6,889	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,590	226,739	680,983	255,897	71,623	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	838	13,230	63,663	22,246	3,571	50.01
50.02	05002	PAIN MANAGEMENT CENTER	78	1,365	858	0	3,798	50.02
51.00	05100	RECOVERY ROOM	763	27,003	54,650	34,123	1,886	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	800	54,731	130,045	35,891	19,419	52.00
53.00	05300	ANESTHESIOLOGY	1,778	30,283	146,783	2,397	3,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,839	68,997	130,903	53,874	17,412	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	313	9,172	19,027	0	577	55.00
56.00	05600	RADIOISOTOPE	954	16,157	22,318	17,818	884	56.00
57.00	05700	CT SCAN	4,041	17,486	10,444	7,014	0	57.00
58.00	05800	MRI	656	8,398	15,308	6,732	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,405	94,071	165,239	52,840	20,727	59.00
60.00	06000	LABORATORY	4,736	128,109	108,585	45,216	193	60.00
65.00	06500	RESPIRATORY THERAPY	1,765	40,277	190,275	7,526	234	65.00
66.00	06600	PHYSICAL THERAPY	1,351	75,938	76,110	18,732	4,279	66.00
69.00	06900	ELECTROCARDIOLOGY	3,402	45,140	71,103	115,529	8,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	463	13,996	14,592	4,944	3,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,670	219,530	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,486	294,976	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,829	105,584	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	137	6,949	9,585	6,244	454	74.00
76.00	03020	OTHER ANCILLARY	519	35,863	47,497	9,252	904	76.00
76.97	07697	CARDIAC REHABILITATION	118	12,206	37,769	14,566	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	171	8,453	8,441	7,014	3,153	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,464	82,181	165,954	49,104	48,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	59,985	26,038	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,385	1,288	0	0	116.00
117.00	06950	HOME INFUSION	0	31,357	7,153	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,828	3,024,763	4,637,551	1,571,539	413,965	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,313	4,864	12,875	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,542	4,006	210,263	4,043	192.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am	
Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
194.00	07950	NON REIMBURSABLE-OTHER	0	15,014	42,919	3,638	538,992	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	2,246	2,003	7,214	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	67,828	3,050,878	4,691,343	1,805,529	957,000	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	541,466					9.00
10.00	01000	DIETARY	4,474	202,655				10.00
11.00	01100	CAFETERIA	12,654	0	504,191			11.00
13.00	01300	NURSING ADMINISTRATION	8,397	0	10,075	506,304		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,361	0	5,071	0	948,859	14.00
15.00	01500	PHARMACY	4,870	0	14,765	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	12,907	0	0	16.00
20.00	02000	NURSING SCHOOL	9,615	0	6,576	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,737	0	33,822	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	92	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	264	0	472	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	1,389	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	148	0	270	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,959	134,790	88,616	153,595	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,484	34,952	30,362	52,623	0	31.00
35.00	02040	HIGH RISK NEONATAL	8,173	0	24,201	41,945	0	35.00
40.00	04000	SUBPROVIDER - IPF	12,472	12,187	7,340	12,721	0	40.00
43.00	04300	NURSERY	1,917	0	3,320	5,755	0	43.00
44.00	04400	SKILLED NURSING FACILITY	25,463	6,145	5,977	10,360	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,306	0	45,987	79,707	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,464	0	3,485	6,040	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	459	795	0	50.02
51.00	05100	RECOVERY ROOM	8,005	0	7,644	13,249	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,856	8,411	15,531	26,919	0	52.00
53.00	05300	ANESTHESIOLOGY	601	0	8,475	14,689	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,746	0	14,315	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,092	1,893	0	55.00
56.00	05600	RADIOISOTOPE	4,385	0	2,247	0	0	56.00
57.00	05700	CT SCAN	1,752	0	4,000	0	0	57.00
58.00	05800	MRI	1,399	0	1,537	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,974	0	21,466	0	0	59.00
60.00	06000	LABORATORY	10,697	0	24,131	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,379	0	13,487	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,543	0	19,286	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	28,274	0	10,142	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,198	0	3,717	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	411,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	536,955	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,491	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	2,257	0	11,035	19,126	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,567	0	2,463	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,752	0	847	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	39,050	2,556	22,437	38,888	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	14,212	24,633	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,942	3,366	0	116.00
117.00	06950	HOME INFUSION	0	0	2,746	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	486,684	199,041	497,938	506,304	948,859	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,791	0	270	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,899	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	92	3,614	3,507	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	2,476	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	541,466	202,655	504,191	506,304	948,859	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	1,776,654					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	180,589				16.00
20.00 02000 NURSING SCHOOL	70	0	708,041			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		121,566		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			337,334	22.00
23.00 02300 PARAMED ED (CLINICAL LAB SCIENCE)	0	0				23.00
23.01 02301 PARAMED ED (RESPIRATORY THERAPY)	0	0				23.01
23.02 02302 PARAMED ED (ENDT)	0	0				23.02
23.03 02303 PARAMED ED (PHARMACY)	0	0				23.03
23.04 02304 PARAMED ED (PASTORAL CARE)	0	0				23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	28,038	96,788				30.00
31.00 03100 INTENSIVE CARE UNIT	11,536	4,971				31.00
35.00 02040 HIGH RISK NEONATAL	2,064	3,484				35.00
40.00 04000 SUBPROVIDER - IPF	85	1,487				40.00
43.00 04300 NURSERY	497	4,683				43.00
44.00 04400 SKILLED NURSING FACILITY	1,172	2,350				44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,790	0				50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	1,645	0				50.01
50.02 05002 PAIN MANAGEMENT CENTER	94	0				50.02
51.00 05100 RECOVERY ROOM	2,123	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,294	0				52.00
53.00 05300 ANESTHESIOLOGY	34,206	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 05600 RADIOISOTOPE	0	0				56.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MRI	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	892	0				60.00
65.00 06500 RESPIRATORY THERAPY	1,159	0				65.00
66.00 06600 PHYSICAL THERAPY	11	0				66.00
69.00 06900 ELECTROCARDIOLOGY	316	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	6	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	1,666,024	0				73.00
74.00 07400 RENAL DIALYSIS	545	0				74.00
76.00 03020 OTHER ANCILLARY	415	0				76.00
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	2	0				76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	10,628	66,826				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0				116.00
117.00 06950 HOME INFUSION	0	0				117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,776,612	180,589	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07950 NON REIMBURSABLE-OTHER	42	0				194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0				194.01
200.00 Cross Foot Adjustments			708,041	121,566	337,334	200.00
201.00 Negative Cost Centers	0	0	9,035	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,776,654	180,589	717,076	121,566	337,334	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am		
Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)
			23.00	23.01	23.02	23.03	23.04
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS					5.02
5.03	00550	PURCHASING/RECEIVING/STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00560	PATIENT ACCOUNTING					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	13,729				23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)		0			23.01
23.02	02302	PARAMED ED (ENDT)			0		23.02
23.03	02303	PARAMED ED (PHARMACY)				5,500	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)					4,815
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS					30.00
31.00	03100	INTENSIVE CARE UNIT					31.00
35.00	02040	HIGH RISK NEONATAL					35.00
40.00	04000	SUBPROVIDER - IPF					40.00
43.00	04300	NURSERY					43.00
44.00	04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM					50.00
50.01	05001	GASTRODIAGNOSTIC UNIT					50.01
50.02	05002	PAIN MANAGEMENT CENTER					50.02
51.00	05100	RECOVERY ROOM					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00	05300	ANESTHESIOLOGY					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					55.00
56.00	05600	RADIOISOTOPE					56.00
57.00	05700	CT SCAN					57.00
58.00	05800	MRI					58.00
59.00	05900	CARDIAC CATHETERIZATION					59.00
60.00	06000	LABORATORY					60.00
65.00	06500	RESPIRATORY THERAPY					65.00
66.00	06600	PHYSICAL THERAPY					66.00
69.00	06900	ELECTROCARDIOLOGY					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					73.00
74.00	07400	RENAL DIALYSIS					74.00
76.00	03020	OTHER ANCILLARY					76.00
76.97	07697	CARDIAC REHABILITATION					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE					116.00
117.00	06950	HOME INFUSION					117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 8:50 am	
Cost Center Description			PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)	PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	
			23.00	23.01	23.02	23.03	23.04	
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	NON REIMBURSABLE-OTHER						194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT						194.01
200.00		Cross Foot Adjustments	13,729	0	0	5,500	4,815	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,729	0	0	5,500	4,815	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.01	00580				5.01
5.02	00540				5.02
5.03	00550				5.03
5.04	00570				5.04
5.05	00560				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
23.04	02304				23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	5,752,562	0	5,752,562	30.00
31.00	03100	1,537,527	0	1,537,527	31.00
35.00	02040	892,150	0	892,150	35.00
40.00	04000	582,467	0	582,467	40.00
43.00	04300	159,179	0	159,179	43.00
44.00	04400	482,715	0	482,715	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	7,223,451	0	7,223,451	50.00
50.01	05001	493,348	0	493,348	50.01
50.02	05002	43,528	0	43,528	50.02
51.00	05100	491,753	0	491,753	51.00
52.00	05200	802,760	0	802,760	52.00
53.00	05300	729,118	0	729,118	53.00
54.00	05400	2,084,062	0	2,084,062	54.00
55.00	05500	506,873	0	506,873	55.00
56.00	05600	367,866	0	367,866	56.00
57.00	05700	378,526	0	378,526	57.00
58.00	05800	396,992	0	396,992	58.00
59.00	05900	2,100,682	0	2,100,682	59.00
60.00	06000	1,377,354	0	1,377,354	60.00
65.00	06500	531,129	0	531,129	65.00
66.00	06600	638,117	0	638,117	66.00
69.00	06900	1,407,124	0	1,407,124	69.00
70.00	07000	220,446	0	220,446	70.00
71.00	07100	751,427	0	751,427	71.00
72.00	07200	993,774	0	993,774	72.00
73.00	07300	1,801,865	0	1,801,865	73.00
74.00	07400	67,054	0	67,054	74.00
76.00	03020	266,512	0	266,512	76.00
76.97	07697	316,540	0	316,540	76.97
76.98	07698	76,202	0	76,202	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	1,385,075	0	1,385,075	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	456,520	0	456,520	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	60,850	0	60,850	116.00
117.00	06950	146,926	0	146,926	117.00
118.00		35,522,474	0	35,522,474	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B
Part II
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,256	0	87,256	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,279,353	0	1,279,353	192.00
194.00	07950	NON REIMBURSABLE-OTHER	685,240	0	685,240	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	60,427	0	60,427	194.01
200.00		Cross Foot Adjustments	1,190,985	0	1,190,985	200.00
201.00		Negative Cost Centers	9,035	0	9,035	201.00
202.00		TOTAL (sum lines 118-201)	38,834,770	0	38,834,770	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,494,066				1.00
1.01 00101	CAP REL COSTS - CON	0	24,020			1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP			13,182,491		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,025	0	8,203	138,107,298	4.00
5.01 00580	COMMUNICATIONS	4,576	0	1,262,648	313,034	4,956 5.01
5.02 00540	INFORMATION SYSTEMS	17,470	0	0	177,538	0 5.02
5.03 00550	PURCHASING/RECEIVING/STORES	31,229	0	6,161	655,321	36 5.03
5.04 00570	ADMINISTRATIVE	4,153	0	51,799	1,469,193	83 5.04
5.05 00560	PATIENT ACCOUNTING	638	0	31,300	2,589,042	69 5.05
5.06 00590	OTHER ADMIN & GENERAL	105,892	0	361,249	11,461,783	826 5.06
6.00 00600	MAINTENANCE & REPAIRS	427,064	0	117,325	3,793,696	72 6.00
7.00 00700	OPERATION OF PLANT	80,891	0	51,088	1,718,598	29 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	11,400	0	566,007	633,772	13 8.00
9.00 00900	HOUSEKEEPING	9,996	0	2,426	2,542,092	23 9.00
10.00 01000	DIETARY	8,545	0	10,389	542,614	54 10.00
11.00 01100	CAFETERIA	24,155	0	0	1,604,631	0 11.00
13.00 01300	NURSING ADMINISTRATION	16,226	0	64,208	2,976,721	72 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	44,853	0	292,076	496,016	7 14.00
15.00 01500	PHARMACY	9,334	0	555,066	4,654,096	65 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	13,704	2,299,437	45 16.00
20.00 02000	NURSING SCHOOL	0	24,020	119,634	1,998,022	74 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,905,262	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18,215	0	0	56,046	0 22.00
23.00 02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	490	0	0	127,786	3 23.00
23.01 02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	0 23.01
23.02 02302	PARAMEDICAL (ENDT)	0	0	0	0	0 23.02
23.03 02303	PARAMEDICAL (PHARMACY)	0	0	0	337,768	0 23.03
23.04 02304	PARAMEDICAL (PASTORAL CARE)	274	0	0	78,742	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	113,568	0	748,238	17,451,542	1,029 30.00
31.00 03100	INTENSIVE CARE UNIT	33,309	0	238,881	6,400,476	228 31.00
35.00 02040	HIGH RISK NEONATAL	15,404	0	168,128	6,419,390	68 35.00
40.00 04000	SUBPROVIDER - IPF	23,520	0	17,573	1,329,489	77 40.00
43.00 04300	NURSERY	3,611	0	0	729,219	0 43.00
44.00 04400	SKILLED NURSING FACILITY	17,021	0	41,494	1,360,246	86 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	118,931	0	3,067,486	10,115,814	501 50.00
50.01 05001	GASTRODIAGNOSTIC UNIT	10,339	0	255,133	754,473	25 50.01
50.02 05002	PAIN MANAGEMENT CENTER	0	0	34,454	108,936	4 50.02
51.00 05100	RECOVERY ROOM	15,859	0	152,739	1,923,811	90 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,681	0	80,732	3,333,878	2 52.00
53.00 05300	ANESTHESIOLOGY	1,114	0	452,219	973,241	29 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,039	0	946,316	3,014,397	168 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	464,294	312,159	25 55.00
56.00 05600	RADIOISOTOPE	8,281	0	206,512	593,820	17 56.00
57.00 05700	CT SCAN	3,260	0	278,037	894,966	12 57.00
58.00 05800	MRI	3,129	0	323,644	368,297	11 58.00
59.00 05900	CARDIAC CATHETERIZATION	24,558	0	1,182,490	5,278,249	184 59.00
60.00 06000	LABORATORY	21,015	0	207,964	4,320,526	115 60.00
65.00 06500	RESPIRATORY THERAPY	3,498	0	172,933	2,993,798	31 65.00
66.00 06600	PHYSICAL THERAPY	8,706	0	39,024	4,939,741	131 66.00
69.00 06900	ELECTROCARDIOLOGY	53,694	0	240,813	2,268,420	103 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,298	0	116,114	741,689	22 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	2,902	0	749	0	6 74.00
76.00 03020	OTHER ANCILLARY	4,300	0	6,031	2,359,708	63 76.00
76.97 07697	CARDIAC REHABILITATION	6,770	0	35,021	594,995	8 76.97
76.98 07698	HYPERTHERMIC OXYGEN THERAPY	3,260	0	7,497	234,880	19 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	22,822	0	141,734	4,425,802	229 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	1,296	3,937,281	63 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	483,355	3 116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)		
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				
117.00	06950	HOME INFUSION	0	0	26,260	705,783	7	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,385,315	24,020	13,167,089	136,799,591	4,827	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,984	0	133	51,050	6	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	97,723	0	13,068	0	12	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,691	0	2,201	676,163	67	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	3,353	0	0	580,494	44	194.01
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)	15,094,182	172,716	13,249,743	53,838,510	1,872,029	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.102754	7.190508	1.005102	0.389831	377.729822	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				79,217	1,315,500	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000574	265.435835	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
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To 06/30/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMINITTING (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	4,232				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	19	88,681,444			5.03
5.04	00570	ADMINITTING	87	60,292	1,598,721,121		5.04
5.05	00560	PATIENT ACCOUNTING	0	0	0	1,598,721,121	5.05
5.06	00590	OTHER ADMIN & GENERAL	221	734,539	0	0	-33,914,686
6.00	00600	MAINTENANCE & REPAIRS	45	1,467,010	0	0	0
7.00	00700	OPERATION OF PLANT	15	422,769	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	16	985,373	0	0	0
9.00	00900	HOUSEKEEPING	25	172,982	0	0	0
10.00	01000	DIETARY	15	5,696	0	0	0
11.00	01100	CAFETERIA	43	16,103	0	0	0
13.00	01300	NURSING ADMINISTRATION	16	66,194	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	16	0	0	0	0
15.00	01500	PHARMACY	98	13,527,810	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	45	29,180	0	0	0
20.00	02000	NURSING SCHOOL	152	53,768	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	1,034	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	0	950	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	0	893	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	936	1,485,881	92,057,863	92,057,863	0
31.00	03100	INTENSIVE CARE UNIT	202	673,569	36,527,847	36,527,847	0
35.00	02040	HIGH RISK NEONATAL	63	353,277	41,424,921	41,424,921	0
40.00	04000	SUBPROVIDER - IPF	70	20,269	4,953,296	4,953,296	0
43.00	04300	NURSERY	28	87,633	4,495,930	4,495,930	0
44.00	04400	SKILLED NURSING FACILITY	38	55,067	2,972,535	2,972,535	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	571	0	180,723,284	180,723,284	0
50.01	05001	GASTRODIAGNOSTIC UNIT	0	74,219	19,960,777	19,960,777	0
50.02	05002	PAIN MANAGEMENT CENTER	0	0	1,854,423	1,854,423	0
51.00	05100	RECOVERY ROOM	0	91,195	18,168,220	18,168,220	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	129	404,750	19,049,428	19,049,428	0
53.00	05300	ANESTHESIOLOGY	0	1,232,984	42,331,407	42,331,407	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	266	231,069	67,584,878	67,584,878	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,742	7,464,037	7,464,037	0
56.00	05600	RADIOISOTOPE	0	730,653	22,702,588	22,702,588	0
57.00	05700	CT SCAN	0	184,604	96,218,138	96,218,138	0
58.00	05800	MRI	0	41,977	15,627,183	15,627,183	0
59.00	05900	CARDIAC CATHETERIZATION	106	0	207,695,873	207,695,873	0
60.00	06000	LABORATORY	151	2,963,055	112,764,641	112,764,641	0
65.00	06500	RESPIRATORY THERAPY	0	172,436	42,013,626	42,013,626	0
66.00	06600	PHYSICAL THERAPY	142	57,770	32,174,984	32,174,984	0
69.00	06900	ELECTROCARDIOLOGY	133	68,420	80,996,170	80,996,170	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15	25,823	11,014,076	11,014,076	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,365,245	87,377,455	87,377,455	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,452,673	106,817,869	106,817,869	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	138,794,566	138,794,566	0
74.00	07400	RENAL DIALYSIS	5	616	3,261,096	3,261,096	0
76.00	03020	OTHER ANCILLARY	37	65,070	12,367,222	12,367,222	0
76.97	07697	CARDIAC REHABILITATION	74	14,950	2,802,631	2,802,631	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4,059,757	4,059,757	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	213	842,975	82,464,400	82,464,400	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	165	219,776	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	22	96,969	0	0	0
117.00	06950	HOME INFUSION	32	2,643,822	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,211	88,203,082	1,598,721,121	1,598,721,121	-33,914,686

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation
			5.02	5.03	5.04	5.05	5A.06
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	224,947	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,085	0	0	0 192.00
194.00	07950	NON REIMBURSABLE-OTHER	21	106,355	0	0	0 194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	144,975	0	0	0 194.01
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)	30,402,474	2,241,141	2,891,955	3,899,718	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7,183.949433	0.025272	0.001809	0.002439	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,962,729	367,372	280,839	67,828	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,881.552221	0.004143	0.000176	0.000042	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
		5.06	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	398,581	34	5,984	0	846	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	666,799	28	97,723	25,781	15,729	192.00
194.00	07950	NON REIMBURSABLE-OTHER	1,806,361	300	1,691	3,436,715	28	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	270,245	14	3,353	0	0	194.01
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)	33,914,686	19,300,957	15,115,966	2,186,062	7,418,708	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.092401	588.587369	18.013468	0.358253	45.207632	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,050,878	4,691,343	1,805,529	957,000	541,466	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.008312	143.063644	2.151622	0.156834	3.299550	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	274,855					10.00
11.00	01100	0	186,920				11.00
13.00	01300	0	3,735	108,297			13.00
14.00	01400	0	1,880	0	60,416,431		14.00
15.00	01500	0	5,474	0	0	12,917,394	15.00
16.00	01600	0	4,785	0	0	0	16.00
20.00	02000	0	2,438	0	0	506	20.00
21.00	02100	0	12,539	0	0	0	21.00
22.00	02200	0	34	0	0	0	22.00
23.00	02300	0	175	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	515	0	0	0	23.03
23.04	02304	0	100	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	182,814	32,853	32,853	0	203,855	30.00
31.00	03100	47,404	11,256	11,256	0	83,875	31.00
35.00	02040	0	8,972	8,972	0	15,010	35.00
40.00	04000	16,529	2,721	2,721	0	618	40.00
43.00	04300	0	1,231	1,231	0	3,612	43.00
44.00	04400	8,334	2,216	2,216	0	8,522	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	17,049	17,049	0	92,994	50.00
50.01	05001	0	1,292	1,292	0	11,959	50.01
50.02	05002	0	170	170	0	682	50.02
51.00	05100	0	2,834	2,834	0	15,438	51.00
52.00	05200	11,407	5,758	5,758	0	16,681	52.00
53.00	05300	0	3,142	3,142	0	248,700	53.00
54.00	05400	0	5,307	0	0	0	54.00
55.00	05500	0	405	405	0	0	55.00
56.00	05600	0	833	0	0	0	56.00
57.00	05700	0	1,483	0	0	0	57.00
58.00	05800	0	570	0	0	0	58.00
59.00	05900	0	7,958	0	0	0	59.00
60.00	06000	0	8,946	0	0	6,486	60.00
65.00	06500	0	5,000	0	0	8,426	65.00
66.00	06600	0	7,150	0	0	78	66.00
69.00	06900	0	3,760	0	0	2,301	69.00
70.00	07000	0	1,378	0	0	47	70.00
71.00	07100	0	0	0	26,227,578	0	71.00
72.00	07200	0	0	0	34,188,853	0	72.00
73.00	07300	0	0	0	0	12,113,032	73.00
74.00	07400	0	0	0	0	3,963	74.00
76.00	03020	0	4,091	4,091	0	3,017	76.00
76.97	07697	0	913	0	0	0	76.97
76.98	07698	0	314	0	0	12	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,466	8,318	8,318	0	77,271	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	5,269	5,269	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	720	720	0	0	116.00
117.00	06950	0	1,018	0	0	0	117.00
118.00		269,954	184,602	108,297	60,416,431	12,917,085	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	100	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	4,901	1,300	0	309	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	918	0	0	194.01
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)	1,464,578	4,159,902	6,686,476	3,079,175	12,603,370
203.00		Unit cost multiplier (Wkst. B, Part I)	5.328548	22.254986	61.742024	0.050966	0.975690
204.00		Cost to be allocated (per Wkst. B, Part II)	202,655	504,191	506,304	948,859	1,776,654
205.00		Unit cost multiplier (Wkst. B, Part II)	0.737316	2.697363	4.675143	0.015705	0.137540

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			16.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMINISTRATION						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	30,734					16.00
20.00 02000 NURSING SCHOOL	0	18,744				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		173,663			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			173,663		22.00
23.00 02300 PARAMED (CLINICAL LAB SCIENCE)	0				100	23.00
23.01 02301 PARAMED (RESPIRATORY THERAPY)	0					23.01
23.02 02302 PARAMED (ENDT)	0					23.02
23.03 02303 PARAMED (PHARMACY)	0					23.03
23.04 02304 PARAMED (PASTORAL CARE)	0					23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,472	10,396	46,538	46,538		30.00
31.00 03100 INTENSIVE CARE UNIT	846	1,686	22,902	22,902		31.00
35.00 02040 HIGH RISK NEONATAL	593	2,472	2,955	2,955		35.00
40.00 04000 SUBPROVIDER - IPF	253	0	4,643	4,643		40.00
43.00 04300 NURSEY	797	271	3,479	3,479		43.00
44.00 04400 SKILLED NURSING FACILITY	400	1,506	111	111		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	45,225	45,225		50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	117	5	5		50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0	345	345		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,250	16,067	16,067		52.00
53.00 05300 ANESTHESIOLOGY	0	0	425	425		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	14,082	14,082		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	135	135		56.00
57.00 05700 CT SCAN	0	0	295	295		57.00
58.00 05800 MRI	0	0	433	433		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	129	261	261		59.00
60.00 06000 LABORATORY	0	0	0	0	100	60.00
65.00 06500 RESPIRATORY THERAPY	0	236	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	178	178		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	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	258	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	126	50	50		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	11,373	147	15,534	15,534		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	150	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0		116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	16.00	20.00	21.00	22.00	23.00	
117.00 06950 HOME INFUSION	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	30,734	18,744	173,663	173,663	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	5,880,480	3,100,206	9,961,352	15,038,003	182,625	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	191.334678	165.397247	57.360244	86.593016	1,826.250000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	180,589	717,076	121,566	337,334	13,729	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	5.875870	37.774274	0.700011	1.942463	137.290000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
		23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
5.01	00580					5.01
5.02	00540					5.02
5.03	00550					5.03
5.04	00570					5.04
5.05	00560					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
20.00	02000					20.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301	100				23.01
23.02	02302		0			23.02
23.03	02303			100		23.03
23.04	02304				2,592	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	1,258	30.00
31.00	03100	0	0	0	841	31.00
35.00	02040	0	0	0	58	35.00
40.00	04000	0	0	0	53	40.00
43.00	04300	0	0	0	5	43.00
44.00	04400	0	0	0	25	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	17	50.00
50.01	05001	0	0	0	0	50.01
50.02	05002	0	0	0	0	50.02
51.00	05100	0	0	0	62	51.00
52.00	05200	0	0	0	21	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	0	0	0	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	18	59.00
60.00	06000	0	0	0	1	60.00
65.00	06500	100	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
69.00	06900	0	0	0	1	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	100	0	73.00
74.00	07400	0	0	0	0	74.00
76.00	03020	0	0	0	25	76.00
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	0	0	0	207	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
116.00	11600	0	0	0	0	116.00
117.00	06950	0	0	0	0	117.00
118.00		100	0	100	2,592	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet B-1

Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Description		PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
		23.01	23.02	23.03	23.04		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
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	0	525,699	139,265	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	5,256.990000	53.728781	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	5,500	4,815	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	55.000000	1.857639	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 8:50 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,733,743		54,733,743	42,505	54,776,248	30.00
31.00	03100	INTENSIVE CARE UNIT	16,613,134		16,613,134	0	16,613,134	31.00
35.00	02040	HIGH RISK NEONATAL	14,735,163		14,735,163	38,417	14,773,580	35.00
40.00	04000	SUBPROVIDER - IPF	4,499,612		4,499,612	102,329	4,601,941	40.00
43.00	04300	NURSERY	2,088,342		2,088,342	0	2,088,342	43.00
44.00	04400	SKILLED NURSING FACILITY	4,232,624		4,232,624	0	4,232,624	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,270,327		37,270,327	0	37,270,327	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,409,436		2,409,436	0	2,409,436	50.01
50.02	05002	PAIN MANAGEMENT CENTER	206,497		206,497	0	206,497	50.02
51.00	05100	RECOVERY ROOM	4,429,820		4,429,820	0	4,429,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,962,824		8,962,824	0	8,962,824	52.00
53.00	05300	ANESTHESIOLOGY	5,126,203		5,126,203	229,401	5,355,604	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,389,964		10,389,964	0	10,389,964	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,319,095		1,319,095	0	1,319,095	55.00
56.00	05600	RADIOISOTOPE	2,445,031		2,445,031	0	2,445,031	56.00
57.00	05700	CT SCAN	2,456,830		2,456,830	0	2,456,830	57.00
58.00	05800	MRI	1,254,854		1,254,854	0	1,254,854	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,909,913		13,909,913	0	13,909,913	59.00
60.00	06000	LABORATORY	18,197,124		18,197,124	0	18,197,124	60.00
65.00	06500	RESPIRATORY THERAPY	6,317,145	0	6,317,145	0	6,317,145	65.00
66.00	06600	PHYSICAL THERAPY	10,681,360	0	10,681,360	0	10,681,360	66.00
69.00	06900	ELECTROCARDIOLOGY	7,684,109		7,684,109	230,696	7,914,805	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,995,493		1,995,493	3,177	1,998,670	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	30,188,345		30,188,345	0	30,188,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,509,601		40,509,601	0	40,509,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,220,629		26,220,629	0	26,220,629	73.00
74.00	07400	RENAL DIALYSIS	1,030,322		1,030,322	0	1,030,322	74.00
76.00	03020	OTHER ANCILLARY	5,367,055		5,367,055	0	5,367,055	76.00
76.97	07697	CARDIAC REHABILITATION	1,993,417		1,993,417	0	1,993,417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,263,371		1,263,371	7,069	1,270,440	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,545,117		15,545,117	48,561	15,593,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,741,967		2,741,967	0	2,741,967	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	8,458,069		8,458,069	0	8,458,069	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,562,099		1,562,099	0	1,562,099	116.00
117.00	06950	HOME INFUSION	4,173,226		4,173,226	0	4,173,226	117.00
200.00		Subtotal (see instructions)	371,011,861	0	371,011,861	702,155	371,714,016	200.00
201.00		Less Observation Beds	2,741,967		2,741,967	0	2,741,967	201.00
202.00		Total (see instructions)	368,269,894	0	368,269,894	702,155	368,972,049	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 8:50 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,815,099		88,815,099		30.00
31.00	03100	INTENSIVE CARE UNIT	35,241,143		35,241,143		31.00
35.00	02040	HIGH RISK NEONATAL	39,965,716		39,965,716		35.00
40.00	04000	SUBPROVIDER - I/PF	4,778,815		4,778,815		40.00
43.00	04300	NURSERY	4,337,560		4,337,560		43.00
44.00	04400	SKILLED NURSING FACILITY	2,867,827		2,867,827		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,588,328	92,134,956	180,723,284	0.206229	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	6,349,292	13,611,485	19,960,777	0.120709	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,854,423	1,854,423	0.111354	50.02
51.00	05100	RECOVERY ROOM	5,559,262	12,608,958	18,168,220	0.243822	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,288,064	761,364	19,049,428	0.470504	52.00
53.00	05300	ANESTHESIOLOGY	19,530,831	22,800,576	42,331,407	0.121097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,415,821	45,169,057	67,584,878	0.153732	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,091,154	6,372,883	7,464,037	0.176727	55.00
56.00	05600	RADIOISOTOPE	3,043,271	19,659,317	22,702,588	0.107698	56.00
57.00	05700	CT SCAN	36,730,026	59,488,112	96,218,138	0.025534	57.00
58.00	05800	MRI	6,582,178	9,045,005	15,627,183	0.080299	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,495,372	141,200,501	207,695,873	0.066973	59.00
60.00	06000	LABORATORY	66,689,153	46,075,488	112,764,641	0.161373	60.00
65.00	06500	RESPIRATORY THERAPY	39,574,598	2,439,028	42,013,626	0.150359	65.00
66.00	06600	PHYSICAL THERAPY	14,674,810	17,500,174	32,174,984	0.331977	66.00
69.00	06900	ELECTROCARDIOLOGY	31,462,926	49,533,244	80,996,170	0.094870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,765,420	8,248,656	11,014,076	0.181177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,029,600	41,347,855	87,377,455	0.345494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,078,286	41,739,583	106,817,869	0.379240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,470,997	43,323,569	138,794,566	0.188917	73.00
74.00	07400	RENAL DIALYSIS	3,261,096	0	3,261,096	0.315943	74.00
76.00	03020	OTHER ANCILLARY	761,134	11,606,088	12,367,222	0.433974	76.00
76.97	07697	CARDIAC REHABILITATION	1,100,475	1,702,156	2,802,631	0.711266	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,833	4,024,924	4,059,757	0.311194	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	23,617,166	58,847,234	82,464,400	0.188507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	949,307	5,476,926	6,426,233	0.426683	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,611,724	5,611,724		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,156,089	2,156,089		116.00
117.00	06950	HOME INFUSION	0	4,740,417	4,740,417		117.00
200.00		Subtotal (see instructions)	842,149,560	769,079,792	1,611,229,352		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	842,149,560	769,079,792	1,611,229,352		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 8:50 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.206229		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.120709		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.111354		50.02
51.00	05100	RECOVERY ROOM	0.243822		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470504		52.00
53.00	05300	ANESTHESIOLOGY	0.126516		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153732		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.176727		55.00
56.00	05600	RADIOISOTOPE	0.107698		56.00
57.00	05700	CT SCAN	0.025534		57.00
58.00	05800	MRI	0.080299		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066973		59.00
60.00	06000	LABORATORY	0.161373		60.00
65.00	06500	RESPIRATORY THERAPY	0.150359		65.00
66.00	06600	PHYSICAL THERAPY	0.331977		66.00
69.00	06900	ELECTROCARDIOLOGY	0.097718		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181465		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.345494		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.379240		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188917		73.00
74.00	07400	RENAL DIALYSIS	0.315943		74.00
76.00	03020	OTHER ANCILLARY	0.433974		76.00
76.97	07697	CARDIAC REHABILITATION	0.711266		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.312935		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.189096		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426683		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	HOME INFUSION			117.00
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: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 8:50 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	54,733,743		54,733,743	42,505	54,776,248	30.00
31.00	03100 INTENSIVE CARE UNIT	16,613,134		16,613,134	0	16,613,134	31.00
35.00	02040 HIGH RISK NEONATAL	14,735,163		14,735,163	38,417	14,773,580	35.00
40.00	04000 SUBPROVIDER - IPF	4,499,612		4,499,612	102,329	4,601,941	40.00
43.00	04300 NURSERY	2,088,342		2,088,342	0	2,088,342	43.00
44.00	04400 SKILLED NURSING FACILITY	4,232,624		4,232,624	0	4,232,624	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	37,270,327		37,270,327	0	37,270,327	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	2,409,436		2,409,436	0	2,409,436	50.01
50.02	05002 PAIN MANAGEMENT CENTER	206,497		206,497	0	206,497	50.02
51.00	05100 RECOVERY ROOM	4,429,820		4,429,820	0	4,429,820	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,962,824		8,962,824	0	8,962,824	52.00
53.00	05300 ANESTHESIOLOGY	5,126,203		5,126,203	229,401	5,355,604	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,389,964		10,389,964	0	10,389,964	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,319,095		1,319,095	0	1,319,095	55.00
56.00	05600 RADIOISOTOPE	2,445,031		2,445,031	0	2,445,031	56.00
57.00	05700 CT SCAN	2,456,830		2,456,830	0	2,456,830	57.00
58.00	05800 MRI	1,254,854		1,254,854	0	1,254,854	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,909,913		13,909,913	0	13,909,913	59.00
60.00	06000 LABORATORY	18,197,124		18,197,124	0	18,197,124	60.00
65.00	06500 RESPIRATORY THERAPY	6,317,145	0	6,317,145	0	6,317,145	65.00
66.00	06600 PHYSICAL THERAPY	10,681,360	0	10,681,360	0	10,681,360	66.00
69.00	06900 ELECTROCARDIOLOGY	7,684,109		7,684,109	230,696	7,914,805	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,995,493		1,995,493	3,177	1,998,670	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	30,188,345		30,188,345	0	30,188,345	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	40,509,601		40,509,601	0	40,509,601	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,220,629		26,220,629	0	26,220,629	73.00
74.00	07400 RENAL DIALYSIS	1,030,322		1,030,322	0	1,030,322	74.00
76.00	03020 OTHER ANCILLARY	5,367,055		5,367,055	0	5,367,055	76.00
76.97	07697 CARDIAC REHABILITATION	1,993,417		1,993,417	0	1,993,417	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,263,371		1,263,371	7,069	1,270,440	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	15,545,117		15,545,117	48,561	15,593,678	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,741,967		2,741,967		2,741,967	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,458,069		8,458,069		8,458,069	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	1,562,099		1,562,099		1,562,099	116.00
117.00	06950 HOME INFUSION	4,173,226		4,173,226		4,173,226	117.00
200.00	Subtotal (see instructions)	371,011,861	0	371,011,861	702,155	371,714,016	200.00
201.00	Less Observation Beds	2,741,967		2,741,967		2,741,967	201.00
202.00	Total (see instructions)	368,269,894	0	368,269,894	702,155	368,972,049	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 8:50 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,815,099		88,815,099		30.00
31.00	03100	INTENSIVE CARE UNIT	35,241,143		35,241,143		31.00
35.00	02040	HIGH RISK NEONATAL	39,965,716		39,965,716		35.00
40.00	04000	SUBPROVIDER - I/PF	4,778,815		4,778,815		40.00
43.00	04300	NURSERY	4,337,560		4,337,560		43.00
44.00	04400	SKILLED NURSING FACILITY	2,867,827		2,867,827		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,588,328	92,134,956	180,723,284	0.206229	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	6,349,292	13,611,485	19,960,777	0.120709	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,854,423	1,854,423	0.111354	50.02
51.00	05100	RECOVERY ROOM	5,559,262	12,608,958	18,168,220	0.243822	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,288,064	761,364	19,049,428	0.470504	52.00
53.00	05300	ANESTHESIOLOGY	19,530,831	22,800,576	42,331,407	0.121097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,415,821	45,169,057	67,584,878	0.153732	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,091,154	6,372,883	7,464,037	0.176727	55.00
56.00	05600	RADIOISOTOPE	3,043,271	19,659,317	22,702,588	0.107698	56.00
57.00	05700	CT SCAN	36,730,026	59,488,112	96,218,138	0.025534	57.00
58.00	05800	MRI	6,582,178	9,045,005	15,627,183	0.080299	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,495,372	141,200,501	207,695,873	0.066973	59.00
60.00	06000	LABORATORY	66,689,153	46,075,488	112,764,641	0.161373	60.00
65.00	06500	RESPIRATORY THERAPY	39,574,598	2,439,028	42,013,626	0.150359	65.00
66.00	06600	PHYSICAL THERAPY	14,674,810	17,500,174	32,174,984	0.331977	66.00
69.00	06900	ELECTROCARDIOLOGY	31,462,926	49,533,244	80,996,170	0.094870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,765,420	8,248,656	11,014,076	0.181177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,029,600	41,347,855	87,377,455	0.345494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,078,286	41,739,583	106,817,869	0.379240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,470,997	43,323,569	138,794,566	0.188917	73.00
74.00	07400	RENAL DIALYSIS	3,261,096	0	3,261,096	0.315943	74.00
76.00	03020	OTHER ANCILLARY	761,134	11,606,088	12,367,222	0.433974	76.00
76.97	07697	CARDIAC REHABILITATION	1,100,475	1,702,156	2,802,631	0.711266	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	34,833	4,024,924	4,059,757	0.311194	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	23,617,166	58,847,234	82,464,400	0.188507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	949,307	5,476,926	6,426,233	0.426683	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,611,724	5,611,724		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,156,089	2,156,089		116.00
117.00	06950	HOME INFUSION	0	4,740,417	4,740,417		117.00
200.00		Subtotal (see instructions)	842,149,560	769,079,792	1,611,229,352		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	842,149,560	769,079,792	1,611,229,352		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 8:50 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
35.00	02040	HIGH RISK NEONATAL		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000	50.02
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
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	03020	OTHER ANCILLARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
117.00	06950	HOME INFUSION		117.00
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: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,752,562	0	5,752,562	63,687	90.33	30.00
31.00	INTENSIVE CARE UNIT	1,537,527		1,537,527	11,079	138.78	31.00
35.00	HIGH RISK NEONATAL	892,150		892,150	13,541	65.89	35.00
40.00	SUBPROVIDER - IPF	582,467	0	582,467	4,491	129.70	40.00
43.00	NURSERY	159,179		159,179	3,117	51.07	43.00
44.00	SKILLED NURSING FACILITY	482,715		482,715	3,818	126.43	44.00
200.00	Total (lines 30-199)	9,406,600		9,406,600	99,733		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	24,110	2,177,856				30.00
31.00	INTENSIVE CARE UNIT	5,506	764,123				31.00
35.00	HIGH RISK NEONATAL	0	0				35.00
40.00	SUBPROVIDER - IPF	2,828	366,792				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	2,373	300,018				44.00
200.00	Total (lines 30-199)	34,817	3,608,789				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet D
Part II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,223,451	180,723,284	0.039970	39,820,075	1,591,608	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	493,348	19,960,777	0.024716	3,179,946	78,596	50.01
50.02	05002	PAIN MANAGEMENT CENTER	43,528	1,854,423	0.023473	0	0	50.02
51.00	05100	RECOVERY ROOM	491,753	18,168,220	0.027067	2,740,507	74,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	802,760	19,049,428	0.042141	1,519,521	64,034	52.00
53.00	05300	ANESTHESIOLOGY	729,118	42,331,407	0.017224	7,369,248	126,928	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,084,062	67,584,878	0.030836	10,163,154	313,391	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	506,873	7,464,037	0.067909	360,010	24,448	55.00
56.00	05600	RADIOISOTOPE	367,866	22,702,588	0.016204	1,639,178	26,561	56.00
57.00	05700	CT SCAN	378,526	96,218,138	0.003934	15,357,874	60,418	57.00
58.00	05800	MRI	396,992	15,627,183	0.025404	2,510,139	63,768	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,100,682	207,695,873	0.010114	33,247,365	336,264	59.00
60.00	06000	LABORATORY	1,377,354	112,764,641	0.012214	26,629,043	325,247	60.00
65.00	06500	RESPIRATORY THERAPY	531,129	42,013,626	0.012642	14,686,937	185,672	65.00
66.00	06600	PHYSICAL THERAPY	638,117	32,174,984	0.019833	6,665,661	132,200	66.00
69.00	06900	ELECTROCARDIOLOGY	1,407,124	80,996,170	0.017373	15,891,447	276,082	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	220,446	11,014,076	0.020015	747,288	14,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	751,427	87,377,455	0.008600	19,777,265	170,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	993,774	106,817,869	0.009303	34,471,608	320,689	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,801,865	138,794,566	0.012982	36,144,102	469,223	73.00
74.00	07400	RENAL DIALYSIS	67,054	3,261,096	0.020562	1,863,131	38,310	74.00
76.00	03020	OTHER ANCILLARY	266,512	12,367,222	0.021550	386,820	8,336	76.00
76.97	07697	CARDIAC REHABILITATION	316,540	2,802,631	0.112944	600,993	67,879	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	76,202	4,059,757	0.018770	16,889	317	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,385,075	82,464,400	0.016796	8,422,041	141,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	287,959	6,426,233	0.044810	420,820	18,857	92.00
200.00		Total (Lines 50-199)	25,739,537	1,422,714,962		284,631,062	4,929,503	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,719,470	67,591	0	1,787,061	30.00
31.00	03100	INTENSIVE CARE UNIT	278,860	45,186	0	324,046	31.00
35.00	02040	HIGH RISK NEONATAL	408,862	3,116	0	411,978	35.00
40.00	04000	SUBPROVIDER - I/PF	0	2,848	0	2,848	40.00
43.00	04300	NURSERY	44,823	269	0	45,092	43.00
44.00	04400	SKILLED NURSING FACILITY	249,088	1,343	0	250,431	44.00
200.00		Total (lines 30-199)	2,701,103	120,353	0	2,821,456	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,687	28.06	24,110	676,527	30.00
31.00	03100	INTENSIVE CARE UNIT	11,079	29.25	5,506	161,051	31.00
35.00	02040	HIGH RISK NEONATAL	13,541	30.42	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	4,491	0.63	2,828	1,782	40.00
43.00	04300	NURSERY	3,117	14.47	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,818	65.59	2,373	155,645	44.00
200.00		Total (lines 30-199)	99,733		34,817	995,005	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	913	0	913	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	19,351	0	0	19,351	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	3,331	0	3,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	206,747	1,128	0	207,875	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,336	967	0	22,303	59.00
60.00	06000	LABORATORY	0	0	182,679	0	182,679	60.00
65.00	06500	RESPIRATORY THERAPY	0	39,034	0	0	39,034	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	54	0	54	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	525,699	0	525,699	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	1,343	0	1,343	76.00
76.97	07697	CARDIAC REHABILITATION	0	42,672	0	0	42,672	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	20,840	0	0	20,840	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	24,313	11,122	0	35,435	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	86,073	3,384	0	89,457	92.00
200.00		Total (lines 50-199)	0	460,366	730,620	0	1,190,986	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	913	180,723,284	0.000005	0.000005	39,820,075	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	19,351	19,960,777	0.000969	0.000969	3,179,946	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,854,423	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	3,331	18,168,220	0.000183	0.000183	2,740,507	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,875	19,049,428	0.010912	0.010912	1,519,521	52.00
53.00	05300	ANESTHESIOLOGY	0	42,331,407	0.000000	0.000000	7,369,248	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,584,878	0.000000	0.000000	10,163,154	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,464,037	0.000000	0.000000	360,010	55.00
56.00	05600	RADIOISOTOPE	0	22,702,588	0.000000	0.000000	1,639,178	56.00
57.00	05700	CT SCAN	0	96,218,138	0.000000	0.000000	15,357,874	57.00
58.00	05800	MRI	0	15,627,183	0.000000	0.000000	2,510,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,303	207,695,873	0.000107	0.000107	33,247,365	59.00
60.00	06000	LABORATORY	182,679	112,764,641	0.001620	0.001620	26,629,043	60.00
65.00	06500	RESPIRATORY THERAPY	39,034	42,013,626	0.000929	0.000929	14,686,937	65.00
66.00	06600	PHYSICAL THERAPY	0	32,174,984	0.000000	0.000000	6,665,661	66.00
69.00	06900	ELECTROCARDIOLOGY	54	80,996,170	0.000001	0.000001	15,891,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,014,076	0.000000	0.000000	747,288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,377,455	0.000000	0.000000	19,777,265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	106,817,869	0.000000	0.000000	34,471,608	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	525,699	138,794,566	0.003788	0.003788	36,144,102	73.00
74.00	07400	RENAL DIALYSIS	0	3,261,096	0.000000	0.000000	1,863,131	74.00
76.00	03020	OTHER ANCILLARY	1,343	12,367,222	0.000109	0.000109	386,820	76.00
76.97	07697	CARDIAC REHABILITATION	42,672	2,802,631	0.015226	0.015226	600,993	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	20,840	4,059,757	0.005133	0.005133	16,889	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	35,435	82,464,400	0.000430	0.000430	8,422,041	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	89,457	6,426,233	0.013921	0.013921	420,820	92.00
200.00		Total (Lines 50-199)	1,190,986	1,422,714,962			284,631,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	199	28,539,104	143	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	3,081	3,232,744	3,133	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	649,895	0	50.02
51.00	05100 RECOVERY ROOM	502	2,908,412	532	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	16,581	117,125	1,278	52.00
53.00	05300 ANESTHESIOLOGY	0	5,677,992	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,905,186	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,165,689	0	55.00
56.00	05600 RADIOISOTOPE	0	8,444,550	0	56.00
57.00	05700 CT SCAN	0	14,789,256	0	57.00
58.00	05800 MRI	0	1,628,937	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,557	62,414,126	6,678	59.00
60.00	06000 LABORATORY	43,139	6,952,518	11,263	60.00
65.00	06500 RESPIRATORY THERAPY	13,644	529,177	492	65.00
66.00	06600 PHYSICAL THERAPY	0	229,144	0	66.00
69.00	06900 ELECTROCARDIOLOGY	16	17,453,744	17	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,673,374	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,879,238	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	21,149,259	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	136,914	12,569,853	47,615	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	42	2,863,265	312	76.00
76.97	07697 CARDIAC REHABILITATION	9,151	665,169	10,128	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	87	1,494,580	7,672	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	3,621	8,431,949	3,626	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	5,858	975,397	13,579	92.00
200.00	Total (Lines 50-199)	236,392	230,339,683	106,468	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 8:50 am
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		Title XVIII			Hospital	PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.206229	28,539,104	11	0	5,885,591	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.120709	3,232,744	0	0	390,221	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.111354	649,895	0	0	72,368	50.02
51.00	05100	RECOVERY ROOM	0.243822	2,908,412	0	0	709,135	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470504	117,125	0	0	55,108	52.00
53.00	05300	ANESTHESIOLOGY	0.121097	5,677,992	0	0	687,588	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153732	8,905,186	1	0	1,369,012	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.176727	2,165,689	0	0	382,736	55.00
56.00	05600	RADIOISOTOPE	0.107698	8,444,550	0	0	909,461	56.00
57.00	05700	CT SCAN	0.025534	14,789,256	0	0	377,629	57.00
58.00	05800	MRI	0.080299	1,628,937	0	0	130,802	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066973	62,414,126	45	0	4,180,061	59.00
60.00	06000	LABORATORY	0.161373	6,952,518	1,186	0	1,121,949	60.00
65.00	06500	RESPIRATORY THERAPY	0.150359	529,177	0	0	79,567	65.00
66.00	06600	PHYSICAL THERAPY	0.331977	229,144	0	0	76,071	66.00
69.00	06900	ELECTROCARDIOLOGY	0.094870	17,453,744	0	0	1,655,837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181177	1,673,374	0	0	303,177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.345494	15,879,238	0	0	5,486,181	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.379240	21,149,259	135,900	0	8,020,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188917	12,569,853	0	231,242	2,374,659	73.00
74.00	07400	RENAL DIALYSIS	0.315943	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.433974	2,863,265	145	0	1,242,583	76.00
76.97	07697	CARDIAC REHABILITATION	0.711266	665,169	0	0	473,112	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311194	1,494,580	0	0	465,104	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.188507	8,431,949	23	0	1,589,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426683	975,397	0	0	416,185	92.00
200.00		Subtotal (see instructions)		230,339,683	137,311	231,242	38,454,263	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		230,339,683	137,311	231,242	38,454,263	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3	0	59.00
60.00	06000	LABORATORY	191	0	60.00
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	51,539	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,686	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	63	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	4	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	51,802	43,686	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	51,802	43,686	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0053 Component CCN: 14-S053		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/27/2017 8:50 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,223,451	180,723,284	0.039970	66,227	2,647	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	493,348	19,960,777	0.024716	631	16	50.01
50.02	05002	PAIN MANAGEMENT CENTER	43,528	1,854,423	0.023473	0	0	50.02
51.00	05100	RECOVERY ROOM	491,753	18,168,220	0.027067	7,504	203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	802,760	19,049,428	0.042141	8,404	354	52.00
53.00	05300	ANESTHESIOLOGY	729,118	42,331,407	0.017224	27,656	476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,084,062	67,584,878	0.030836	66,039	2,036	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	506,873	7,464,037	0.067909	17	1	55.00
56.00	05600	RADIOISOTOPE	367,866	22,702,588	0.016204	0	0	56.00
57.00	05700	CT SCAN	378,526	96,218,138	0.003934	151,110	594	57.00
58.00	05800	MRI	396,992	15,627,183	0.025404	10,782	274	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,100,682	207,695,873	0.010114	20,140	204	59.00
60.00	06000	LABORATORY	1,377,354	112,764,641	0.012214	337,263	4,119	60.00
65.00	06500	RESPIRATORY THERAPY	531,129	42,013,626	0.012642	47,959	606	65.00
66.00	06600	PHYSICAL THERAPY	638,117	32,174,984	0.019833	99,404	1,971	66.00
69.00	06900	ELECTROCARDIOLOGY	1,407,124	80,996,170	0.017373	106,559	1,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	220,446	11,014,076	0.020015	3,106	62	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	751,427	87,377,455	0.008600	54,973	473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	993,774	106,817,869	0.009303	6,339	59	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,801,865	138,794,566	0.012982	804,972	10,450	73.00
74.00	07400	RENAL DIALYSIS	67,054	3,261,096	0.020562	128,684	2,646	74.00
76.00	03020	OTHER ANCILLARY	266,512	12,367,222	0.021550	83,367	1,797	76.00
76.97	07697	CARDIAC REHABILITATION	316,540	2,802,631	0.112944	429	48	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	76,202	4,059,757	0.018770	59	1	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,385,075	82,464,400	0.016796	100,816	1,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,426,233	0.000000	3,108	0	92.00
200.00		Total (lines 50-199)	25,451,578	1,422,714,962		2,135,548	32,581	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	913	0	913 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	19,351	0	0	19,351 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	3,331	0	3,331 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	206,747	1,128	0	207,875 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,336	967	0	22,303 59.00
60.00	06000	LABORATORY	0	0	182,679	0	182,679 60.00
65.00	06500	RESPIRATORY THERAPY	0	39,034	0	0	39,034 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	54	0	54 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	525,699	0	525,699 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY	0	0	1,343	0	1,343 76.00
76.97	07697	CARDIAC REHABILITATION	0	42,672	0	0	42,672 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	20,840	0	0	20,840 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	24,313	11,122	0	35,435 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	374,293	727,236	0	1,101,529 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0053 Component CCN: 14-S053		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	913	180,723,284	0.000005	0.000005	66,227	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	19,351	19,960,777	0.000969	0.000969	631	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,854,423	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	3,331	18,168,220	0.000183	0.000183	7,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,875	19,049,428	0.010912	0.010912	8,404	52.00
53.00	05300	ANESTHESIOLOGY	0	42,331,407	0.000000	0.000000	27,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	67,584,878	0.000000	0.000000	66,039	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,464,037	0.000000	0.000000	17	55.00
56.00	05600	RADIOISOTOPE	0	22,702,588	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	96,218,138	0.000000	0.000000	151,110	57.00
58.00	05800	MRI	0	15,627,183	0.000000	0.000000	10,782	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,303	207,695,873	0.000107	0.000107	20,140	59.00
60.00	06000	LABORATORY	182,679	112,764,641	0.001620	0.001620	337,263	60.00
65.00	06500	RESPIRATORY THERAPY	39,034	42,013,626	0.000929	0.000929	47,959	65.00
66.00	06600	PHYSICAL THERAPY	0	32,174,984	0.000000	0.000000	99,404	66.00
69.00	06900	ELECTROCARDIOLOGY	54	80,996,170	0.000001	0.000001	106,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,014,076	0.000000	0.000000	3,106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,377,455	0.000000	0.000000	54,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	106,817,869	0.000000	0.000000	6,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	525,699	138,794,566	0.003788	0.003788	804,972	73.00
74.00	07400	RENAL DIALYSIS	0	3,261,096	0.000000	0.000000	128,684	74.00
76.00	03020	OTHER ANCILLARY	1,343	12,367,222	0.000109	0.000109	83,367	76.00
76.97	07697	CARDIAC REHABILITATION	42,672	2,802,631	0.015226	0.015226	429	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	20,840	4,059,757	0.005133	0.005133	59	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	35,435	82,464,400	0.000430	0.000430	100,816	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,426,233	0.000000	0.000000	3,108	92.00
200.00		Total (lines 50-199)	1,101,529	1,422,714,962			2,135,548	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	61	0	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	1	54	0	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	7	0	50.02
51.00	05100 RECOVERY ROOM	1	38	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	92	44	0	52.00
53.00	05300 ANESTHESIOLOGY	0	41	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,532	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	8,753	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2	503	0	59.00
60.00	06000 LABORATORY	546	17,334	28	60.00
65.00	06500 RESPIRATORY THERAPY	45	108	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,359	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	195	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,049	3,593	14	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	9	112	0	76.00
76.97	07697 CARDIAC REHABILITATION	7	5	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	43	48,819	21	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	30,454	0	92.00
200.00	Total (lines 50-199)	3,795	117,012	63	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 8:50 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.206229	61	0	0	13	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0.120709	54	0	0	7	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0.111354	7	0	0	1	50.02
51.00 05100 RECOVERY ROOM	0.243822	38	0	0	9	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.470504	44	0	0	21	52.00
53.00 05300 ANESTHESIOLOGY	0.121097	41	0	0	5	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.153732	3,532	0	0	543	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.176727	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.107698	0	0	0	0	56.00
57.00 05700 CT SCAN	0.025534	8,753	0	0	223	57.00
58.00 05800 MRI	0.080299	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.066973	503	0	0	34	59.00
60.00 06000 LABORATORY	0.161373	17,334	0	0	2,797	60.00
65.00 06500 RESPIRATORY THERAPY	0.150359	108	0	0	16	65.00
66.00 06600 PHYSICAL THERAPY	0.331977	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.094870	3,359	0	0	319	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.181177	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.345494	195	0	0	67	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.379240	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.188917	3,593	0	0	679	73.00
74.00 07400 RENAL DIALYSIS	0.315943	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.433974	112	0	0	49	76.00
76.97 07697 CARDIAC REHABILITATION	0.711266	5	0	0	4	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.311194	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.188507	48,819	0	0	9,203	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.426683	30,454	0	0	12,994	92.00
200.00 Subtotal (see instructions)		117,012	0	0	26,984	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		117,012	0	0	26,984	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 8:50 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
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	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	913	0	913 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	19,351	0	0	19,351 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	3,331	0	3,331 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	206,747	1,128	0	207,875 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,336	967	0	22,303 59.00
60.00	06000	LABORATORY	0	0	182,679	0	182,679 60.00
65.00	06500	RESPIRATORY THERAPY	0	39,034	0	0	39,034 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	54	0	54 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	525,699	0	525,699 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00	03020	OTHER ANCILLARY	0	0	1,343	0	1,343 76.00
76.97	07697	CARDIAC REHABILITATION	0	42,672	0	0	42,672 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	20,840	0	0	20,840 76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	24,313	11,122	0	35,435 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	374,293	727,236	0	1,101,529 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	913	180,723,284	0.000005	0.000005	2,352	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	19,351	19,960,777	0.000969	0.000969	53	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	1,854,423	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	3,331	18,168,220	0.000183	0.000183	6	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	207,875	19,049,428	0.010912	0.010912	12,593	52.00
53.00 05300 ANESTHESIOLOGY	0	42,331,407	0.000000	0.000000	2,597	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	67,584,878	0.000000	0.000000	60,340	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,464,037	0.000000	0.000000	1,023	55.00
56.00 05600 RADIOISOTOPE	0	22,702,588	0.000000	0.000000	6,976	56.00
57.00 05700 CT SCAN	0	96,218,138	0.000000	0.000000	2,245	57.00
58.00 05800 MRI	0	15,627,183	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22,303	207,695,873	0.000107	0.000107	63,640	59.00
60.00 06000 LABORATORY	182,679	112,764,641	0.001620	0.001620	164,034	60.00
65.00 06500 RESPIRATORY THERAPY	39,034	42,013,626	0.000929	0.000929	68,822	65.00
66.00 06600 PHYSICAL THERAPY	0	32,174,984	0.000000	0.000000	693,627	66.00
69.00 06900 ELECTROCARDIOLOGY	54	80,996,170	0.000001	0.000001	20,154	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	11,014,076	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,377,455	0.000000	0.000000	246,044	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	106,817,869	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	525,699	138,794,566	0.003788	0.003788	1,349,704	73.00
74.00 07400 RENAL DIALYSIS	0	3,261,096	0.000000	0.000000	47,680	74.00
76.00 03020 OTHER ANCILLARY	1,343	12,367,222	0.000109	0.000109	95,764	76.00
76.97 07697 CARDIAC REHABILITATION	42,672	2,802,631	0.015226	0.015226	191	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	20,840	4,059,757	0.005133	0.005133	2,511	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	35,435	82,464,400	0.000430	0.000430	3,153	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,426,233	0.000000	0.000000	2,487	92.00
200.00 Total (lines 50-199)	1,101,529	1,422,714,962			2,845,996	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0053	Period: From 07/01/2016	Worksheet D Part IV Date/Time Prepared: 11/27/2017 8:50 am
	Component CCN: 14-5225	To 06/30/2017	
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0	0	0	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	137	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7	0	0	59.00
60.00	06000 LABORATORY	266	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	64	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,113	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	10	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	3	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	13	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	1	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	5,614	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,687	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,687	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)		60,499	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)		24,110	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)		54,776,248	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)		54,776,248	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)		54,776,248	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)		860.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,736,770	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)		20,736,770	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	16,613,134	11,079	1,499.52	5,506	8,256,357	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	HIGH RISK NEONATAL	14,773,580	13,541	1,091.03	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					55,636,738	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					84,629,865	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)					3,779,557	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,165,895	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,945,452	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					75,684,413	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)					3,188	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					860.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,741,967	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,752,562	54,776,248	0.105019	2,741,967	287,959	90.00
91.00	Nursing School cost	1,719,470	54,776,248	0.031391	2,741,967	86,073	91.00
92.00	Allied health cost	67,591	54,776,248	0.001234	2,741,967	3,384	92.00
93.00	All other Medical Education	0	54,776,248	0.000000	2,741,967	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,491	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,491	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)		4,491	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,828	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)		4,601,941	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)		4,601,941	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)		4,601,941	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,024.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,897,852	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,897,852	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053 Component CCN: 14-S053		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	HIGH RISK NEONATAL	0	0	0.00	0	0	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	415,877						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,313,729						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)	368,574						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	36,376						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	404,950						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,908,779						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: 14-0053 Component CCN: 14-S053		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	582,467	4,601,941	0.126570	0	0	90.00
91.00	Nursing School cost	0	4,601,941	0.000000	0	0	91.00
92.00	Allied health cost	2,848	4,601,941	0.000619	0	0	92.00
93.00	All other Medical Education	0	4,601,941	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,818	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,818	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)		3,818	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,373	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)		4,232,624	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)		4,232,624	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)		4,232,624	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	HIGH RISK NEONATAL						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						4,232,624 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						1,108.60 71.00
72.00	Program routine service cost (line 9 x line 71)						2,630,708 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						2,630,708 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						2,630,708 83.00
84.00	Program inpatient ancillary services (see instructions)						689,441 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						3,320,149 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: 14-0053 Component CCN: 14-5225		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 8:50 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000				30.00
31.00	03100		33,679,360		31.00
35.00	02040		14,056,376		35.00
40.00	04000		0		40.00
43.00	04300		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.206229	39,820,075	8,212,054	50.00
50.01	05001	0.120709	3,179,946	383,848	50.01
50.02	05002	0.111354	0	0	50.02
51.00	05100	0.243822	2,740,507	668,196	51.00
52.00	05200	0.470504	1,519,521	714,941	52.00
53.00	05300	0.126516	7,369,248	932,328	53.00
54.00	05400	0.153732	10,163,154	1,562,402	54.00
55.00	05500	0.176727	360,010	63,623	55.00
56.00	05600	0.107698	1,639,178	176,536	56.00
57.00	05700	0.025534	15,357,874	392,148	57.00
58.00	05800	0.080299	2,510,139	201,562	58.00
59.00	05900	0.066973	33,247,365	2,226,676	59.00
60.00	06000	0.161373	26,629,043	4,297,209	60.00
65.00	06500	0.150359	14,686,937	2,208,313	65.00
66.00	06600	0.331977	6,665,661	2,212,846	66.00
69.00	06900	0.097718	15,891,447	1,552,880	69.00
70.00	07000	0.181465	747,288	135,607	70.00
71.00	07100	0.345494	19,777,265	6,832,926	71.00
72.00	07200	0.379240	34,471,608	13,073,013	72.00
73.00	07300	0.188917	36,144,102	6,828,235	73.00
74.00	07400	0.315943	1,863,131	588,643	74.00
76.00	03020	0.433974	386,820	167,870	76.00
76.97	07697	0.711266	600,993	427,466	76.97
76.98	07698	0.312935	16,889	5,285	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	0.189096	8,422,041	1,592,574	91.00
92.00	09200	0.426683	420,820	179,557	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		284,631,062	55,636,738	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		284,631,062		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 8:50 am		
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
		1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	31.00	
35.00	02040	HIGH RISK NEONATAL		0	35.00	
40.00	04000	SUBPROVIDER - IPF		2,989,945	40.00	
43.00	04300	NURSERY			43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.206229	66,227	13,658	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.120709	631	76	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.111354	0	0	50.02
51.00	05100	RECOVERY ROOM	0.243822	7,504	1,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470504	8,404	3,954	52.00
53.00	05300	ANESTHESIOLOGY	0.126516	27,656	3,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153732	66,039	10,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.176727	17	3	55.00
56.00	05600	RADIOISOTOPE	0.107698	0	0	56.00
57.00	05700	CT SCAN	0.025534	151,110	3,858	57.00
58.00	05800	MRI	0.080299	10,782	866	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066973	20,140	1,349	59.00
60.00	06000	LABORATORY	0.161373	337,263	54,425	60.00
65.00	06500	RESPIRATORY THERAPY	0.150359	47,959	7,211	65.00
66.00	06600	PHYSICAL THERAPY	0.331977	99,404	33,000	66.00
69.00	06900	ELECTROCARDIOLOGY	0.097718	106,559	10,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181465	3,106	564	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.345494	54,973	18,993	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.379240	6,339	2,404	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188917	804,972	152,073	73.00
74.00	07400	RENAL DIALYSIS	0.315943	128,684	40,657	74.00
76.00	03020	OTHER ANCILLARY	0.433974	83,367	36,179	76.00
76.97	07697	CARDIAC REHABILITATION	0.711266	429	305	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.312935	59	18	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.189096	100,816	19,064	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426683	3,108	1,326	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,135,548	415,877	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,135,548		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 8:50 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.206229	2,352	485
50.01	05001	GASTRODIAGNOSTIC UNIT	0.120709	53	6
50.02	05002	PAIN MANAGEMENT CENTER	0.111354	0	0
51.00	05100	RECOVERY ROOM	0.243822	6	1
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.470504	12,593	5,925
53.00	05300	ANESTHESIOLOGY	0.121097	2,597	314
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153732	60,340	9,276
55.00	05500	RADIOLOGY-THERAPEUTIC	0.176727	1,023	181
56.00	05600	RADIOISOTOPE	0.107698	6,976	751
57.00	05700	CT SCAN	0.025534	2,245	57
58.00	05800	MRI	0.080299	0	0
59.00	05900	CARDIAC CATHETERIZATION	0.066973	63,640	4,262
60.00	06000	LABORATORY	0.161373	164,034	26,471
65.00	06500	RESPIRATORY THERAPY	0.150359	68,822	10,348
66.00	06600	PHYSICAL THERAPY	0.331977	693,627	230,268
69.00	06900	ELECTROCARDIOLOGY	0.094870	20,154	1,912
70.00	07000	ELECTROENCEPHALOGRAPHY	0.181177	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.345494	246,044	85,007
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.379240	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188917	1,349,704	254,982
74.00	07400	RENAL DIALYSIS	0.315943	47,680	15,064
76.00	03020	OTHER ANCILLARY	0.433974	95,764	41,559
76.97	07697	CARDIAC REHABILITATION	0.711266	191	136
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.311194	2,511	781
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.188507	3,153	594
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.426683	2,487	1,061
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,845,996	689,441
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net charges (line 200 minus line 201)		2,845,996	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 8:50 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)		14,408,717	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		49,377,017	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,027,596	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		18,240,473	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		341.84	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)		59.19	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		59.19	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		72.65	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		59.19	12.00
13.00	Total allowable FTE count for the prior year.		59.19	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.		59.19	14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.19	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		59.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.173151	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.170194	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.170194	21.00
22.00	IME payment adjustment (see instructions)		5,659,453	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,618,404	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		13.46	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)		5,659,453	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,618,404	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.75	31.00
32.00	Sum of lines 30 and 31		37.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.14	33.00
34.00	Disproportionate share adjustment (see instructions)		3,211,612	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 8:50 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000715941	0.000727871	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,586,424	4,350,836	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,152,871	3,254,186	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,407,057		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		79,091,452		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)			80,709,856	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			6,218,568	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).			1,531,417	52.00
53.00	Nursing and Allied Health Managed Care payment			279,207	53.00
54.00	Special add-on payments for new technologies			17,537	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			837,578	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			236,392	58.00
59.00	Total (sum of amounts on lines 49 through 58)			89,830,555	59.00
60.00	Primary payer payments			53,798	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			89,776,757	61.00
62.00	Deductibles billed to program beneficiaries			5,361,972	62.00
63.00	Coinurance billed to program beneficiaries			213,297	63.00
64.00	Allowable bad debts (see instructions)			1,222,955	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			794,921	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			869,252	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			84,996,409	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			3,000	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-258,673	70.93
70.94	HRR adjustment amount (see instructions)			-6,378	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 8:50 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	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)			84,728,358	71.00
71.01	Sequestration adjustment (see instructions)			1,694,567	71.01
72.00	Interim payments			82,070,273	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			963,518	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,065,328	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		95,488	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,347,795	2.00
3.00	PPS payments		38,161,926	3.00
4.00	Outlier payment (see instructions)		50,547	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		106,468	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		95,488	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		368,553	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)		368,553	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		368,553	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		273,065	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		95,488	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		38,318,941	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		27,180	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,199,544	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		32,187,705	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		645,298	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)		32,833,003	30.00
31.00	Primary payer payments		3,137	31.00
32.00	Subtotal (line 30 minus line 31)		32,829,866	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,337,503	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		869,377	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		658,465	36.00
37.00	Subtotal (see instructions)		33,699,243	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-202	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		33,699,445	40.00
40.01	Sequestration adjustment (see instructions)		673,989	40.01
41.00	Interim payments		32,557,462	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		467,994	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: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			26,921 2.00
3.00	PPS payments			47,680 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			63 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			47,743 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)			9,536 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)			38,207 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)			38,207 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			38,207 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)			38,207 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			38,207 40.00
40.01	Sequestration adjustment (see instructions)			764 40.01
41.00	Interim payments			37,381 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			62 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: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2017 8:50 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		81,684,140		32,471,405	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	02/07/2017	114,272	02/07/2017	86,057	3.01	
3.02		06/22/2017	271,861		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)		386,133		86,057	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)		82,070,273		32,557,462	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		963,518		467,994	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		83,033,791		33,025,456	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: 14-0053
Component CCN: 14-S053

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2017 8:50 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,202,336		37,381	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	02/07/2017	19,729		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)		-19,729		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,182,607		37,381	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		70,731		62	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,253,338		37,443	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: 14-0053
Component CCN: 14-5225

Period:
From 07/01/2016
To 06/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2017 8:50 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		721,271		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		721,271		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		165,153		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		886,424		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/27/2017 8:50 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			17,347 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			29,616 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,909 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			85,119 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,611,229,352 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			31,982,575 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 Component CCN: 14-S053	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,400,241 1.00
2.00	Net IPF PPS Outlier Payments			124,068 2.00
3.00	Net IPF PPS ECT Payments			23,149 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			12.304110 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,547,458 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,547,458 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,547,458 18.00
19.00	Deductibles			127,372 19.00
20.00	Subtotal (line 18 minus line 19)			2,420,086 20.00
21.00	Coinsurance			200,074 21.00
22.00	Subtotal (line 20 minus line 21)			2,220,012 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			113,440 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			73,736 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			113,440 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,293,748 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			5,577 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,299,325 31.00
31.01	Sequestration adjustment (see instructions)			45,987 31.01
32.00	Interim payments			2,182,607 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			70,731 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			124,068 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 Component CCN: 14-5225	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		860,898	1.00
2.00	Routine service other pass through costs		155,645	2.00
3.00	Ancillary service other pass through costs		5,614	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,022,157	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		124,908	7.00
8.00	Allowable bad debts (see instructions)		11,177	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		11,177	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		7,265	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		904,514	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		904,514	15.00
15.01	Sequestration adjustment (see instructions)		18,090	15.01
16.00	Interim payments		721,271	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		165,153	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 8:50 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.			72.35	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			12.38	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)			0.00	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)			59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			74.79	6.00
7.00	Enter the lesser of line 5 or line 6			59.97	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.	35.71	39.08	74.79	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.	28.63	31.34	59.97	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	28.63	31.34		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	30.08	27.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	30.77	27.42		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	29.83	28.75		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	29.83	28.75		17.00
18.00	Per resident amount	83,797.55	83,797.55		18.00
19.00	Approved amount for resident costs	2,499,681	2,409,180	4,908,861	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)			14.82	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)			4,908,861	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,444	8,909		26.00
27.00	Total Inpatient Days (see instructions)	90,419	90,419		27.00
28.00	Ratio of inpatient days to total inpatient days	0.358818	0.098530		28.00
29.00	Program direct GME amount	1,761,388	483,670		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		68,343		30.00
31.00	Net Program direct GME amount			2,176,715	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 8:50 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)		3,261,096	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)		91,596,459	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)		53,798	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		91,542,661	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		38,576,735	42.00
43.00	Primary payer payments (see instructions)		3,137	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		38,573,598	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		130,116,259	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.703545	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.296455	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,176,715	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,531,417	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		645,298	50.00

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

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet G

Date/Time Prepared:
11/27/2017 8:50 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	2,602,681	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	411,477,188	0	0	0	4.00
5.00	Other receivable	7,764,399	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-262,842,075	0	0	0	6.00
7.00	Inventory	12,902,098	0	0	0	7.00
8.00	Prepaid expenses	4,086,733	0	0	0	8.00
9.00	Other current assets	68,254,044	0	0	0	9.00
10.00	Due from other funds	7,806,589	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	252,051,657	0	0	0	11.00
FIXED ASSETS						
12.00	Land	23,002,427	0	0	0	12.00
13.00	Land improvements	9,982,348	0	0	0	13.00
14.00	Accumulated depreciation	-4,612,809	0	0	0	14.00
15.00	Buildings	275,344,016	0	0	0	15.00
16.00	Accumulated depreciation	-113,617,197	0	0	0	16.00
17.00	Leasehold improvements	4,810,761	0	0	0	17.00
18.00	Accumulated depreciation	-2,801,208	0	0	0	18.00
19.00	Fixed equipment	233,133,246	0	0	0	19.00
20.00	Accumulated depreciation	-123,178,177	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	205,654,867	0	0	0	23.00
24.00	Accumulated depreciation	-161,782,580	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	7,899,766	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	353,835,460	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	29,001,264	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	27,283,175	0	0	0	33.00
34.00	Other assets	5,595,087	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	61,879,526	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	667,766,643	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,315,200	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,232,515	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	68,254,044	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	4,357,673	0	0	0	43.00
44.00	Other current liabilities	24,971,636	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	131,131,068	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	195,802,561	0	0	0	46.00
47.00	Notes payable	70,977,698	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)	266,780,259	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	397,911,327	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	269,855,316				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)	269,855,316	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	667,766,643	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-1

Date/Time Prepared:
11/27/2017 8:50 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		281,127,700		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,632,842			2.00
3.00	Total (sum of line 1 and line 2)		307,760,542		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		307,760,542		0	11.00
12.00	NET INCOME ROUNDING	2		0		12.00
13.00	CHANGE IN NET ASSETS	37,905,224		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		37,905,226		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		269,855,316		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			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	NET INCOME ROUNDING		0			12.00
13.00	CHANGE IN NET ASSETS		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: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	95,196,517		95,196,517	1.00
2.00	SUBPROVIDER - IPF	4,782,256		4,782,256	2.00
3.00	SUBPROVIDER - IRF				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	2,876,901		2,876,901	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)	102,855,674		102,855,674	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	35,639,724		35,639,724	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	HIGH RISK NEONATAL	40,619,928		40,619,928	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	76,259,652		76,259,652	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	179,115,326		179,115,326	17.00
18.00	Ancillary services	652,847,792	719,776,058	1,372,623,850	18.00
19.00	Outpatient services	25,075,005	66,157,367	91,232,372	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		5,611,724	5,611,724	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	0	2,156,089	2,156,089	26.00
27.00	HOME INFUSION	0	4,740,417	4,740,417	27.00
27.01	PROFESSIONAL FEES	4,582,912	7,970,054	12,552,966	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	861,621,035	806,411,709	1,668,032,744	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		482,942,745		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		482,942,745		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet G-3

Date/Time Prepared:
11/27/2017 8:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,668,032,744	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,193,031,516	2.00
3.00	Net patient revenues (line 1 minus line 2)	475,001,228	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	482,942,745	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,941,517	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	16,277,866	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	72,260	12.00
13.00	Revenue from laundry and linen service	28,575	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	47,638	17.00
18.00	Revenue from sale of medical records and abstracts	100	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,487,309	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	396,462	20.00
21.00	Rental of vending machines	20	21.00
22.00	Rental of hospital space	2,690,850	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC INCOME	2,294,353	24.00
24.01	GRANTS	437,053	24.01
24.02	INTERCOMPANY	9,265,583	24.02
24.03	NET ASSETS REALEASED	1,316,859	24.03
25.00	Total other income (sum of lines 6-24)	35,314,928	25.00
26.00	Total (line 5 plus line 25)	27,373,411	26.00
27.00	DISPOSAL ASSETS	55,954	27.00
27.01	SWAP PYMTS	526,807	27.01
27.02	NON OPERATING EXP'S	157,808	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	740,569	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,632,842	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet H

HHA CCN: 14-7222

To 06/30/2017

Date/Time Prepared: 11/27/2017 8:50 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	936,960	0	6	0	495,081	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,919,648	0	135,406	0	2,055,054	6.00
7.00	Physical Therapy	727,418	0	58,755	0	786,173	7.00
8.00	Occupational Therapy	280,023	0	20,020	0	300,043	8.00
9.00	Speech Pathology	17,537	0	1,512	0	19,049	9.00
10.00	Medical Social Services	54,387	0	3,294	0	57,681	10.00
11.00	Home Health Aide	66,151	0	15,032	0	81,183	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,002,124	0	234,025	0	4,731,230	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-200,220	1,231,827	-323	1,231,504		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-64,844	1,990,210	0	1,990,210		6.00
7.00	Physical Therapy	0	786,173	0	786,173		7.00
8.00	Occupational Therapy	0	300,043	0	300,043		8.00
9.00	Speech Pathology	0	19,049	0	19,049		9.00
10.00	Medical Social Services	0	57,681	0	57,681		10.00
11.00	Home Health Aide	0	81,183	0	81,183		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-265,064	4,466,166	-323	4,465,843		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet H-1 Part I Date/Time Prepared: 11/27/2017 8:50 am
		HHA CCN: 14-7222	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	1,231,504	0	0	0	1,231,504	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,990,210	0	0	0	1,990,210	6.00	
7.00	Physical Therapy	786,173	0	0	0	786,173	7.00	
8.00	Occupational Therapy	300,043	0	0	0	300,043	8.00	
9.00	Speech Pathology	19,049	0	0	0	19,049	9.00	
10.00	Medical Social Services	57,681	0	0	0	57,681	10.00	
11.00	Home Health Aide	81,183	0	0	0	81,183	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	4,465,843	0	0	0	4,465,843	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	1,231,504					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	757,791	2,748,001				6.00	
7.00	Physical Therapy	299,342	1,085,515				7.00	
8.00	Occupational Therapy	114,244	414,287				8.00	
9.00	Speech Pathology	7,253	26,302				9.00	
10.00	Medical Social Services	21,963	79,644				10.00	
11.00	Home Health Aide	30,911	112,094				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
23.50	Tel emedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		4,465,843				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet H-1

HHA CCN: 14-7222

To 06/30/2017

Part II
Date/Time Prepared:
11/27/2017 8:50 am

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,231,504	3,234,339
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,990,210
7.00	Physical Therapy	0	0	0	0	0	786,173
8.00	Occupational Therapy	0	0	0	0	0	300,043
9.00	Speech Pathology	0	0	0	0	0	19,049
10.00	Medical Social Services	0	0	0	0	0	57,681
11.00	Home Health Aide	0	0	0	0	0	81,183
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,231,504	3,234,339
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,231,504
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.380759

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period: From 07/01/2016 To 06/30/2017

Worksheet H-2 Part I

HHA CCN: 14-7222

Date/Time Prepared: 11/27/2017 8:50 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		1.00	1.01	2.00			
	0				4.00	5.01	
1.00 Administrative and General	0	0	0	1,303	365,256	23,797	1.00
2.00 Skilled Nursing Care	2,748,001	0	0	0	723,060	0	2.00
3.00 Physical Therapy	1,085,515	0	0	0	283,570	0	3.00
4.00 Occupational Therapy	414,287	0	0	0	109,162	0	4.00
5.00 Speech Pathology	26,302	0	0	0	6,836	0	5.00
6.00 Medical Social Services	79,644	0	0	0	21,202	0	6.00
7.00 Home Health Aide	112,094	0	0	0	25,788	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	4,465,843	0	0	1,303	1,534,874	23,797	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	1,185,352	5,554	0	0	1,581,262	146,110	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,471,061	320,730	2.00
3.00 Physical Therapy	0	0	0	0	1,369,085	126,505	3.00
4.00 Occupational Therapy	0	0	0	0	523,449	48,367	4.00
5.00 Speech Pathology	0	0	0	0	33,138	3,062	5.00
6.00 Medical Social Services	0	0	0	0	100,846	9,318	6.00
7.00 Home Health Aide	0	0	0	0	137,882	12,740	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,185,352	5,554	0	0	7,216,723	666,832	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7222

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 8:50 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	107,123	0	0	0	0	117,262	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	107,123	0	0	0	0	117,262	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		13.00	14.00	15.00	16.00	20.00	21.00	
1.00	Administrative and General	325,319	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	24,810	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	325,319	0	0	0	24,810	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7222

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 8:50 am

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Cost Center Description	INTERNS & RESIDENTS	PARAMEDICAL (CLINICAL LAB SCIENCE)	PARAMEDICAL (RESPIRATORY THERAPY)	PARAMEDICAL (ENDT)	PARAMEDICAL (PHARMACY)	PARAMEDICAL (PASTORAL CARE)		
	SERVICES-OTHER PRGM COSTS APPRV							
	22.00							23.00
1.00 Administrative and General	0	0	0	0	0	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	24.00	25.00	26.00	27.00	28.00			
1.00 Administrative and General	2,277,076	0	2,277,076				1.00	
2.00 Skilled Nursing Care	3,816,601	0	3,816,601	1,406,035	5,222,636		2.00	
3.00 Physical Therapy	1,495,590	0	1,495,590	550,975	2,046,565		3.00	
4.00 Occupational Therapy	571,816	0	571,816	210,657	782,473		4.00	
5.00 Speech Pathology	36,200	0	36,200	13,336	49,536		5.00	
6.00 Medical Social Services	110,164	0	110,164	40,584	150,748		6.00	
7.00 Home Health Aide	150,622	0	150,622	55,489	206,111		7.00	
8.00 Supplies (see instructions)	0	0	0	0	0		8.00	
9.00 Drugs	0	0	0	0	0		9.00	
10.00 DME	0	0	0	0	0		10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00	
12.00 Respiratory Therapy	0	0	0	0	0		12.00	
13.00 Private Duty Nursing	0	0	0	0	0		13.00	
14.00 Clinic	0	0	0	0	0		14.00	
15.00 Health Promotion Activities	0	0	0	0	0		15.00	
16.00 Day Care Program	0	0	0	0	0		16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00	
18.00 Homemaker Service	0	0	0	0	0		18.00	
19.00 All Others (specify)	0	0	0	0	0		19.00	
19.50 Telemedicine	0	0	0	0	0		19.50	
20.00 Total (sum of lines 1-19) (2)	8,458,069	0	8,458,069	2,277,076	8,458,069		20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.368400			21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2016 To 06/30/2017	Worksheet H-2 Part II Date/Time Prepared: 11/27/2017 8:50 am
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		Home Health Agency I	PPS
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	0	0	1,296	936,961	63	165	1.00
2.00 Skilled Nursing Care	0	0	0	1,854,804	0	0	2.00
3.00 Physical Therapy	0	0	0	727,418	0	0	3.00
4.00 Occupational Therapy	0	0	0	280,023	0	0	4.00
5.00 Speech Pathology	0	0	0	17,537	0	0	5.00
6.00 Medical Social Services	0	0	0	54,387	0	0	6.00
7.00 Home Health Aide	0	0	0	66,151	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	1,296	3,937,281	63	165	20.00
21.00 Total cost to be allocated	0	0	1,303	1,534,874	23,797	1,185,352	21.00
22.00 Unit cost multiplier	0.000000	0.000000	1.005401	0.389831	377.730159	7,183.951515	22.00
Cost Center Description	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMINISTRATIVE (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
	5.03	5.04	5.05	5A.06	5.06	6.00	
1.00 Administrative and General	219,776	0	0	0	1,581,262	182	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,471,061	0	2.00
3.00 Physical Therapy	0	0	0	0	1,369,085	0	3.00
4.00 Occupational Therapy	0	0	0	0	523,449	0	4.00
5.00 Speech Pathology	0	0	0	0	33,138	0	5.00
6.00 Medical Social Services	0	0	0	0	100,846	0	6.00
7.00 Home Health Aide	0	0	0	0	137,882	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	219,776	0	0	0	7,216,723	182	20.00
21.00 Total cost to be allocated	5,554	0	0	0	666,832	107,123	21.00
22.00 Unit cost multiplier	0.025271	0.000000	0.000000		0.092401	588.587912	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2016 To 06/30/2017	Worksheet H-2 Part II Date/Time Prepared: 11/27/2017 8:50 am
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	5,269	5,269	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	5,269	5,269	20.00
21.00	Total cost to be allocated	0	0	0	0	117,262	325,319	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.255077	61.742076	22.00

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS (SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME))	SERVICES-OTHER (PRGM COSTS APPRV (ASSIGNED TIME))	
		14.00	15.00	16.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	150	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	150	0	0	20.00
21.00	Total cost to be allocated	0	0	0	24,810	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	165.400000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0053

HHA CCN: 14-7222

Period:

From 07/01/2016
To 06/30/2017

Worksheet H-2

Part II
Date/Time Prepared:
11/27/2017 8:50 am

Home Health Agency I

PPS

Cost Center Description	PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)		
	23.00	23.01	23.02	23.03	23.04		
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0053 HHA CCN: 14-7222		Period: From 07/01/2016 To 06/30/2017		Worksheet H-3 Part I Date/Time Prepared: 11/27/2017 8:50 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	5,222,636		5,222,636	18,556	281.45	1.00	
2.00	Physical Therapy	3.00	2,046,565	0	2,046,565	6,885	297.25	2.00	
3.00	Occupational Therapy	4.00	782,473	0	782,473	2,488	314.50	3.00	
4.00	Speech Pathology	5.00	49,536	0	49,536	104	476.31	4.00	
5.00	Medical Social Services	6.00	150,748		150,748	261	577.58	5.00	
6.00	Home Health Aide	7.00	206,111		206,111	1,888	109.17	6.00	
7.00	Total (sum of lines 1-6)		8,458,069	0	8,458,069	30,182		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		14010	0	66			8.00	
8.01	Skilled Nursing Care		16580	0	23			8.01	
8.02	Skilled Nursing Care		19500	0	2,994			8.02	
8.03	Skilled Nursing Care		41180	0	188			8.03	
8.04	Skilled Nursing Care		44100	0	3,761			8.04	
8.05	Skilled Nursing Care		99914	0	631			8.05	
9.00	Physical Therapy		14010	0	44			9.00	
9.01	Physical Therapy		16580	0	30			9.01	
9.02	Physical Therapy		19500	0	1,447			9.02	
9.03	Physical Therapy		41180	0	38			9.03	
9.04	Physical Therapy		44100	0	1,237			9.04	
9.05	Physical Therapy		99914	0	321			9.05	
10.00	Occupational Therapy		14010	0	20			10.00	
10.01	Occupational Therapy		16580	0	14			10.01	
10.02	Occupational Therapy		19500	0	595			10.02	
10.03	Occupational Therapy		41180	0	13			10.03	
10.04	Occupational Therapy		44100	0	441			10.04	
10.05	Occupational Therapy		99914	0	134			10.05	
11.00	Speech Pathology		14010	0	0			11.00	
11.01	Speech Pathology		16580	0	0			11.01	
11.02	Speech Pathology		19500	0	3			11.02	
11.03	Speech Pathology		41180	0	1			11.03	
11.04	Speech Pathology		44100	0	31			11.04	
11.05	Speech Pathology		99914	0	0			11.05	
12.00	Medical Social Services		14010	0	1			12.00	
12.01	Medical Social Services		16580	0	0			12.01	
12.02	Medical Social Services		19500	0	47			12.02	
12.03	Medical Social Services		41180	0	4			12.03	
12.04	Medical Social Services		44100	0	68			12.04	
12.05	Medical Social Services		99914	0	6			12.05	
13.00	Home Health Aide		14010	0	27			13.00	
13.01	Home Health Aide		16580	0	8			13.01	
13.02	Home Health Aide		19500	0	281			13.02	
13.03	Home Health Aide		41180	0	56			13.03	
13.04	Home Health Aide		44100	0	748			13.04	
13.05	Home Health Aide		99914	0	115			13.05	
14.00	Total (sum of lines 8-13)			0	13,393			14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part I Date/Time Prepared: 11/27/2017 8:50 am		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	49,894	49,894	144,414	0.345493	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00		8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,663	0	2,156,751		1.00	
2.00	Physical Therapy	0	3,117	0	926,528		2.00	
3.00	Occupational Therapy	0	1,217	0	382,747		3.00	
4.00	Speech Pathology	0	35	0	16,671		4.00	
5.00	Medical Social Services	0	126	0	72,775		5.00	
6.00	Home Health Aide	0	1,235	0	134,825		6.00	
7.00	Total (sum of lines 1-6)	0	13,393	0	3,690,297		7.00	
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
8.04	Skilled Nursing Care						8.04	
8.05	Skilled Nursing Care						8.05	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
9.04	Physical Therapy						9.04	
9.05	Physical Therapy						9.05	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
10.04	Occupational Therapy						10.04	
10.05	Occupational Therapy						10.05	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
11.04	Speech Pathology						11.04	
11.05	Speech Pathology						11.05	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
12.04	Medical Social Services						12.04	
12.05	Medical Social Services						12.05	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
13.04	Home Health Aide						13.04	
13.05	Home Health Aide						13.05	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part I Date/Time Prepared: 11/27/2017 8:50 am
				Title XVIII	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	2,721,600	0	940,294	0
16.00	Cost of Drugs		0	0	0	0
Cost Center Description						
	Total Program Cost (sum of col.s. 9-10)					
	12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2,156,751				1.00
2.00	Physical Therapy	926,528				2.00
3.00	Occupational Therapy	382,747				3.00
4.00	Speech Pathology	16,671				4.00
5.00	Medical Social Services	72,775				5.00
6.00	Home Health Aide	134,825				6.00
7.00	Total (sum of lines 1-6)	3,690,297				7.00
Cost Center Description						
	12.00					
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet H-3

HHA CCN: 14-7222

To 06/30/2017

Part II
Date/Time Prepared:
11/27/2017 8:50 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.331977	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.345494	144,414	49,894	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.188917	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0053 HHA CCN: 14-7222	Period: From 07/01/2016 To 06/30/2017	Worksheet H-4 Part I-11 Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,144,837
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	66,603
13.00	Total PPS Reimbursement - LUPA Episodes		0	49,598
14.00	Total PPS Reimbursement - PEP Episodes		0	23,135
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	16,277
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,722
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,303,172
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,303,172
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,303,172
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,303,172
30.00	OTHER ADJUSTMENTS		0	-2,984
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,300,188
31.01	Sequestration adjustment (see instructions)		0	46,005
32.00	Interim payments (see instructions)		0	2,254,183
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0053
HHA CCN: 14-7222

Period:
From 07/01/2016
To 06/30/2017

Worksheet H-5
Date/Time Prepared:
11/27/2017 8:50 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,254,183	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,254,183	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,254,183	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0

Hospice CCN: 14-1503

To 06/30/2017

Date/Time Prepared: 11/27/2017 8:50 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	70,827	0	70,827	0	70,827
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	248	248	0	248
9.00	NURSING ADMINISTRATION*	81,771	0	81,771	0	81,771
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	28,177	28,177	0	28,177
13.00	VOLUNTEER SERVICE COORDINATION*	27,962	0	27,962	0	27,962
14.00	PHARMACY*	0	72,571	72,571	0	72,571
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0
16.00	OTHER GENERAL SERVICE*	738	261,968	262,706	-1,102	261,604
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0
26.00	PHYSICIAN SERVICES**	0	36,788	36,788	0	36,788
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	254,747	0	254,747	0	254,747
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	15,804	0	15,804	-1,232	14,572
34.00	SPIRITUAL COUNSELING**	0	59,147	59,147	-15,007	44,140
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	33,839	0	33,839	0	33,839
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	77,653	77,653	0	77,653
39.00	PATIENT TRANSPORTATION**	0	14,423	14,423	0	14,423
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	24,186	24,186	-23,809	377
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	485,688	575,161	1,060,849	-41,150	1,019,699

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0

Hospice CCN: 14-1503

To 06/30/2017

Date/Time Prepared: 11/27/2017 8:50 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	70,827	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	248	8.00
9.00	NURSING ADMINISTRATION*	0	81,771	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	28,177	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	27,962	13.00
14.00	PHARMACY*	0	72,571	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	261,604	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	36,788	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	254,747	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	14,572	33.00
34.00	SPIRITUAL COUNSELING**	0	44,140	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	33,839	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	77,653	38.00
39.00	PATIENT TRANSPORTATION**	0	14,423	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	377	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,019,699	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

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

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0-2

Hospice CCN: 14-1503

To 06/30/2017

Date/Time Prepared: 11/27/2017 8:50 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	35,945	35,945	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	230,106	0	230,106	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	15,694	0	15,694	-1,232	33.00
34.00	SPIRITUAL COUNSELING	0	55,756	55,756	-15,007	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	33,839	0	33,839	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	77,653	77,653	0	38.00
39.00	PATIENT TRANSPORTATION	0	14,423	14,423	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	24,186	24,186	-23,809	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	279,639	207,963	487,602	-40,048	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

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

Provider CCN: 14-0053

Period: From 07/01/2016 To 06/30/2017

Worksheet 0-3

Hospice CCN: 14-1503

Date/Time Prepared: 11/27/2017 8:50 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	65	65	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	826	0	826	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	8	0	8	0	33.00
34.00	SPIRITUAL COUNSELING	0	260	260	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN					38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	834	325	1,159	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	65
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	826
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	8
34.00	SPIRITUAL COUNSELING	0	260
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN		
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	1,159

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 14-0053 Hospice CCN: 14-1503	Period: From 07/01/2016 To 06/30/2017	Worksheet 0-4 Date/Time Prepared: 11/27/2017 8:50 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	778	778	0	778	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	23,815	0	23,815	0	23,815	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	102	0	102	0	102	33.00
34.00	SPIRITUAL COUNSELING	0	3,131	3,131	0	3,131	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	23,917	3,909	27,826	0	27,826	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	778	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	23,815	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	102	33.00
34.00	SPIRITUAL COUNSELING	0	3,131	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	27,826	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

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

Provider CCN: 14-0053

Period: From 07/01/2016 To 06/30/2017

Worksheet 0-5

Hospice CCN: 14-1503

Date/Time Prepared: 11/27/2017 8:50 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	188,427	188,427	3.00
4.00	ADMINISTRATIVE & GENERAL	70,827	304,222	375,049	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	5,297	5,297	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	248	0	248	8.00
9.00	NURSING ADMINISTRATION	81,771	44,454	126,225	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	28,177	0	28,177	12.00
13.00	VOLUNTEER SERVICE COORDINATION	27,962	0	27,962	13.00
14.00	PHARMACY	72,571	0	72,571	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	261,604	0	261,604	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	447,554	0	447,554	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,159	0	1,159	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	27,826	0	27,826	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	1,019,699	542,400	1,562,099	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0053	Period: From 07/01/2016	Worksheet 0-6
		Hospice CCN: 14-1503	To 06/30/2017	Part I
				Date/Time Prepared: 11/27/2017 8:50 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	188,427	0	0	188,427	3.00
4.00	ADMINISTRATIVE & GENERAL	375,049	0	0	27,478	402,527 4.00
5.00	PLANT OPERATION & MAINTENANCE	5,297	0	0	0	5,297 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	0	0	0	0	0 7.00
8.00	DIETARY	248	0	0	0	248 8.00
9.00	NURSING ADMINISTRATION	126,225	0	0	31,724	157,949 9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0 10.00
11.00	MEDICAL RECORDS	0	0	0	0	0 11.00
12.00	STAFF TRANSPORTATION	28,177	0	0	0	28,177 12.00
13.00	VOLUNTEER SERVICE COORDINATION	27,962	0	0	10,848	38,810 13.00
14.00	PHARMACY	72,571	0	0	0	72,571 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	261,604	0	0	286	261,890 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	447,554			108,488	556,042 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,159	0	0	324	1,483 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	27,826	0	0	9,279	37,105 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0				0 99.00
100.00	TOTAL	1,562,099	0	0	188,427	1,562,099 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 14-0053	Period: From 07/01/2016	Worksheet 0-6
		Hospice CCN: 14-1503	To 06/30/2017	Part I
				Date/Time Prepared: 11/27/2017 8:50 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL	402,527				4.00
5.00	PLANT OPERATION & MAINTENANCE	1,839	7,136			5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0		6.00
7.00	HOUSEKEEPING	0	0		0	7.00
8.00	DIETARY	86	0		0	334 8.00
9.00	NURSING ADMINISTRATION	54,829	0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0	10.00
11.00	MEDICAL RECORDS	0	0		0	11.00
12.00	STAFF TRANSPORTATION	9,781	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	13,472	0		0	13.00
14.00	PHARMACY	25,192	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0	15.00
16.00	OTHER GENERAL SERVICE	90,911	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	193,022				51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	515	571	0	0	26 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	12,880	6,565	0	0	308 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0	61.00
62.00	FUNDRAISING	0	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0	68.00
69.00	THRIFT STORE	0	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0 99.00
100.00	TOTAL	402,527	7,136	0	0	334 100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1503

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 8:50 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	212,778					9.00
10.00	0	0				10.00
11.00	0		0			11.00
12.00	0			37,958		12.00
13.00	0			0	52,282	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						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	196,458	0	0	37,958	48,264	51.00
52.00	1,224	0	0	0	309	52.00
53.00	15,096	0	0	0	3,709	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	212,778	0	0	37,958	52,282	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1503

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 8:50 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	97,763					14.00
15.00	0	0				15.00
16.00	0		352,801			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	97,763	0	324,577		1,454,084	51.00
52.00	0	0	3,528	0	7,656	52.00
53.00	0	0	24,696	0	100,359	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	97,763	0	352,801	0	1,562,099	100.00

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

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0-6

Hospice CCN: 14-1503

To 06/30/2017

Part II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	485,688			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	70,827	-402,527	1,159,572	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	5,297	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	248	8.00
9.00	NURSING ADMINISTRATION	0	0	81,771	0	157,949	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	28,177	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	27,962	0	38,810	13.00
14.00	PHARMACY	0	0	0	0	72,571	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	738	0	261,890	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			279,639	0	556,042	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	834	0	1,483	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	23,917	0	37,105	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)			188,427		402,527	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.387959		0.347134	101.00

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

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet 0-6
Part II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	522		8.00
9.00	NURSING ADMINISTRATION	0		0		2,086	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0			10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0			13.00
14.00	PHARMACY	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0			15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					1,926	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	8	0	0	40	12	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	92	0	0	482	148	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	7,136	0	0	334	212,778	100.00
101.00	UNIT COST MULTIPLIER	71.360000	0.000000	0.000000	0.639847	102.002876	101.00

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

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet 0-6
Part II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			100			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	1,184	13.00
14.00	PHARMACY				0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	100	1,093	77,945	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	7	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	84	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	37,958	52,282	97,763	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	379.580000	44.157095	1.254256	101.00

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

Provider CCN: 14-0053

Period:
From 07/01/2016
To 06/30/2017

Worksheet 0-6
Part II
Date/Time Prepared:
11/27/2017 8:50 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				15.00
16.00	OTHER GENERAL SERVICE		100			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	0	92			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	7	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	352,801	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	3,528.010000	0.000000		101.00

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

Provider CCN: 14-0053

Period: From 07/01/2016 To 06/30/2017

Worksheet 0-7

Hospice CCN: 14-1503

Date/Time Prepared: 11/27/2017 8:50 am

Cost Center Descriptions	From Wkst. C, Part I, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)				
			HCHC	HRHC	HIRC		
			2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.331977	0	1,260	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00					2.00
3.00	SPEECH PATHOLOGY	68.00					3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.188917	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.161373	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.345494	0	32,394	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.176727	0	0	0	9.00
10.00	OTHER ANCILLARY	76.00	0.433974	0	0	0	10.00
10.97	CARDIAC REHABILITATION	76.97	0.711266	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.311194	0	0	0	10.98
11.00	Totals (sum of lines 1-11)						11.00

Cost Center Descriptions	Charges by LOC (from Provider Records)		Shared Service Costs by LOC				
	HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
	5.00	6.00	7.00	8.00	9.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	418	0	0	1.00
2.00	OCCUPATIONAL THERAPY						2.00
3.00	SPEECH PATHOLOGY						3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,192	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY	0	0	0	0	0	10.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
11.00	Totals (sum of lines 1-11)			11,610	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0053

Period: From 07/01/2016

Worksheet 0-8

Hospice CCN: 14-1503

To 06/30/2017

Date/Time Prepared: 11/27/2017 8:50 am

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,465,694	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			6,274	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			233.61	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	5,881	97		9.00
10.00	Program cost (line 8 times line 9)	1,373,860	22,660		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			7,656	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			40	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			191.40	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	36	0		14.00
15.00	Program cost (line 13 times line 14)	6,890	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			100,359	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			482	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			208.21	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	407	0		19.00
20.00	Program cost (line 18 times line 19)	84,741	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,573,709	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			6,796	22.00
23.00	Average cost per diem (line 21 divided by line 22)			231.56	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0053	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/27/2017 8:50 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,120,935	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		324,884	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)		240.17	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		7.20	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)		368,707	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.73	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.75	8.00
9.00	Sum of lines 7 and 8		37.48	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.89	10.00
11.00	Disproportionate share adjustment (see instructions)		404,042	11.00
12.00	Total prospective capital payments (see instructions)		6,218,568	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