

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: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 10:07 am
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2018 Time: 10:07 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM (14-0182) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	426,074	198,932	0	0	1.00
2.00 Subprovider - IPF	0	111,552	0		0	2.00
3.00 Subprovider - IRF	0	-37,370	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	500,256	198,932	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 836 WELLINGTON			PO Box:						1.00
2.00	City: CHICAGO			State: IL		Zip Code: 60640		County: COOK		2.00
		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	9.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF	ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF	ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017		12/31/2017		20.00
21.00	Type of Control (see instructions)					1				21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.	3,361	4,517	0	7	5,358	0			24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	149	268	0	0	35		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	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(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.03	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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)			1.36	90.81	0.014755	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0182

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2018 9:46 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	3630	3.81	92.82	0.039429	65.00		
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.37	88.05	0.026211	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	3630	3.76	88.80	0.040622	67.00		
						1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					Y	N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					Y	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am
			1.00	
Long Term Care Hospital PPS				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00
TEFRA Providers				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00
			V 1.00	XIX 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.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
Rural Providers				
105.00	Does this hospital qualify as a CAH?		N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N	106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N	108.00
			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 Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,600,790	10,588,812		0118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 9:46 am	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131	
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600			
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515		
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N	146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		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	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				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
				Beginni ng	Endi ng
				1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2017	12/31/2017
				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	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 9:46 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				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	05/13/2018	Y	05/13/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		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: 14-0182

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2018 9:46 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				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y	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				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					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.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				Y	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.	MARY		SEBO		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763		MARY.SEBO@ADVOCATEHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0182

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2018 9:46 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	136	49,753	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)		136	49,753	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	74	27,105	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	42	15,374	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		252	92,232	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,527		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,008		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		308				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)		8	2,905			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 9:46 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)	3,959	2,046	24,529			1.00
2.00 HMO and other (see instructions)	6,370	7,788				2.00
3.00 HMO IPF Subprovider	599	2,210				3.00
4.00 HMO IRF Subprovider	426	265				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)	3,959	2,046	24,529			7.00
8.00 INTENSIVE CARE UNIT	1,358	2,550	14,293			8.00
9.00 CORONARY CARE UNIT	4,677	321	10,874			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		462	3,467			13.00
14.00 Total (see instructions)	9,994	5,379	53,163	181.38	1,963.80	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,187	871	8,046	0.47	50.52	16.00
17.00 SUBPROVIDER - IRF	2,201	187	5,109	0.68	29.76	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	407			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				182.53	2,044.08	27.00
28.00 Observation Bed Days		0	6,512			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	76	1,168			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0182

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,491	757	12,526	1.00
2.00 HMO and other (see instructions)				1,594	2,401		2.00
3.00 HMO IPF Subprovider					303		3.00
4.00 HMO IRF Subprovider					12		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,491	757	12,526	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		217	131	1,101	16.00
17.00 SUBPROVIDER - IRF	0.00	0		167	14	398	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 9:46 am			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	151,307,572	0	151,307,572	4,238,894.00	35.70	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		3,823,364	0	3,823,364	32,433.00	117.88	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	15,455,989	0	15,455,989	440,960.00	35.05	7.00
7.01	Contracted interns and residents (in an approved programs)		1,423,464	0	1,423,464	37,293.00	38.17	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,236,300	281,651	5,517,951	166,982.00	33.05	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		653,155	0	653,155	11,720.00	55.73	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		14,067,087	0	14,067,087	206,805.00	68.02	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		28,293,676	0	28,293,676			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,410,241	0	1,410,241			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		281,095	0	281,095			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,162,610	0	4,162,610			25.00
25.50	Home office wage-related (core)		2,461,213	0	2,461,213			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,339,193	0	3,339,193	27,040.00	123.49	26.00
27.00	Administrative & General	5.00	12,702,794	0	12,702,794	332,800.00	38.17	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 9:46 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,448,275	0	1,448,275	17,368.00	83.39	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,188,621	0	4,188,621	137,280.00	30.51	30.00
31.00	Laundry & Linen Service	8.00	152,640	0	152,640	10,400.00	14.68	31.00
32.00	Housekeeping	9.00	4,225,753	0	4,225,753	257,920.00	16.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,124,356	-894,503	2,229,853	76,960.00	28.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	894,503	894,503	83,200.00	10.75	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,879,441	0	2,879,441	54,080.00	53.24	38.00
39.00	Central Services and Supply	14.00	1,164,382	0	1,164,382	58,240.00	19.99	39.00
40.00	Pharmacy	15.00	4,072,813	-281,651	3,791,162	95,680.00	39.62	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,125,495	0	2,125,495	52,000.00	40.87	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0182

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 9:46 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	132,053,030	0	132,053,030	3,745,576.00	35.26	1.00
2.00	Excluded area salaries (see instructions)	5,236,300	281,651	5,517,951	166,982.00	33.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	126,816,730	-281,651	126,535,079	3,578,594.00	35.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,720,242	0	14,720,242	218,525.00	67.36	4.00
5.00	Subtotal wage-related costs (see inst.)	30,754,889	0	30,754,889	0.00	24.31	5.00
6.00	Total (sum of lines 3 thru 5)	172,291,861	-281,651	172,010,210	3,797,119.00	45.30	6.00
7.00	Total overhead cost (see instructions)	39,423,763	-281,651	39,142,112	1,202,968.00	32.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 9:46 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,741,553 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,415,970 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			606,443 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)			12,097,577 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			3,859,481 9.00
10.00	Dental, Hearing and Vision Plan			457,195 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			159,560 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)			833,879 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,034,700 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			9,877,381 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 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))			485,529 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			578,357 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			34,147,625 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: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 9:46 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,448,275	28,496,327
2.00	Hospital		1,448,275	27,086,086
3.00	Subprovider - IPF		0	904,154
4.00	Subprovider - IRF		0	506,087
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 9:46 am
---	-----------------------	---	--

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.226933	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		92,977,726	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		263,837,999	6.00	
7.00	Medicaid cost (line 1 times line 6)		59,873,549	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)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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)	22,657,144	1,725,700	24,382,844	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,141,654	1,725,700	6,867,354	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,141,654	1,725,700	6,867,354	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,240,155	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,234,041	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,898,524	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,341,631	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			5,280,670	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,148,024	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,148,024	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	13,229,627	13,229,627	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	11,065,338	11,065,338	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,339,193	24,449,789	27,788,982	-1,830	27,787,152
5.01	00540	NONPATIENT TELEPHONES	385,669	982,995	1,368,664	-82,181	1,286,483
5.02	00550	DATA PROCESSING	118,228	3,875,727	3,993,955	-38,122	3,955,833
5.03	00560	PURCHASING RECEIVING AND STORES	1,438,537	1,462,697	2,901,234	-192,095	2,709,139
5.04	00570	ADMINISTRATIVE	690,661	538,468	1,229,129	-37,875	1,191,254
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,781,897	13,781,897	-3,203	13,778,694
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	10,069,699	85,723,573	95,793,272	-13,055,402	82,737,870
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,188,621	11,020,683	15,209,304	-152,509	15,056,795
8.00	00800	LAUNDRY & LINEN SERVICE	152,640	1,120,185	1,272,825	-9,910	1,262,915
9.00	00900	HOUSEKEEPING	4,225,753	1,984,996	6,210,749	-12,057	6,198,692
10.00	01000	DIETARY	3,124,356	2,799,275	5,923,631	-1,818,500	4,105,131
11.00	01100	CAFETERIA	0	0	0	1,695,935	1,695,935
13.00	01300	NURSING ADMINISTRATION	2,879,441	542,254	3,421,695	-4,880	3,416,815
14.00	01400	CENTRAL SERVICES & SUPPLY	1,164,382	2,627,324	3,791,706	-1,103,411	2,688,295
15.00	01500	PHARMACY	4,072,813	16,957,446	21,030,259	-16,853,019	4,177,240
16.00	01600	MEDICAL RECORDS & LIBRARY	0	119,314	119,314	-104,061	15,253
17.00	01700	SOCIAL SERVICE	2,125,495	561,481	2,686,976	-154	2,686,822
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,455,989	0	15,455,989	0	15,455,989
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,962,460	3,962,460	-102,722	3,859,738
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03	02303	PARAMEDICAL PHARMACY	0	0	0	294,272	294,272
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,664,667	6,523,831	33,188,498	-3,564,113	29,624,385
31.00	03100	INTENSIVE CARE UNIT	13,180,070	4,370,009	17,550,079	-2,090,236	15,459,843
32.00	03200	CORONARY CARE UNIT	4,977,906	1,001,453	5,979,359	-479,626	5,499,733
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	3,357,171	330,447	3,687,618	-26,311	3,661,307
41.00	04100	SUBPROVIDER - I/RF	1,879,129	1,453,857	3,332,986	-121,234	3,211,752
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,604,064	1,604,064
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,945,752	27,870,809	39,816,561	-25,632,615	14,183,946
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	115,496	1,520,138	1,635,634	-1,102,471	533,163
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,874,740	4,534,901	10,409,641	-2,936,854	7,472,787
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	457,766	946,852	1,404,618	-223,777	1,180,841
56.01	05601	ULTRA SOUND	970,540	399,588	1,370,128	-315,192	1,054,936
57.00	05700	CT SCAN	801,892	1,231,015	2,032,907	-1,106,048	926,859
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,600,166	6,932,643	9,532,809	-6,729,088	2,803,721
60.00	06000	LABORATORY	0	8,852,915	8,852,915	-986,294	7,866,621
60.01	06001	BLOOD LABORATORY	0	1,110,713	1,110,713	-122,848	987,865
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,805,261	1,006,357	3,811,618	-651,554	3,160,064
66.00	06600	PHYSICAL THERAPY	3,599,615	518,604	4,118,219	-106,325	4,011,894
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,113,642	312,778	1,426,420	-161,274	1,265,146
70.00	07000	ELECTROENCEPHALOGRAPHY	112,453	102,664	215,117	-80,856	134,261
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	24,340,587	24,340,587
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,234,701	14,234,701
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,317,787	16,317,787
74.00	07400	RENAL DIALYSIS	687,051	241,251	928,302	-157,700	770,602
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	330,477	202,371	532,848	-19,595	513,253

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	592,963	749,174	1,342,137	-1,441,569	-99,432	90.00
90.01	09001 A. R. C. CLINIC	1,325,640	313,370	1,639,010	-159,479	1,479,531	90.01
90.02	09002 CANCER CTR CLINIC	1,863,649	1,152,887	3,016,536	-678,174	2,338,362	90.02
90.03	09003 UROLOGY CLINIC	65,508	51,978	117,486	-29,343	88,143	90.03
90.04	09004 PAIN CLINIC	0	0	0	970,272	970,272	90.04
90.05	09005 EYE CENTER	98,162	177,251	275,413	-146,075	129,338	90.05
90.06	09006 WOUND CARE CLINIC	43,730	54,836	98,566	-44,509	54,057	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	5,433,910	1,860,779	7,294,689	0	7,294,689	90.07
90.08	09008 O/P PHARMACY CLINIC	97,002	46,165	143,167	0	143,167	90.08
90.09	09010 O/P IV THERAPY	224,450	102,543	326,993	-92,197	234,796	90.09
91.00	09100 EMERGENCY	6,657,287	4,929,847	11,587,134	-974,906	10,612,228	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	151,307,572	251,412,590	402,720,162	389	402,720,551	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	809	809	-389	420	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118 through 199)	151,307,572	251,413,399	402,720,971	0	402,720,971	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	795,993	14,025,620	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,782,978	14,848,316	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,710,858	34,498,010	4.00
5.01	00540	NONPATIENT TELEPHONES	-2,673	1,283,810	5.01
5.02	00550	DATA PROCESSING	6,596,468	10,552,301	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-60	2,709,079	5.03
5.04	00570	ADMINITTING	0	1,191,254	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	13,778,694	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-57,289,824	25,448,046	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,139,792	13,917,003	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,262,915	8.00
9.00	00900	HOUSEKEEPING	0	6,198,692	9.00
10.00	01000	DIETARY	-1,576,360	2,528,771	10.00
11.00	01100	CAFETERIA	0	1,695,935	11.00
13.00	01300	NURSING ADMINISTRATION	-15	3,416,800	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,688,295	14.00
15.00	01500	PHARMACY	-1,810	4,175,430	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,253	16.00
17.00	01700	SOCIAL SERVICE	-250	2,686,572	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,455,989	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-68,058	3,791,680	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	294,272	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,416,625	27,207,760	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,459,843	31.00
32.00	03200	CORONARY CARE UNIT	0	5,499,733	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-50,550	3,610,757	40.00
41.00	04100	SUBPROVIDER - I RF	-1,862	3,209,890	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,604,064	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,358,649	12,825,297	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	533,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-95,648	7,377,139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-19	1,180,822	56.00
56.01	05601	ULTRA SOUND	0	1,054,936	56.01
57.00	05700	CT SCAN	0	926,859	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-133,279	2,670,442	59.00
60.00	06000	LABORATORY	-500,920	7,365,701	60.00
60.01	06001	BLOOD LABORATORY	0	987,865	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-6,456	3,153,608	65.00
66.00	06600	PHYSICAL THERAPY	-146,924	3,864,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-2,635	1,262,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	134,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,340,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,234,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,317,787	73.00
74.00	07400	RENAL DIALYSIS	0	770,602	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-11,880	501,373	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0182

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

Worksheet A
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-15,000	-114,432	90.00
90.01	09001	A. R. C. CLINIC	0	1,479,531	90.01
90.02	09002	CANCER CTR CLINIC	-6,175	2,332,187	90.02
90.03	09003	UROLOGY CLINIC	-4,038	84,105	90.03
90.04	09004	PAIN CLINIC	0	970,272	90.04
90.05	09005	EYE CENTER	-159,446	-30,108	90.05
90.06	09006	WOUND CARE CLINIC	0	54,057	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	7,294,689	90.07
90.08	09008	O/P PHARMACY CLINIC	0	143,167	90.08
90.09	09010	O/P IV THERAPY	0	234,796	90.09
91.00	09100	EMERGENCY	-720,804	9,891,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-47,823,455	354,897,096	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	420	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-47,823,455	354,897,516	200.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
5/30/2018 9:46 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	894,503	801,432	1.00
	TOTALS		894,503	801,432	
B - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,317,787	1.00
	TOTALS		0	16,317,787	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,451,101	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,720,931	2.00
	TOTALS		0	22,172,032	
D - EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,308,508	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	9,308,508	
E - NURSERY					
1.00	NURSERY	43.00	1,344,460	259,604	1.00
	TOTALS		1,344,460	259,604	
F - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	38,575,288	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
TOTALS			0	38,575,288		
G - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	778,526		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,344,407		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
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
TOTALS			0	2,122,933		

Provider CCN: 14-0182

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

Worksheet A-6
Date/Time Prepared:
5/30/2018 9:46 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	14,234,701	1.00
	PATIENTS _____				
	TOTALS		0	14,234,701	
I - PHARMACY RESIDENT'S COST					
1.00	PARAMED PHARMACY _____	23.03	281,651	12,621	1.00
	TOTALS		281,651	12,621	
J - PAIN CLINIC COSTS					
1.00	PAIN CLINIC _____	90.04	338,845	631,427	1.00
	TOTALS		338,845	631,427	
500.00	Grand Total: Increases		2,859,459	104,436,333	500.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6
Date/Time Prepared:
5/30/2018 9:46 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA COSTS						
1.00	DIETARY	10.00	894,503	801,432	0	1.00
	TOTALS		894,503	801,432		
B - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	16,317,787	0	1.00
	TOTALS		0	16,317,787		
C - DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,451,101	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,720,931	9	2.00
	TOTALS		0	22,172,032		
D - EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,824	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,995	0	2.00
3.00	DATA PROCESSING	5.02	0	38,122	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	176,767	0	4.00
5.00	ADMINISTRATIVE	5.04	0	902	0	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,153	0	6.00
7.00	OPERATION OF PLANT	7.00	0	81,217	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	9,509	0	8.00
9.00	HOUSEKEEPING	9.00	0	5,442	0	9.00
10.00	DIETARY	10.00	0	75,614	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	714	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	122,162	0	12.00
13.00	PHARMACY	15.00	0	200,169	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,787	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	38,831	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	265,472	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	562,714	0	17.00
18.00	CORONARY CARE UNIT	32.00	0	65,013	0	18.00
19.00	SUBPROVIDER - IPF	40.00	0	363	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	10,456	0	20.00
21.00	OPERATING ROOM	50.00	0	3,782,992	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	104,691	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,226,915	0	23.00
24.00	RADIOISOTOPE	56.00	0	221,417	0	24.00
25.00	ULTRASOUND	56.01	0	3,275	0	25.00
26.00	CT SCAN	57.00	0	382,780	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	601,394	0	27.00
28.00	LABORATORY	60.00	0	10,316	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	169,672	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	19,966	0	30.00
31.00	CARDIAC REHABILITATION	76.97	0	12,896	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	108,963	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	17,652	0	33.00
34.00	RENAL DIALYSIS	74.00	0	4,790	0	34.00
35.00	CLINIC	90.00	0	19,265	0	35.00
36.00	A. R. C. CLINIC	90.01	0	120,420	0	36.00
37.00	CANCER CENTER CLINIC	90.02	0	536,520	0	37.00
38.00	UROLOGY CLINIC	90.03	0	13,137	0	38.00
39.00	EYE CENTER	90.05	0	65,165	0	39.00
40.00	EMERGENCY	91.00	0	180,620	0	40.00
41.00	O/P IV THERAPY	90.09	0	43,047	0	41.00
42.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	389	0	42.00
	TOTALS		0	9,308,508		
E - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,344,460	259,604	0	1.00
	TOTALS		1,344,460	259,604		
F - SUPPLIES						
1.00	NONPATIENT TELEPHONES	5.01	0	225	0	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	12,553	0	2.00
3.00	OPERATION OF PLANT	7.00	0	66,153	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	401	0	4.00
5.00	HOUSEKEEPING	9.00	0	6,615	0	5.00
6.00	DIETARY	10.00	0	11,203	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	4,146	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	980,852	0	8.00
9.00	PHARMACY	15.00	0	40,319	0	9.00

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6
Date/Time Prepared:
5/30/2018 9:46 am

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
10.00	ADMITTING	5.04	0	893	0		10.00	
11.00	SOCIAL SERVICE	17.00	0	98	0		11.00	
12.00	I&R SERVICES-OTHER PRGM	22.00	0	3,104	0		12.00	
	COSTS APPRV							
13.00	ADULTS & PEDIATRICS	30.00	0	1,534,691	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,458,156	0		14.00	
15.00	CORONARY CARE UNIT	32.00	0	403,744	0		15.00	
16.00	SUBPROVIDER - IPF	40.00	0	25,808	0		16.00	
17.00	SUBPROVIDER - IRF	41.00	0	96,628	0		17.00	
18.00	OPERATING ROOM	50.00	0	21,802,528	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	997,686	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,363,758	0		20.00	
21.00	RADIOISOTOPE	56.00	0	2,360	0		21.00	
22.00	ULTRA SOUND	56.01	0	151,537	0		22.00	
23.00	CT SCAN	57.00	0	396,226	0		23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	6,109,368	0		24.00	
25.00	LABORATORY	60.00	0	975,869	0		25.00	
26.00	BLOOD LABORATORY	60.01	0	122,848	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	454,942	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	80,531	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	0	4,571	0		29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	50,082	0		30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,084	0		31.00	
32.00	RENAL DIALYSIS	74.00	0	144,640	0		32.00	
33.00	CLINIC	90.00	0	178,237	0		33.00	
34.00	A. R. C. CLINIC	90.01	0	22,126	0		34.00	
35.00	CANCER CTR CLINIC	90.02	0	125,660	0		35.00	
36.00	UROLOGY CLINIC	90.03	0	15,768	0		36.00	
37.00	EMERGENCY	91.00	0	793,232	0		37.00	
38.00	WOUND CARE CLINIC	90.06	0	43,778	0		38.00	
39.00	EYE CENTER	90.05	0	80,662	0		39.00	
40.00	O/P IV THERAPY	90.09	0	4,206	0		40.00	
	TOTALS		0	38,575,288				
	G - RENT							
1.00		0.00	0	0	10		1.00	
2.00		0.00	0	0	10		2.00	
3.00	NONPATIENT TELEPHONES	5.01	0	79,961	10		3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	191,878	0		4.00	
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6	10		5.00	
6.00	ADMITTING	5.04	0	36,080	10		6.00	
7.00	OPERATION OF PLANT	7.00	0	5,139	10		7.00	
8.00		0.00	0	0	10		8.00	
9.00	DIETARY	10.00	0	35,748	10		9.00	
10.00	SOCIAL SERVICE	17.00	0	56	10		10.00	
11.00	I&R SERVICES-OTHER PRGM	22.00	0	60,787	10		11.00	
	COSTS APPRV							
12.00	ADULTS & PEDIATRICS	30.00	0	159,886	10		12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	69,366	10		13.00	
14.00	CORONARY CARE UNIT	32.00	0	10,869	10		14.00	
15.00	SUBPROVIDER - IPF	40.00	0	140	10		15.00	
16.00	SUBPROVIDER - IRF	41.00	0	14,150	10		16.00	
17.00	OPERATING ROOM	50.00	0	47,095	10		17.00	
18.00	ANESTHESIOLOGY	53.00	0	94	10		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	346,181	10		19.00	
20.00	ULTRA SOUND	56.01	0	160,380	10		20.00	
21.00	CT SCAN	57.00	0	327,042	10		21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	18,326	10		22.00	
23.00	LABORATORY	60.00	0	109	10		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	26,940	10		24.00	
25.00	CARDIAC REHABILITATION	76.97	0	2,128	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	2,229	10		26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	54,120	10		27.00	
28.00	CLINIC	90.00	0	273,795	10		28.00	
29.00	A. R. C. CLINIC	90.01	0	16,933	10		29.00	
30.00	CANCER CTR CLINIC	90.02	0	15,994	10		30.00	
32.00	EMERGENCY	91.00	0	1,054	10		32.00	
33.00	O/P IV THERAPY	90.09	0	44,944	0		33.00	
34.00	PURCHASING RECEIVING AND STORES	5.03	0	2,775	0		34.00	
35.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	50	0		35.00	
36.00	NURSING ADMINISTRATION	13.00	0	20	0		36.00	
37.00	CENTRAL SERVICES & SUPPLY	14.00	0	397	0		37.00	

RECLASSIFICATIONS

Provider CCN: 14-0182

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

Worksheet A-6

Date/Time Prepared:
5/30/2018 9:46 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
38.00	PHARMACY	15.00	0	472	0		38.00	
39.00	MEDICAL RECORDS & LIBRARY	16.00	0	102,274	0		39.00	
40.00	PHYSICAL THERAPY	66.00	0	5,828	0		40.00	
41.00	RENAL DIALYSIS	74.00	0	8,270	0		41.00	
42.00	UROLOGY CLINIC	90.03	0	438	0		42.00	
43.00	EYE CENTER	90.05	0	248	0		43.00	
44.00	WOUND CARE CLINIC	90.06	0	731	0		44.00	
	TOTALS		0	2,122,933				
H - IMPLANT COSTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,234,701	0		1.00	
	TOTALS		0	14,234,701				
I - PHARMACY RESIDENT'S COST								
1.00	PHARMACY	15.00	281,651	12,621	0		1.00	
	TOTALS		281,651	12,621				
J - PAIN CLINIC COSTS								
1.00	CLINIC	90.00	338,845	631,427	0		1.00	
	TOTALS		338,845	631,427				
500.00	Grand Total : Decreases		2,859,459	104,436,333			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2018 9:46 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	36,893,543	0	0	0	1.00
2.00	Land Improvements	4,283,725	0	0	0	2.00
3.00	Buildings and Fixtures	238,167,009	4,260,074	0	4,260,074	3.00
4.00	Building Improvements	1,558,267	349,405	0	349,405	4.00
5.00	Fixed Equipment	72,400,688	6,735,363	0	6,735,363	5.00
6.00	Movable Equipment	412,668	35,188	0	35,188	6.00
7.00	HIT designated Assets	1,230,748	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	354,946,648	11,380,030	0	11,380,030	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	354,946,648	11,380,030	0	11,380,030	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	36,893,543	0			1.00
2.00	Land Improvements	4,283,725	-125,698			2.00
3.00	Buildings and Fixtures	242,410,396	25,232,222			3.00
4.00	Building Improvements	1,907,672	1,370,468			4.00
5.00	Fixed Equipment	78,204,970	16,759,656			5.00
6.00	Movable Equipment	447,856	371,477			6.00
7.00	HIT designated Assets	1,230,748	0			7.00
8.00	Subtotal (sum of lines 1-7)	365,378,910	43,608,125			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	365,378,910	43,608,125			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0182

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		COMPUTATION OF RATIOS			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	14,025,620	0	14,025,620	0.485754	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,848,316	0	14,848,316	0.514246	0	2.00
3.00	Total (sum of lines 1-2)	28,873,936	0	28,873,936	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,451,101	778,526	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,720,931	1,344,407	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,172,032	2,122,933	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	795,993	14,025,620	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,782,978	14,848,316	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,578,971	28,873,936	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0182

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

Worksheet A-8

Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
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)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,104,458					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	-9,987,608					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)				UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	20,304		CAP REL COSTS-BLDG & FIXT	1.00		14	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	1,695,807		CAP REL COSTS-MVBLE EQUIP	2.00		14	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-203,500		ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 REVENUE OFFSET	B	-2,673		NONPATIENT TELEPHONES	5.01		14	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 REVENUE OFFSET	B	-60	PURCHASING RECEIVING AND STORES	5.03	0 33.01
33.02 REVENUE OFFSET	B	-2,635	ELECTROCARDIOLOGY	69.00	0 33.02
33.03 REVENUE OFFSET	B	-360	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
34.00 REVENUE OFFSET	B	-493,783	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00
35.00 REVENUE OFFSET	B	-1,139,792	OPERATION OF PLANT	7.00	0 35.00
36.00 REVENUE OFFSET	B	-1,010	UROLOGY CLINIC	90.03	0 36.00
37.00 REVENUE OFFSET	B	-1,576,360	DIETARY	10.00	0 37.00
38.00 REVENUE OFFSET	B	-15	NURSING ADMINISTRATION	13.00	0 38.00
38.01 REVENUE OFFSET	B	-1,810	PHARMACY	15.00	0 38.01
38.02 REVENUE OFFSET	B	-250	SOCIAL SERVICE	17.00	0 38.02
39.00 REVENUE OFFSET	B	-1,862	SUBPROVIDER - IRF	41.00	0 39.00
40.00 REVENUE OFFSET	B	-68,058	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.00
41.00 REVENUE OFFSET	B	-321,304	ADULTS & PEDIATRICS	30.00	0 41.00
42.00 REVENUE OFFSET	B	-50,550	SUBPROVIDER - IRF	40.00	0 42.00
43.00 REVENUE OFFSET	B	-109,596	OPERATING ROOM	50.00	0 43.00
44.00 REVENUE OFFSET	B	-302	RADIOLOGY-DIAGNOSTIC	54.00	0 44.00
45.00 REVENUE OFFSET	B	-2,223	CARDIAC CATHETERIZATION	59.00	0 45.00
45.01 REVENUE OFFSET	B	-500,920	LABORATORY	60.00	0 45.01
45.02 REVENUE OFFSET	B	-6,456	RESPIRATORY THERAPY	65.00	0 45.02
45.03 REVENUE OFFSET	B	-146,924	PHYSICAL THERAPY	66.00	0 45.03
45.04 REVENUE OFFSET	B	-19	RADIOISOTOPE	56.00	0 45.04
45.05 REVENUE OFFSET	B	-11,880	CARDIAC REHABILITATION	76.97	0 45.05
45.08 REVENUE OFFSET	B	-6,175	CANCER CTR CLINIC	90.02	0 45.08
45.09 REVENUE OFFSET	B	-159,446	EYE CENTER	90.05	0 45.09
45.10 REVENUE OFFSET	B	-1,650	EMERGENCY	91.00	0 45.10
45.25 NONALLOWABLE EXPENSES	A	-5,534,475	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.25
45.50 INTEREST	A	-4,751,002	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.50
45.51 PUBLIC AID ASSESSMENT	A	-20,352,410	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-47,823,455			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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2018 9:46 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST	6,711,218	0
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	6,596,468	0
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	6,308,085	32,466,239
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	775,689	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2,087,171	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,478,631	32,466,239

* 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	ADVOCATEHEALTH	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: 14-0182

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2018 9:46 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	6,711,218	0		1.00
2.00	6,596,468	0		2.00
3.00	-26,158,154	0		3.00
4.00	775,689	14		4.00
4.01	2,087,171	14		4.01
5.00	-9,987,608			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0182

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 9:46 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	1,891,821	1,891,821	0	0	0	2.00
3.00	50.00	DR. C	1,249,053	1,249,053	0	0	0	3.00
4.00	54.00	DR. D	95,346	95,346	0	0	0	4.00
5.00	59.00	DR. E	131,056	131,056	0	0	0	5.00
6.00	90.00	DR. F	15,000	15,000	0	0	0	6.00
7.00	90.03	DR. G	3,028	3,028	0	0	0	7.00
8.00	91.00	DR. H	719,154	719,154	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,104,458	4,104,458	0	0	0	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	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	0	0	0	0	0	3.00
4.00	54.00	DR. D	0	0	0	0	0	4.00
5.00	59.00	DR. E	0	0	0	0	0	5.00
6.00	90.00	DR. F	0	0	0	0	0	6.00
7.00	90.03	DR. G	0	0	0	0	0	7.00
8.00	91.00	DR. H	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	40.00	DR. A	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	1,891,821	2.00
3.00	50.00	DR. C	0	0	0	1,249,053	3.00
4.00	54.00	DR. D	0	0	0	95,346	4.00
5.00	59.00	DR. E	0	0	0	131,056	5.00
6.00	90.00	DR. F	0	0	0	15,000	6.00
7.00	90.03	DR. G	0	0	0	3,028	7.00
8.00	91.00	DR. H	0	0	0	719,154	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	4,104,458	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,025,620	14,025,620			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	14,848,316		14,848,316		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,498,010	54,272	57,456	34,609,738	4.00
5.01 00540	NONPATIENT TELEPHONES	1,283,810	56,620	59,941	96,413	1,496,784
5.02 00550	DATA PROCESSING	10,552,301	108,617	114,988	29,556	0
5.03 00560	PURCHASING RECEIVING AND STORES	2,709,079	281,805	298,335	359,618	4,716
5.04 00570	ADMINISTRATIVE	1,191,254	27,495	29,108	172,658	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	13,778,694	193,834	205,203	0	22,164
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	25,448,046	876,023	927,408	2,517,314	146,189
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	13,917,003	91,636	97,011	1,047,109	92,429
8.00 00800	LAUNDRY & LINEN SERVICE	1,262,915	63,182	66,888	38,158	943
9.00 00900	HOUSEKEEPING	6,198,692	301,205	318,873	1,056,392	27,823
10.00 01000	DIETARY	2,528,771	525,312	556,125	557,439	28,766
11.00 01100	CAFETERIA	1,695,935	14,873	15,746	223,616	0
13.00 01300	NURSING ADMINISTRATION	3,416,800	6,826	7,226	719,829	15,562
14.00 01400	CENTRAL SERVICES & SUPPLY	2,688,295	171,559	181,622	291,083	22,164
15.00 01500	PHARMACY	4,175,430	130,388	138,036	947,749	33,010
16.00 01600	MEDICAL RECORDS & LIBRARY	15,253	38,561	40,823	0	48,101
17.00 01700	SOCIAL SERVICE	2,686,572	0	0	531,350	12,733
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	15,455,989	0	0	3,863,827	54,703
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,791,680	688,465	728,848	0	0
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0
23.02 02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0
23.03 02303	PARAMEDICAL PHARMACY	294,272	1,916	2,028	70,410	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27,207,760	2,249,051	2,380,972	5,856,847	240,033
31.00 03100	INTENSIVE CARE UNIT	15,459,843	891,735	944,041	3,294,873	72,151
32.00 03200	CORONARY CARE UNIT	5,499,733	374,590	396,562	1,244,422	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	3,610,757	481,027	509,243	839,256	22,164
41.00 04100	SUBPROVIDER - I/RF	3,209,890	205,905	217,982	469,762	11,789
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,604,064	174,122	184,336	336,100	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,825,297	1,705,391	1,805,423	2,674,057	120,252
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	533,163	236,897	250,793	28,873	21,693
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,377,139	733,157	776,162	1,444,785	104,690
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,180,822	75,900	80,352	114,436	6,130
56.01 05601	ULTRA SOUND	1,054,936	18,131	19,194	242,624	1,886
57.00 05700	CT SCAN	926,859	15,233	16,126	200,464	2,358
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	2,670,442	444,526	470,601	617,250	31,596
60.00 06000	LABORATORY	7,365,701	312,605	330,942	0	46,686
60.01 06001	BLOOD LABORATORY	987,865	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,153,608	154,818	163,899	701,284	23,107
66.00 06600	PHYSICAL THERAPY	3,864,970	306,594	324,578	899,864	37,255
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01 06801	CARDIOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,262,511	131,130	138,822	278,398	14,619
70.00 07000	ELECTROENCEPHALOGRAPHY	134,261	0	0	28,112	11,789
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	24,340,587	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,234,701	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	16,317,787	0	0	0	0
74.00 07400	RENAL DIALYSIS	770,602	13,508	14,301	171,755	2,358
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	501,373	40,621	43,003	82,616	2,358	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	-114,432	88,043	93,207	63,527	0	90.00
90.01 09001 A. R. C. CLINIC	1,479,531	183,271	194,021	331,395	16,977	90.01
90.02 09002 CANCER CTR CLINIC	2,332,187	796,267	842,974	465,892	67,435	90.02
90.03 09003 UROLOGY CLINIC	84,105	0	0	15,619	11,789	90.03
90.04 09004 PAIN CLINIC	970,272	101,719	107,685	84,708	11,318	90.04
90.05 09005 EYE CENTER	-30,108	0	0	24,539	0	90.05
90.06 09006 WOUND CARE CLINIC	54,057	0	0	10,932	3,301	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	7,294,689	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	143,167	30,920	32,734	0	4,244	90.08
90.09 09010 O/P IV THERAPY	234,796	26,753	28,322	80,359	4,716	90.09
91.00 09100 EMERGENCY	9,891,424	575,681	609,448	1,484,468	93,844	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	354,897,096	14,000,184	14,821,388	34,609,738	1,495,841	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	420	25,436	26,928	0	943	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	354,897,516	14,025,620	14,848,316	34,609,738	1,496,784	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	10,805,462					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	3,653,553				5.03
5.04	00570	ADMINITTING	0	1,601	1,422,116			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	14,199,895		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	48,696	0	0	29,963,676	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	69,933	0	0	15,315,121	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	32	0	0	1,432,118	8.00
9.00	00900	HOUSEKEEPING	0	63,194	0	0	7,966,179	9.00
10.00	01000	DIETARY	0	172,308	0	0	4,368,721	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,950,170	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,193	0	0	4,170,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	173,516	0	0	3,528,239	14.00
15.00	01500	PHARMACY	0	8,144	0	0	5,432,757	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	723	0	0	143,461	16.00
17.00	01700	SOCIAL SERVICE	0	705	0	0	3,231,360	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	19,374,519	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	8,145	0	0	5,217,138	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	368,626	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	926,228	137,027	231,774	1,217,138	40,446,830	30.00
31.00	03100	INTENSIVE CARE UNIT	683,906	146,191	171,021	898,707	22,562,468	31.00
32.00	03200	CORONARY CARE UNIT	371,996	36,856	93,023	488,832	8,506,014	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	111,663	4,322	27,923	146,734	5,753,089	40.00
41.00	04100	SUBPROVIDER - I/RF	98,657	8,574	24,671	129,643	4,376,873	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	45,955	9,077	11,492	60,388	2,425,534	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,714,331	1,754,619	152,390	2,253,411	25,005,171	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	332,634	86,505	31,491	437,108	1,959,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	744,535	113,489	38,436	978,380	12,310,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	117,697	203	5,439	154,664	1,735,643	56.00
56.01	05601	ULTRA SOUND	116,825	12,060	3,138	153,518	1,622,312	56.01
57.00	05700	CT SCAN	469,942	0	44,088	617,542	2,292,612	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	304,909	489,328	31,015	400,675	5,460,342	59.00
60.00	06000	LABORATORY	635,811	76,969	94,042	835,507	9,698,263	60.00
60.01	06001	BLOOD LABORATORY	79,209	9,665	17,047	104,087	1,197,873	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	244,882	42,596	55,233	321,795	4,861,222	65.00
66.00	06600	PHYSICAL THERAPY	165,333	10,517	21,488	217,261	5,847,860	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	201,137	5,578	21,304	264,310	2,317,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,810	795	721	19,462	209,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	325,869	0	39,990	428,219	25,134,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	526,359	0	66,733	691,678	15,519,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,320,134	0	150,016	1,734,763	19,522,700	73.00
74.00	07400	RENAL DIALYSIS	34,703	12,004	8,073	45,603	1,072,907	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	12,281	11,020	291	16,139	709,702	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,864	3,583	0	11,648	154,440	90.00
90.01	09001	A. R. C. CLINIC	101,704	2,919	1,058	133,647	2,444,523	90.01
90.02	09002	CANCER CTR CLINIC	57,875	14,182	37	76,053	4,652,902	90.02
90.03	09003	UROLOGY CLINIC	2,061	1,761	0	2,709	118,044	90.03
90.04	09004	PAIN CLINIC	57,237	19,771	1	75,214	1,427,925	90.04
90.05	09005	EYE CENTER	463	6,688	0	609	2,191	90.05
90.06	09006	WOUND CARE CLINIC	6,641	3,450	5	8,727	87,113	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	7,294,689	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	211,065	90.08
90.09	09010	O/P IV THERAPY	18,636	427	2	24,489	418,500	90.09
91.00	09100	EMERGENCY	952,175	82,187	80,174	1,251,235	15,020,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,805,462	3,653,553	1,422,116	14,199,895	354,843,789	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	53,727	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,805,462	3,653,553	1,422,116	14,199,895	354,897,516	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	29,963,676				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,412,284	0	16,727,405		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132,063	0	85,679	1,649,860	8.00
9.00	00900	HOUSEKEEPING	734,601	0	408,451	0	9,109,231
10.00	01000	DIETARY	402,862	0	712,354	0	399,734
11.00	01100	CAFETERIA	179,835	0	20,169	0	11,318
13.00	01300	NURSING ADMINISTRATION	384,577	0	9,256	0	5,194
14.00	01400	CENTRAL SERVICES & SUPPLY	325,357	0	232,644	0	130,547
15.00	01500	PHARMACY	500,982	0	176,814	0	99,218
16.00	01600	MEDICAL RECORDS & LIBRARY	13,229	0	52,291	0	29,343
17.00	01700	SOCIAL SERVICE	297,980	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,786,621	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	481,098	0	933,598	4,601	523,885
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	33,993	0	2,598	0	1,458
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,729,706	0	3,049,842	616,460	1,711,404
31.00	03100	INTENSIVE CARE UNIT	2,080,598	0	1,209,244	149,949	678,562
32.00	03200	CORONARY CARE UNIT	784,382	0	507,966	115,309	285,043
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	530,521	0	652,301	40,900	366,036
41.00	04100	SUBPROVIDER - I/RF	403,613	0	279,219	49,115	156,682
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	223,671	0	236,120	38,609	132,498
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,305,852	0	2,312,609	138,532	1,297,710
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	180,664	0	321,246	0	180,266
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,135,238	0	994,203	122,881	557,893
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	160,052	0	102,925	0	57,756
56.01	05601	ULTRA SOUND	149,602	0	24,586	0	13,797
57.00	05700	CT SCAN	211,413	0	20,656	0	11,591
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	503,525	0	602,803	17,892	338,260
60.00	06000	LABORATORY	894,325	0	423,911	0	237,876
60.01	06001	BLOOD LABORATORY	110,462	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	448,278	0	209,942	0	117,808
66.00	06600	PHYSICAL THERAPY	539,260	0	415,759	51,942	233,301
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	213,737	0	177,821	36,221	99,783
70.00	07000	ELECTROENCEPHALOGRAPHY	19,361	0	0	72	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,317,793	0	0	2,896	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,431,128	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,800,286	0	0	0	0
74.00	07400	RENAL DIALYSIS	98,938	0	18,318	0	10,279
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	65,445	0	55,084	0	30,910
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	14,242	0	119,391	8,797	90.00
90.01	09001	A. R. C. CLINIC	225,422	0	248,526	0	90.01
90.02	09002	CANCER CTR CLINIC	429,067	0	1,079,785	72,649	90.02
90.03	09003	UROLOGY CLINIC	10,885	0	0	4,049	90.03
90.04	09004	PAIN CLINIC	131,676	0	137,937	0	90.04
90.05	09005	EYE CENTER	202	0	0	17,496	90.05
90.06	09006	WOUND CARE CLINIC	8,033	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	672,680	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	19,463	0	41,930	0	90.08
90.09	09010	O/P IV THERAPY	38,592	0	36,279	0	90.09
91.00	09100	EMERGENCY	1,385,128	0	780,656	161,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,958,722	0	16,692,913	1,649,860	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,954	0	34,492	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,963,676	0	16,727,405	1,649,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,883,671					10.00
11.00	01100	CAFETERIA	0	2,161,492				11.00
13.00	01300	NURSING ADMINISTRATION	0	26,884	4,596,347			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,119	1,279	4,260,185		14.00
15.00	01500	PHARMACY	0	63,626	0	4,581	6,277,978	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	24,196	33,242	11	297,773	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,279	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	190,878	0	353	203	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	1,792	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,296,233	479,433	1,838,774	161,770	486,155	30.00
31.00	03100	INTENSIVE CARE UNIT	1,338,011	277,804	1,013,881	165,687	415,158	31.00
32.00	03200	CORONARY CARE UNIT	1,017,948	131,733	471,781	45,877	212,381	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	753,210	78,860	187,945	2,933	621	40.00
41.00	04100	SUBPROVIDER - I/RF	478,269	47,495	294,064	10,980	7,448	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	48,392	68,804	12,613	50,963	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	213,282	189,224	2,477,396	728,167	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,792	56,256	113,365	791,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,018	0	154,961	340,162	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	8,065	0	268	1,543,932	56.00
56.01	05601	ULTRA SOUND	0	17,027	0	17,219	2,962	56.01
57.00	05700	CT SCAN	0	15,234	6,393	45,022	64,455	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,638	42,192	694,195	115,593	59.00
60.00	06000	LABORATORY	0	0	0	110,886	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	13,959	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	60,938	0	51,694	4,596	65.00
66.00	06600	PHYSICAL THERAPY	0	43,911	1,279	9,151	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	19,715	25,571	5,691	11,712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,792	2,557	1,032	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	10,754	8,950	16,435	67,575	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,585	5,114	519	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	11,650	2,557	2,005	23,401	90.00
90.01	09001	A. R. C. CLINIC	0	16,131	28,128	2,514	615	90.01
90.02	09002	CANCER CTR CLINIC	0	30,469	52,420	14,278	109,005	90.02
90.03	09003	UROLOGY CLINIC	0	0	6,393	1,792	5,586	90.03
90.04	09004	PAIN CLINIC	0	0	2,557	18,248	13,032	90.04
90.05	09005	EYE CENTER	0	1,792	0	9,165	1,588	90.05
90.06	09006	WOUND CARE CLINIC	0	896	7,671	4,974	13,701	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	3,585	24,292	478	37,147	90.09
91.00	09100	EMERGENCY	0	138,006	223,744	90,133	932,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,883,671	2,161,492	4,596,347	4,260,185	6,277,978	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,883,671	2,161,492	4,596,347	4,260,185	6,277,978	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
				16.00	17.00		20.00
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00540	NONPATIENT TELEPHONES					5.01	
5.02 00550	DATA PROCESSING					5.02	
5.03 00560	PURCHASING RECEIVING AND STORES					5.03	
5.04 00570	ADMITTING					5.04	
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00 00600	MAINTENANCE & REPAIRS					6.00	
7.00 00700	OPERATION OF PLANT					7.00	
8.00 00800	LAUNDRY & LINEN SERVICE					8.00	
9.00 00900	HOUSEKEEPING					9.00	
10.00 01000	DIETARY					10.00	
11.00 01100	CAFETERIA					11.00	
13.00 01300	NURSING ADMINISTRATION					13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00 01500	PHARMACY					15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	238,324				16.00	
17.00 01700	SOCIAL SERVICE	0	3,884,562			17.00	
20.00 02000	NURSING SCHOOL	0	0	0		20.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21,162,419	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00	
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00	
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0			23.01	
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0			23.02	
23.03 02303	PARAMED ED PHARMACY	0	0			23.03	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	20,408	1,516,037	0	21,023,610	7,303,532	30.00
31.00 03100	INTENSIVE CARE UNIT	15,069	883,392	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	8,197	672,077	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	2,460	497,290	0	44,275	15,381	40.00
41.00 04100	SUBPROVIDER - I/RF	2,174	315,766	0	94,534	32,841	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	1,013	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	38,012	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	7,329	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,405	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	2,593	0	0	0	0	56.00
56.01 05601	ULTRA SOUND	2,574	0	0	0	0	56.01
57.00 05700	CT SCAN	10,355	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,718	0	0	0	0	59.00
60.00 06000	LABORATORY	14,009	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	1,745	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	5,396	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	3,643	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	4,432	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	326	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,180	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,598	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	29,088	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	765	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	271	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	195	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	2,241	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	1,275	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	45	0	0	0	0	90.03
90.04 09004 PAIN CLINIC	1,261	0	0	0	0	90.04
90.05 09005 EYE CENTER	10	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	146	0	0	0	0	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	411	0	0	0	0	90.09
91.00 09100 EMERGENCY	20,980	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	238,324	3,884,562	0	21,162,419	7,351,754	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	238,324	3,884,562	0	21,162,419	7,351,754	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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 PRGM-(SPECIFY)	0	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0			0		23.02
23.03	02303	PARAMED ED PHARMACY	408,467				408,467	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,680,194	0	0	0	94,095	30.00
31.00	03100	INTENSIVE CARE UNIT	30,789,823	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	12,758,708	0	0	0	46,507	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,925,822	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	6,549,073	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,238,217	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,705,955	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,611,297	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,744,534	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,611,234	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,850,079	0	0	0	0	56.01
57.00	05700	CT SCAN	2,677,731	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,819,158	0	0	0	36,052	59.00
60.00	06000	LABORATORY	11,379,270	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,324,039	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,759,874	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,146,123	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,912,492	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235,090	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,462,534	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,962,197	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,352,074	0	0	0	159,349	73.00
74.00	07400	RENAL DIALYSIS	1,304,921	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	870,630	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	403,674	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	3,107,560	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	7,047,766	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	146,794	0	0	0	0	90.03
90.04	09004	PAIN CLINIC	1,810,039	0	0	0	0	90.04
90.05	09005	EYE CENTER	32,444	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	122,534	0	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	7,967,369	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	295,987	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	579,642	0	0	0	0	90.09
91.00	09100	EMERGENCY	19,191,643	0	0	0	72,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0					113.00
114.00	11400	UTILIZATION REVIEW-SNF	0					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	354,784,988	0	0	0	408,467	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,528	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	354,897,516	0	0	0	408,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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 PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	84,774,289	-28,327,142	56,447,147	30.00
31.00	03100	INTENSIVE CARE UNIT	30,789,823	0	30,789,823	31.00
32.00	03200	CORONARY CARE UNIT	12,805,215	0	12,805,215	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	8,925,822	-59,656	8,866,166	40.00
41.00	04100	SUBPROVIDER - I/RF	6,549,073	-127,375	6,421,698	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,238,217	0	3,238,217	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,705,955	0	34,705,955	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,611,297	0	3,611,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,744,534	0	15,744,534	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,611,234	0	3,611,234	56.00
56.01	05601	ULTRA SOUND	1,850,079	0	1,850,079	56.01
57.00	05700	CT SCAN	2,677,731	0	2,677,731	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,855,210	0	7,855,210	59.00
60.00	06000	LABORATORY	11,379,270	0	11,379,270	60.00
60.01	06001	BLOOD LABORATORY	1,324,039	0	1,324,039	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,759,874	0	5,759,874	65.00
66.00	06600	PHYSICAL THERAPY	7,146,123	0	7,146,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,912,492	0	2,912,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235,090	0	235,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,462,534	0	27,462,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,962,197	0	16,962,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,511,423	0	21,511,423	73.00
74.00	07400	RENAL DIALYSIS	1,304,921	0	1,304,921	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	870,630	0	870,630	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0182

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	403,674	0	403,674	90.00
90.01	09001 A. R. C. CLINIC	3,107,560	0	3,107,560	90.01
90.02	09002 CANCER CTR CLINIC	7,047,766	0	7,047,766	90.02
90.03	09003 UROLOGY CLINIC	146,794	0	146,794	90.03
90.04	09004 PAIN CLINIC	1,810,039	0	1,810,039	90.04
90.05	09005 EYE CENTER	32,444	0	32,444	90.05
90.06	09006 WOUND CARE CLINIC	122,534	0	122,534	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	7,967,369	0	7,967,369	90.07
90.08	09008 O/P PHARMACY CLINIC	295,987	0	295,987	90.08
90.09	09010 O/P IV THERAPY	579,642	0	579,642	90.09
91.00	09100 EMERGENCY	19,264,107	0	19,264,107	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	354,784,988	-28,514,173	326,270,815	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,528	0	112,528	190.00
190.01	19001 SUBCORPS	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	354,897,516	-28,514,173	326,383,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	54,272	57,456	111,728	4.00
5.01 00540	NONPATIENT TELEPHONES	0	56,620	59,941	116,561	5.01
5.02 00550	DATA PROCESSING	0	108,617	114,988	223,605	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	281,805	298,335	580,140	5.03
5.04 00570	ADMINISTRATIVE	0	27,495	29,108	56,603	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	193,834	205,203	399,037	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	876,023	927,408	1,803,431	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	91,636	97,011	188,647	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	63,182	66,888	130,070	8.00
9.00 00900	HOUSEKEEPING	0	301,205	318,873	620,078	9.00
10.00 01000	DIETARY	0	525,312	556,125	1,081,437	10.00
11.00 01100	CAFETERIA	0	14,873	15,746	30,619	11.00
13.00 01300	NURSING ADMINISTRATION	0	6,826	7,226	14,052	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	171,559	181,622	353,181	14.00
15.00 01500	PHARMACY	0	130,388	138,036	268,424	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	38,561	40,823	79,384	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	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	688,465	728,848	1,417,313	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03 02303	PARAMED ED PHARMACY	0	1,916	2,028	3,944	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,249,051	2,380,972	4,630,023	30.00
31.00 03100	INTENSIVE CARE UNIT	0	891,735	944,041	1,835,776	31.00
32.00 03200	CORONARY CARE UNIT	0	374,590	396,562	771,152	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	481,027	509,243	990,270	40.00
41.00 04100	SUBPROVIDER - IRF	0	205,905	217,982	423,887	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	174,122	184,336	358,458	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,705,391	1,805,423	3,510,814	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	236,897	250,793	487,690	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	733,157	776,162	1,509,319	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	75,900	80,352	156,252	56.00
56.01 05601	ULTRA SOUND	0	18,131	19,194	37,325	56.01
57.00 05700	CT SCAN	0	15,233	16,126	31,359	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	444,526	470,601	915,127	59.00
60.00 06000	LABORATORY	0	312,605	330,942	643,547	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	154,818	163,899	318,717	65.00
66.00 06600	PHYSICAL THERAPY	0	306,594	324,578	631,172	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01 06801	CARDIOLOGY	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	131,130	138,822	269,952	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	13,508	14,301	27,809	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.97 07697 CARDIAC REHABILITATION	0	40,621	43,003	83,624	267	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	88,043	93,207	181,250	205	90.00
90.01 09001 A.R.C. CLINIC	0	183,271	194,021	377,292	1,070	90.01
90.02 09002 CANCER CTR CLINIC	0	796,267	842,974	1,639,241	1,504	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	50	90.03
90.04 09004 PAIN CLINIC	0	101,719	107,685	209,404	273	90.04
90.05 09005 EYE CENTER	0	0	0	0	79	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	35	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	30,920	32,734	63,654	0	90.08
90.09 09010 O/P IV THERAPY	0	26,753	28,322	55,075	259	90.09
91.00 09100 EMERGENCY	0	575,681	609,448	1,185,129	4,792	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	14,000,184	14,821,388	28,821,572	111,728	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,436	26,928	52,364	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	14,025,620	14,848,316	28,873,936	111,728	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	116,872					5.01
5.02	00550	DATA PROCESSING	0	223,700				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	368	0	581,669			5.03
5.04	00570	ADMINISTRATIVE	0	0	255	57,415		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,731	0	0	0	400,768	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,415	0	7,753	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	7,217	0	11,134	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	74	0	5	0	0	8.00
9.00	00900	HOUSEKEEPING	2,172	0	10,061	0	0	9.00
10.00	01000	DIETARY	2,246	0	27,432	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,215	0	668	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,731	0	27,625	0	0	14.00
15.00	01500	PHARMACY	2,578	0	1,297	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,756	0	115	0	0	16.00
17.00	01700	SOCIAL SERVICE	994	0	112	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,271	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,297	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,740	19,201	21,815	9,630	34,296	30.00
31.00	03100	INTENSIVE CARE UNIT	5,634	14,177	23,274	6,866	25,323	31.00
32.00	03200	CORONARY CARE UNIT	0	7,712	5,868	3,735	13,774	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,731	2,315	688	1,121	4,135	40.00
41.00	04100	SUBPROVIDER - I/RF	921	2,045	1,365	990	3,653	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	953	1,445	461	1,702	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,390	35,238	279,347	6,118	64,146	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,694	6,896	13,772	1,264	12,317	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,174	15,434	18,068	1,543	27,568	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	479	2,440	32	218	4,358	56.00
56.01	05601	ULTRA SOUND	147	2,422	1,920	126	4,326	56.01
57.00	05700	CT SCAN	184	9,742	0	1,770	17,401	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,467	6,321	77,904	1,245	11,290	59.00
60.00	06000	LABORATORY	3,645	13,180	12,254	3,775	23,542	60.00
60.01	06001	BLOOD LABORATORY	0	1,642	1,539	684	2,933	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,804	5,076	6,782	2,217	9,067	65.00
66.00	06600	PHYSICAL THERAPY	2,909	3,427	1,674	863	6,122	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,141	4,170	888	855	7,448	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	921	307	127	29	548	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,755	0	1,605	12,066	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,911	0	2,679	19,490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,367	0	6,023	48,881	73.00
74.00	07400	RENAL DIALYSIS	184	719	1,911	324	1,285	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	184	255	1,754	12	455	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	184	570	0	328	90.00
90.01	09001	A. R. C. CLINIC	1,326	2,108	465	42	3,766	90.01
90.02	09002	CANCER CTR CLINIC	5,265	1,200	2,258	1	2,143	90.02
90.03	09003	UROLOGY CLINIC	921	43	280	0	76	90.03
90.04	09004	PAIN CLINIC	884	1,187	3,148	0	2,119	90.04
90.05	09005	EYE CENTER	0	10	1,065	0	17	90.05
90.06	09006	WOUND CARE CLINIC	258	138	549	0	246	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	331	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	368	386	68	0	690	90.09
91.00	09100	EMERGENCY	7,328	19,739	13,085	3,219	35,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,798	223,700	581,669	57,415	400,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	74	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	116,872	223,700	581,669	57,415	400,768	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,830,725					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	86,285	0	296,663			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,069	0	1,520	139,861		8.00
9.00	00900	HOUSEKEEPING	44,881	0	7,244	0	687,846	9.00
10.00	01000	DIETARY	24,613	0	12,634	0	30,184	10.00
11.00	01100	CAFETERIA	10,987	0	358	0	855	11.00
13.00	01300	NURSING ADMINISTRATION	23,496	0	164	0	392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,878	0	4,126	0	9,858	14.00
15.00	01500	PHARMACY	30,608	0	3,136	0	7,492	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	808	0	927	0	2,216	16.00
17.00	01700	SOCIAL SERVICE	18,205	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	109,156	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	29,393	0	16,557	390	39,559	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2,077	0	46	0	110	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	227,927	0	54,090	52,258	129,229	30.00
31.00	03100	INTENSIVE CARE UNIT	127,117	0	21,446	12,711	51,239	31.00
32.00	03200	CORONARY CARE UNIT	47,923	0	9,009	9,775	21,524	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	32,413	0	11,569	3,467	27,640	40.00
41.00	04100	SUBPROVIDER - I/RF	24,659	0	4,952	4,164	11,831	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,665	0	4,188	3,273	10,005	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	140,879	0	41,014	11,743	97,991	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,038	0	5,697	0	13,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,359	0	17,632	10,417	42,127	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,779	0	1,825	0	4,361	56.00
56.01	05601	ULTRA SOUND	9,140	0	436	0	1,042	56.01
57.00	05700	CT SCAN	12,917	0	366	0	875	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,764	0	10,691	1,517	25,542	59.00
60.00	06000	LABORATORY	54,640	0	7,518	0	17,962	60.00
60.01	06001	BLOOD LABORATORY	6,749	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	27,388	0	3,723	0	8,896	65.00
66.00	06600	PHYSICAL THERAPY	32,947	0	7,374	4,403	17,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	13,059	0	3,154	3,070	7,535	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,183	0	0	6	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	141,609	0	0	246	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,437	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,991	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,045	0	325	0	776	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,998	0	977	0	2,334	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	870	0	2,117	746	90.00
90.01	09001	A. R. C. CLINIC	13,772	0	4,408	0	90.01
90.02	09002	CANCER CTR CLINIC	26,214	0	19,150	6,159	90.02
90.03	09003	UROLOGY CLINIC	665	0	0	343	90.03
90.04	09004	PAIN CLINIC	8,045	0	2,446	0	90.04
90.05	09005	EYE CENTER	12	0	0	1,483	90.05
90.06	09006	WOUND CARE CLINIC	491	0	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	41,098	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	1,189	0	744	0	90.08
90.09	09010	O/P IV THERAPY	2,358	0	643	0	90.09
91.00	09100	EMERGENCY	84,626	0	13,845	13,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,830,422	0	296,051	139,861	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	303	0	612	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,830,725	0	296,663	139,861	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,180,345					10.00
11.00	01100	CAFETERIA	0	43,541				11.00
13.00	01300	NURSING ADMINISTRATION	0	542	42,853			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	848	12	418,199		14.00
15.00	01500	PHARMACY	0	1,282	0	450	318,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	487	310	1	15,099	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	12	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,845	0	35	10	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	36	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	460,657	9,657	17,142	15,880	24,651	30.00
31.00	03100	INTENSIVE CARE UNIT	268,423	5,596	9,453	16,264	21,051	31.00
32.00	03200	CORONARY CARE UNIT	204,214	2,654	4,399	4,503	10,769	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	151,104	1,589	1,752	288	31	40.00
41.00	04100	SUBPROVIDER - I/RF	95,947	957	2,742	1,078	378	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	975	641	1,238	2,584	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,296	1,764	243,196	36,922	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	36	525	11,128	40,119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,256	0	15,211	17,248	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	162	0	26	78,284	56.00
56.01	05601	ULTRA SOUND	0	343	0	1,690	150	56.01
57.00	05700	CT SCAN	0	307	60	4,420	3,268	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	758	393	68,144	5,861	59.00
60.00	06000	LABORATORY	0	0	0	10,885	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	1,370	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,228	0	5,074	233	65.00
66.00	06600	PHYSICAL THERAPY	0	885	12	898	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	397	238	559	594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	36	24	101	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	217	83	1,613	3,426	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	72	48	51	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	235	24	197	1,187	90.00
90.01	09001	A. R. C. CLINIC	0	325	262	247	31	90.01
90.02	09002	CANCER CTR CLINIC	0	614	489	1,402	5,527	90.02
90.03	09003	UROLOGY CLINIC	0	0	60	176	283	90.03
90.04	09004	PAIN CLINIC	0	0	24	1,791	661	90.04
90.05	09005	EYE CENTER	0	36	0	900	81	90.05
90.06	09006	WOUND CARE CLINIC	0	18	72	488	695	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0	72	226	47	1,884	90.09
91.00	09100	EMERGENCY	0	2,780	2,086	8,848	47,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,180,345	43,541	42,853	418,199	318,326	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,180,345	43,541	42,853	418,199	318,326	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	87,206				16.00
17.00 01700	SOCIAL SERVICE	0	36,923			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		125,912	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0			23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0			23.02
23.03 02303	PARAMED ED PHARMACY	0	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,487	14,410			30.00
31.00 03100	INTENSIVE CARE UNIT	5,528	8,397			31.00
32.00 03200	CORONARY CARE UNIT	3,007	6,388			32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00 04000	SUBPROVIDER - I/PF	903	4,727			40.00
41.00 04100	SUBPROVIDER - I/RF	797	3,001			41.00
42.00 04200	SUBPROVIDER	0	0			42.00
43.00 04300	NURSERY	371	0			43.00
44.00 04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,718	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00 05300	ANESTHESIOLOGY	2,689	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,018	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600	RADIOISOTOPE	951	0			56.00
56.01 05601	ULTRA SOUND	944	0			56.01
57.00 05700	CT SCAN	3,799	0			57.00
58.00 05800	MRI	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	2,465	0			59.00
60.00 06000	LABORATORY	5,140	0			60.00
60.01 06001	BLOOD LABORATORY	640	0			60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00 06400	INTRAVENOUS THERAPY	0	0			64.00
65.00 06500	RESPIRATORY THERAPY	1,979	0			65.00
66.00 06600	PHYSICAL THERAPY	1,336	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
68.01 06801	CARDIOLOGY	0	0			68.01
69.00 06900	ELECTROCARDIOLOGY	1,626	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	120	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,634	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,255	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,671	0			73.00
74.00 07400	RENAL DIALYSIS	281	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0			76.00
76.97 07697	CARDIAC REHABILITATION	99	0			76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	72	0				90.00
90.01 09001 A. R. C. CLINIC	822	0				90.01
90.02 09002 CANCER CTR CLINIC	468	0				90.02
90.03 09003 UROLOGY CLINIC	17	0				90.03
90.04 09004 PAIN CLINIC	463	0				90.04
90.05 09005 EYE CENTER	4	0				90.05
90.06 09006 WOUND CARE CLINIC	54	0				90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0				90.07
90.08 09008 O/P PHARMACY CLINIC	0	0				90.08
90.09 09010 O/P IV THERAPY	151	0				90.09
91.00 09100 EMERGENCY	7,697	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0				93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	87,206	36,923	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01 19001 SUBCORPS	0	0				190.01
190.02 19002 GRANTS	0	0				190.02
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 19201 HOSPICE	0	0				192.01
192.02 19202 OUTPATIENT PHARMACY	0	0				192.02
193.00 19300 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			0	125,912	1,508,399	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	87,206	36,923	0	125,912	1,508,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
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 PRGM-(SPECIFY)	0					23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0			23.02
23.03	02303	PARAMED ED PHARMACY				6,440		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					5,766,008	30.00
31.00	03100	INTENSIVE CARE UNIT					2,468,911	31.00
32.00	03200	CORONARY CARE UNIT					1,130,423	32.00
33.00	03300	BURN INTENSIVE CARE UNIT					0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	04000	SUBPROVIDER - I PF					1,238,452	40.00
41.00	04100	SUBPROVIDER - I RF					584,883	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					401,044	43.00
44.00	04400	SKILLED NURSING FACILITY					0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					4,505,208	50.00
51.00	05100	RECOVERY ROOM					0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	05300	ANESTHESIOLOGY					608,570	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,765,038	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					0	55.00
56.00	05600	RADIOISOTOPE					259,536	56.00
56.01	05601	ULTRA SOUND					60,794	56.01
57.00	05700	CT SCAN					87,115	57.00
58.00	05800	MRI					0	58.00
59.00	05900	CARDIAC CATHETERIZATION					1,162,482	59.00
60.00	06000	LABORATORY					796,088	60.00
60.01	06001	BLOOD LABORATORY					15,557	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	06400	INTRAVENOUS THERAPY					0	64.00
65.00	06500	RESPIRATORY THERAPY					394,448	65.00
66.00	06600	PHYSICAL THERAPY					714,545	66.00
67.00	06700	OCCUPATIONAL THERAPY					0	67.00
68.00	06800	SPEECH PATHOLOGY					0	68.00
68.01	06801	CARDIOLOGY					0	68.01
69.00	06900	ELECTROCARDIOLOGY					315,585	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					3,493	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					164,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					124,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					202,933	73.00
74.00	07400	RENAL DIALYSIS					45,552	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER					0	76.00
76.97	07697	CARDIAC REHABILITATION					94,130	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					193,044	90.00
90.01	09001	A. R. C. CLINIC					416,467	90.01
90.02	09002	CANCER CTR CLINIC					1,757,388	90.02
90.03	09003	UROLOGY CLINIC					2,914	90.03
90.04	09004	PAIN CLINIC					236,290	90.04
90.05	09005	EYE CENTER					3,687	90.05
90.06	09006	WOUND CARE CLINIC					3,044	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES					41,098	90.07
90.08	09008	O/P PHARMACY CLINIC					67,695	90.08
90.09	09010	O/P IV THERAPY					63,764	90.09
91.00	09100	EMERGENCY					1,482,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	27,178,370	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					54,815	190.00
190.01	19001	SUBCORPS					0	190.01
190.02	19002	GRANTS					0	190.02
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	HOSPICE					0	192.01
192.02	19202	OUTPATIENT PHARMACY					0	192.02
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	6,440	1,640,751	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	6,440	28,873,936	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 9:46 am
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
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 PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,766,008		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,468,911		31.00
32.00	03200	CORONARY CARE UNIT	0	1,130,423		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	04000	SUBPROVIDER - I/PF	0	1,238,452		40.00
41.00	04100	SUBPROVIDER - I/RF	0	584,883		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	401,044		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,505,208		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	608,570		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,765,038		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	259,536		56.00
56.01	05601	ULTRA SOUND	0	60,794		56.01
57.00	05700	CT SCAN	0	87,115		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,162,482		59.00
60.00	06000	LABORATORY	0	796,088		60.00
60.01	06001	BLOOD LABORATORY	0	15,557		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	394,448		65.00
66.00	06600	PHYSICAL THERAPY	0	714,545		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	06801	CARDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	315,585		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,493		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	164,915		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,772		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	202,933		73.00
74.00	07400	RENAL DIALYSIS	0	45,552		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	94,130		76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0182

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	193,044	90.00
90.01	09001 A. R. C. CLINIC	0	416,467	90.01
90.02	09002 CANCER CTR CLINIC	0	1,757,388	90.02
90.03	09003 UROLOGY CLINIC	0	2,914	90.03
90.04	09004 PAIN CLINIC	0	236,290	90.04
90.05	09005 EYE CENTER	0	3,687	90.05
90.06	09006 WOUND CARE CLINIC	0	3,044	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	41,098	90.07
90.08	09008 O/P PHARMACY CLINIC	0	67,695	90.08
90.09	09010 O/P IV THERAPY	0	63,764	90.09
91.00	09100 EMERGENCY	0	1,482,497	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	27,178,370	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,815	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	1,640,751	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	28,873,936	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	CAPITAL RELATED COSTS						
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT RE VENUE)		
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	585,602				1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP		585,602			2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	138,445,011		4.00	
5.01 00540	NONPATIENT TELEPHONES	2,364	2,364	385,669	3,174	5.01	
5.02 00550	DATA PROCESSING	4,535	4,535	118,228	0	5.02	
5.03 00560	PURCHASING RECEIVING AND STORES	11,766	11,766	1,438,537	10	5.03	
5.04 00570	ADMINISTRATIVE	1,148	1,148	690,661	0	5.04	
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	8,093	8,093	0	47	5.05	
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	36,576	36,576	10,069,699	310	5.06	
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00 00700	OPERATION OF PLANT	3,826	3,826	4,188,621	196	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	2,638	2,638	152,640	2	8.00	
9.00 00900	HOUSEKEEPING	12,576	12,576	4,225,753	59	9.00	
10.00 01000	DIETARY	21,933	21,933	2,229,853	61	10.00	
11.00 01100	CAFETERIA	621	621	894,503	0	11.00	
13.00 01300	NURSING ADMINISTRATION	285	285	2,879,441	33	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	7,163	7,163	1,164,382	47	14.00	
15.00 01500	PHARMACY	5,444	5,444	3,791,162	70	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,610	1,610	0	102	16.00	
17.00 01700	SOCIAL SERVICE	0	0	2,125,495	27	17.00	
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	15,455,989	116	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,745	28,745	0	0	22.00	
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01 02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	23.01	
23.02 02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	23.02	
23.03 02303	PARAMEDICAL PHARMACY	80	80	281,651	0	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	93,903	93,903	23,428,386	509	120,759,842	30.00
31.00 03100	INTENSIVE CARE UNIT	37,232	37,232	13,180,070	153	89,166,308	31.00
32.00 03200	CORONARY CARE UNIT	15,640	15,640	4,977,906	0	48,500,071	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	20,084	20,084	3,357,171	47	14,558,438	40.00
41.00 04100	SUBPROVIDER - I/RF	8,597	8,597	1,879,129	25	12,862,668	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	7,270	7,270	1,344,460	0	5,991,477	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	71,204	71,204	10,696,699	255	223,540,786	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	9,891	9,891	115,496	46	43,368,215	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,611	30,611	5,779,394	222	97,071,113	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	3,169	3,169	457,766	13	15,345,159	56.00
56.01 05601	ULTRA SOUND	757	757	970,540	4	15,231,424	56.01
57.00 05700	CT SCAN	636	636	801,892	5	61,270,178	57.00
58.00 05800	MRI	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	18,560	18,560	2,469,110	67	39,753,419	59.00
60.00 06000	LABORATORY	13,052	13,052	0	99	82,895,817	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	10,327,159	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	6,464	6,464	2,805,261	49	31,927,301	65.00
66.00 06600	PHYSICAL THERAPY	12,801	12,801	3,599,615	79	21,555,839	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	5,475	5,475	1,113,642	31	26,223,874	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	112,453	25	1,930,962	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	42,486,230	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	68,625,694	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	172,116,595	73.00
74.00 07400	RENAL DIALYSIS	564	564	687,051	5	4,524,530	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,696	1,696	330,477	5	1,601,234	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	254,118	0	1,155,630	90.00
90.01	09001 A. R. C. CLINIC	7,652	7,652	1,325,640	36	13,259,931	90.01
90.02	09002 CANCER CTR CLINIC	33,246	33,246	1,863,649	143	7,545,657	90.02
90.03	09003 UROLOGY CLINIC	0	0	62,480	25	268,742	90.03
90.04	09004 PAIN CLINIC	4,247	4,247	338,845	24	7,462,441	90.04
90.05	09005 EYE CENTER	0	0	98,162	0	60,408	90.05
90.06	09006 WOUND CARE CLINIC	0	0	43,730	7	865,827	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1,291	1,291	0	9	0	90.08
90.09	09010 O/P IV THERAPY	1,117	1,117	321,452	10	2,429,730	90.09
91.00	09100 EMERGENCY	24,036	24,036	5,938,133	199	124,142,733	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	584,540	584,540	138,445,011	3,172	1,408,825,432	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	2	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	14,025,620	14,848,316	34,609,738	1,496,784	10,805,462	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.950772	25.355644	0.249989	471.576560	0.007670	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			111,728	116,872	223,700	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000807	36.821676	0.000159	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE RECEIVABLE EQUIP)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	46,440,350					5.03
5.04	00570	ADMITTING	20,346	741,375,842				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,408,825,432			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	618,975	0	0	-29,963,676	324,933,840	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	888,913	0	0	0	15,315,121	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	401	0	0	0	1,432,118	8.00
9.00	00900	HOUSEKEEPING	803,258	0	0	0	7,966,179	9.00
10.00	01000	DIETARY	2,190,207	0	0	0	4,368,721	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,950,170	11.00
13.00	01300	NURSING ADMINISTRATION	53,302	0	0	0	4,170,436	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,205,563	0	0	0	3,528,239	14.00
15.00	01500	PHARMACY	103,519	0	0	0	5,432,757	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,193	0	0	0	143,461	16.00
17.00	01700	SOCIAL SERVICE	8,963	0	0	0	3,231,360	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	19,374,519	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	103,530	0	0	0	5,217,138	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	368,626	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,741,756	120,759,842	120,759,842	0	40,446,830	30.00
31.00	03100	INTENSIVE CARE UNIT	1,858,230	89,166,308	89,166,308	0	22,562,468	31.00
32.00	03200	CORONARY CARE UNIT	468,479	48,500,071	48,500,071	0	8,506,014	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	54,935	14,558,438	14,558,438	0	5,753,089	40.00
41.00	04100	SUBPROVIDER - IRF	108,984	12,862,668	12,862,668	0	4,376,873	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	115,382	5,991,477	5,991,477	0	2,425,534	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,302,989	79,452,434	223,540,786	0	25,005,171	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,099,565	16,418,455	43,368,215	0	1,959,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,442,564	20,039,846	97,071,113	0	12,310,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,575	2,835,509	15,345,159	0	1,735,643	56.00
56.01	05601	ULTRA SOUND	153,292	1,636,037	15,231,424	0	1,622,312	56.01
57.00	05700	CT SCAN	0	22,986,510	61,270,178	0	2,292,612	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,219,849	16,170,393	39,753,419	0	5,460,342	59.00
60.00	06000	LABORATORY	978,350	49,031,455	82,895,817	0	9,698,263	60.00
60.01	06001	BLOOD LABORATORY	122,848	8,888,097	10,327,159	0	1,197,873	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	541,442	28,797,086	31,927,301	0	4,861,222	65.00
66.00	06600	PHYSICAL THERAPY	133,684	11,203,093	21,555,839	0	5,847,860	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	70,906	11,107,566	26,223,874	0	2,317,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,111	375,897	1,930,962	0	209,950	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,849,901	42,486,230	0	25,134,665	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,793,147	68,625,694	0	15,519,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,214,638	172,116,595	0	19,522,700	73.00
74.00	07400	RENAL DIALYSIS	152,588	4,209,195	4,524,530	0	1,072,907	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	140,078	151,890	1,601,234	0	709,702	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASE R EQUI S I)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	45,548	155	1,155,630	0	154,440	90.00
90.01	09001 A. R. C. CLINIC	37,104	551,672	13,259,931	0	2,444,523	90.01
90.02	09002 CANCER CTR CLINIC	180,272	19,222	7,545,657	0	4,652,902	90.02
90.03	09003 UROLOGY CLINIC	22,378	0	268,742	0	118,044	90.03
90.04	09004 PAIN CLINIC	251,309	600	7,462,441	0	1,427,925	90.04
90.05	09005 EYE CENTER	85,011	0	60,408	0	2,191	90.05
90.06	09006 WOUND CARE CLINIC	43,849	2,390	865,827	0	87,113	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	7,294,689	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	211,065	90.08
90.09	09010 O/P IV THERAPY	5,428	805	2,429,730	0	418,500	90.09
91.00	09100 EMERGENCY	1,044,674	41,801,045	124,142,733	0	15,020,636	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	46,440,350	741,375,842	1,408,825,432	-29,963,676	324,880,113	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	53,727	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,653,553	1,422,116	14,199,895		29,963,676	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.078672	0.001918	0.010079		0.092215	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	581,669	57,415	400,768		1,830,725	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012525	0.000077	0.000284		0.005634	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	518,854					6.00
7.00	00700		515,028				7.00
8.00	00800	2,638	2,638	1,695,382			8.00
9.00	00900	12,576	12,576	0	499,814		9.00
10.00	01000	21,933	21,933	0	21,933	62,851	10.00
11.00	01100	621	621	0	621	0	11.00
13.00	01300	285	285	0	285	0	13.00
14.00	01400	7,163	7,163	0	7,163	0	14.00
15.00	01500	5,444	5,444	0	5,444	0	15.00
16.00	01600	1,610	1,610	0	1,610	0	16.00
17.00	01700	0	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	28,745	28,745	4,728	28,745	0	22.00
23.00	02300	0	0	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	80	80	0	80	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	93,903	93,903	633,467	93,903	24,529	30.00
31.00	03100	37,232	37,232	154,086	37,232	14,293	31.00
32.00	03200	15,640	15,640	118,491	15,640	10,874	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	20,084	20,084	42,029	20,084	8,046	40.00
41.00	04100	8,597	8,597	50,470	8,597	5,109	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,270	7,270	39,674	7,270	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	71,204	71,204	142,354	71,204	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	9,891	9,891	0	9,891	0	53.00
54.00	05400	30,611	30,611	126,272	30,611	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	3,169	3,169	0	3,169	0	56.00
56.01	05601	757	757	0	757	0	56.01
57.00	05700	636	636	0	636	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	18,560	18,560	18,386	18,560	0	59.00
60.00	06000	13,052	13,052	0	13,052	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	6,464	6,464	0	6,464	0	65.00
66.00	06600	12,801	12,801	53,375	12,801	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	5,475	5,475	37,220	5,475	0	69.00
70.00	07000	0	0	74	0	0	70.00
71.00	07100	0	0	2,976	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	564	564	0	564	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	1,696	1,696	0	1,696	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	9,040	3,676	0	90.00
90.01	09001 A. R. C. CLINIC	7,652	7,652	0	7,652	0	90.01
90.02	09002 CANCER CTR CLINIC	33,246	33,246	74,654	33,246	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	4,161	0	0	90.03
90.04	09004 PAIN CLINIC	4,247	4,247	0	4,247	0	90.04
90.05	09005 EYE CENTER	0	0	17,979	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1,291	1,291	0	1,291	0	90.08
90.09	09010 O/P IV THERAPY	1,117	1,117	0	1,117	0	90.09
91.00	09100 EMERGENCY	24,036	24,036	165,946	24,036	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	517,792	513,966	1,695,382	498,752	62,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062	1,062	0	1,062	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	16,727,405	1,649,860	9,109,231	5,883,671	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	32.478632	0.973149	18.225242	93.613005	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	296,663	139,861	687,846	1,180,345	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.576013	0.082495	1.376204	18.780051	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,412					11.00
13.00	01300	NURSING ADMINISTRATION	30	7,477,600				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47	2,080	37,492,247			14.00
15.00	01500	PHARMACY	71	0	40,319	2,225,129		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,408,825,432	16.00
17.00	01700	SOCIAL SERVICE	27	54,080	98	105,541	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,080	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	213	0	3,104	72	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	535	2,991,426	1,423,685	172,310	120,759,842	30.00
31.00	03100	INTENSIVE CARE UNIT	310	1,649,440	1,458,156	147,146	89,166,308	31.00
32.00	03200	CORONARY CARE UNIT	147	767,520	403,744	75,275	48,500,071	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	88	305,760	25,808	220	14,558,438	40.00
41.00	04100	SUBPROVIDER - I/RF	53	478,400	96,628	2,640	12,862,668	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54	111,934	111,006	18,063	5,991,477	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	238	307,840	21,802,528	258,087	223,540,786	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	91,520	997,686	280,436	43,368,215	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	125	0	1,363,758	120,565	97,071,113	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	2,360	547,222	15,345,159	56.00
56.01	05601	ULTRA SOUND	19	0	151,537	1,050	15,231,424	56.01
57.00	05700	CT SCAN	17	10,400	396,226	22,845	61,270,178	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42	68,640	6,109,368	40,970	39,753,419	59.00
60.00	06000	LABORATORY	0	0	975,869	0	82,895,817	60.00
60.01	06001	BLOOD LABORATORY	0	0	122,848	0	10,327,159	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68	0	454,942	1,629	31,927,301	65.00
66.00	06600	PHYSICAL THERAPY	49	2,080	80,531	6	21,555,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	22	41,600	50,082	4,151	26,223,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	4,160	9,084	0	1,930,962	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	42,486,230	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	68,625,694	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	172,116,595	73.00
74.00	07400	RENAL DIALYSIS	12	14,560	144,640	23,951	4,524,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	4	8,320	4,571	0	1,601,234	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISI)	PHARMACY (COSTED REQ UISI)	MEDICAL RECORDS & LIBRARY (PATIENT RE VENUE)	
		11.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	13	4,160	17,641	8,294	1,155,630	90.00
90.01	09001 A. R. C. CLINIC	18	45,760	22,126	218	13,259,931	90.01
90.02	09002 CANCER CTR CLINIC	34	85,280	125,660	38,635	7,545,657	90.02
90.03	09003 UROLOGY CLINIC	0	10,400	15,768	1,980	268,742	90.03
90.04	09004 PAIN CLINIC	0	4,160	160,596	4,619	7,462,441	90.04
90.05	09005 EYE CENTER	2	0	80,662	563	60,408	90.05
90.06	09006 WOUND CARE CLINIC	1	12,480	43,778	4,856	865,827	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	4	39,520	4,206	13,166	2,429,730	90.09
91.00	09100 EMERGENCY	154	364,000	793,232	330,619	124,142,733	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,412	7,477,600	37,492,247	2,225,129	1,408,825,432	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,161,492	4,596,347	4,260,185	6,277,978	238,324	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	896.140962	0.614682	0.113628	2.821400	0.000169	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,541	42,853	418,199	318,326	87,206	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	18.051824	0.005731	0.011154	0.143060	0.000062	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTNG						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	62,851					17.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		17,685			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			17,685		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03 02303 PARAMED ED PHARMACY	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,529	0	17,569	17,569	0	30.00
31.00 03100 INTENSIVE CARE UNIT	14,293	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	10,874	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	8,046	0	37	37	0	40.00
41.00 04100 SUBPROVIDER - I RF	5,109	0	79	79	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	0	0	0	56.01
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	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 RADIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04 09004 PAIN CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	62,851	0	17,685	17,685	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,884,562	0	21,162,419	7,351,754		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	61.805890	0.000000	1,196.630987	415.705626		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	36,923	0	125,912	1,508,399		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.587469	0.000000	7.119706	85.292564		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0				206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000				207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		PARAMED PRGM (ACCUM. COST)	PARAMED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED PHARMACY (ASSIGNED TIME)		
		23.00	23.01	23.02	23.03		
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300	354,897,516					23.00
23.01	02301		0				23.01
23.02	02302			0			23.02
23.03	02303				2,266		23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	84,680,194	0	0	522		30.00
31.00	03100	30,789,823	0	0	0		31.00
32.00	03200	12,758,708	0	0	258		32.00
33.00	03300	0	0	0	0		33.00
34.00	03400	0	0	0	0		34.00
40.00	04000	8,925,822	0	0	0		40.00
41.00	04100	6,549,073	0	0	0		41.00
42.00	04200	0	0	0	0		42.00
43.00	04300	3,238,217	0	0	0		43.00
44.00	04400	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	34,705,955	0	0	0		50.00
51.00	05100	0	0	0	0		51.00
52.00	05200	0	0	0	0		52.00
53.00	05300	3,611,297	0	0	0		53.00
54.00	05400	15,744,534	0	0	0		54.00
55.00	05500	0	0	0	0		55.00
56.00	05600	3,611,234	0	0	0		56.00
56.01	05601	1,850,079	0	0	0		56.01
57.00	05700	2,677,731	0	0	0		57.00
58.00	05800	0	0	0	0		58.00
59.00	05900	7,819,158	0	0	200		59.00
60.00	06000	11,379,270	0	0	0		60.00
60.01	06001	1,324,039	0	0	0		60.01
61.00	06100	0	0	0	0		61.00
62.00	06200	0	0	0	0		62.00
63.00	06300	0	0	0	0		63.00
64.00	06400	0	0	0	0		64.00
65.00	06500	5,759,874	0	0	0		65.00
66.00	06600	7,146,123	0	0	0		66.00
67.00	06700	0	0	0	0		67.00
68.00	06800	0	0	0	0		68.00
68.01	06801	0	0	0	0		68.01
69.00	06900	2,912,492	0	0	0		69.00
70.00	07000	235,090	0	0	0		70.00
71.00	07100	27,462,534	0	0	0		71.00
72.00	07200	16,962,197	0	0	0		72.00
73.00	07300	21,352,074	0	0	884		73.00
74.00	07400	1,304,921	0	0	0		74.00
75.00	07500	0	0	0	0		75.00
76.00	03950	0	0	0	0		76.00
76.97	07697	870,630	0	0	0		76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0182

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	403,674	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	3,107,560	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	7,047,766	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	146,794	0	0	0	90.03
90.04	09004 PAIN CLINIC	1,810,039	0	0	0	90.04
90.05	09005 EYE CENTER	32,444	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	122,534	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	7,967,369	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	295,987	0	0	0	90.08
90.09	09010 O/P IV THERAPY	579,642	0	0	0	90.09
91.00	09100 EMERGENCY	19,191,643	0	0	402	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	354,784,988	0	0	2,266	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	112,528	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	408,467	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	180.259047	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	6,440	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.842012	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	56,447,147	0	56,447,147	30.00
31.00	03100	INTENSIVE CARE UNIT	30,789,823	0	30,789,823	31.00
32.00	03200	CORONARY CARE UNIT	12,805,215	0	12,805,215	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,866,166	0	8,866,166	40.00
41.00	04100	SUBPROVIDER - IRF	6,421,698	0	6,421,698	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,238,217	0	3,238,217	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,705,955	0	34,705,955	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,611,297	0	3,611,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,744,534	0	15,744,534	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,611,234	0	3,611,234	56.00
56.01	05601	ULTRA SOUND	1,850,079	0	1,850,079	56.01
57.00	05700	CT SCAN	2,677,731	0	2,677,731	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,855,210	0	7,855,210	59.00
60.00	06000	LABORATORY	11,379,270	0	11,379,270	60.00
60.01	06001	BLOOD LABORATORY	1,324,039	0	1,324,039	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,759,874	0	5,759,874	65.00
66.00	06600	PHYSICAL THERAPY	7,146,123	0	7,146,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,912,492	0	2,912,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235,090	0	235,090	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,462,534	0	27,462,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,962,197	0	16,962,197	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,511,423	0	21,511,423	73.00
74.00	07400	RENAL DIALYSIS	1,304,921	0	1,304,921	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	870,630	0	870,630	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	403,674	0	403,674	90.00
90.01	09001	A. R. C. CLINIC	3,107,560	0	3,107,560	90.01
90.02	09002	CANCER CTR CLINIC	7,047,766	0	7,047,766	90.02
90.03	09003	UROLOGY CLINIC	146,794	0	146,794	90.03
90.04	09004	PAIN CLINIC	1,810,039	0	1,810,039	90.04
90.05	09005	EYE CENTER	32,444	0	32,444	90.05
90.06	09006	WOUND CARE CLINIC	122,534	0	122,534	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	7,967,369	0	7,967,369	90.07
90.08	09008	O/P PHARMACY CLINIC	295,987	0	295,987	90.08
90.09	09010	O/P IV THERAPY	579,642	0	579,642	90.09
91.00	09100	EMERGENCY	19,264,107	0	19,264,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,841,877	0	11,841,877	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:46 am

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	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	338,112,692	0	338,112,692	0	338,112,692	200.00
201.00		Less Observation Beds	11,841,877		11,841,877		11,841,877	201.00
202.00		Total (see instructions)	326,270,815	0	326,270,815	0	326,270,815	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			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	120,759,842		120,759,842				30.00
31.00	03100	INTENSIVE CARE UNIT	89,166,308		89,166,308				31.00
32.00	03200	CORONARY CARE UNIT	48,500,071		48,500,071				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	14,558,438		14,558,438				40.00
41.00	04100	SUBPROVIDER - I/RF	12,862,668		12,862,668				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,991,477		5,991,477				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	79,452,434	144,088,352	223,540,786	0.155256	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	16,418,455	26,949,760	43,368,215	0.083271	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,039,846	77,031,267	97,071,113	0.162196	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,835,509	12,509,650	15,345,159	0.235334	0.000000		56.00
56.01	05601	ULTRA SOUND	1,636,037	13,595,387	15,231,424	0.121465	0.000000		56.01
57.00	05700	CT SCAN	22,986,510	38,283,668	61,270,178	0.043704	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,170,393	23,583,026	39,753,419	0.197598	0.000000		59.00
60.00	06000	LABORATORY	49,031,455	33,864,362	82,895,817	0.137272	0.000000		60.00
60.01	06001	BLOOD LABORATORY	8,888,097	1,439,062	10,327,159	0.128209	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	28,797,086	3,130,215	31,927,301	0.180406	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,203,093	10,352,746	21,555,839	0.331517	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
68.01	06801	CARDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	11,107,566	15,116,308	26,223,874	0.111063	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,897	1,555,065	1,930,962	0.121748	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,849,901	21,636,329	42,486,230	0.646387	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,793,147	33,832,547	68,625,694	0.247170	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,214,638	93,901,957	172,116,595	0.124982	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,209,195	315,335	4,524,530	0.288410	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	151,890	1,449,344	1,601,234	0.543724	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	155	1,155,630	1,155,785	0.349264	0.000000		90.00
90.01	09001	A. R. C. CLINIC	551,672	12,708,259	13,259,931	0.234357	0.000000		90.01
90.02	09002	CANCER CTR CLINIC	19,222	7,526,435	7,545,657	0.934016	0.000000		90.02
90.03	09003	UROLOGY CLINIC	0	268,742	268,742	0.546226	0.000000		90.03
90.04	09004	PAIN CLINIC	600	7,462,441	7,463,041	0.242534	0.000000		90.04
90.05	09005	EYE CENTER	0	60,408	60,408	0.537081	0.000000		90.05
90.06	09006	WOUND CARE CLINIC	2,390	863,437	865,827	0.141522	0.000000		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	109,593	8,593,403	8,702,996	0.915474	0.000000		90.07
90.08	09008	O/P PHARMACY CLINIC	675	695,459	696,134	0.425187	0.000000		90.08
90.09	09010	O/P IV THERAPY	130	1,733,466	1,733,596	0.334358	0.000000		90.09
91.00	09100	EMERGENCY	41,801,045	82,341,688	124,142,733	0.155177	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,186,677	17,026,123	20,212,800	0.585860	0.000000		92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE	0	0	0				113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am			
		Title XVIII	Hospital	PPS			
Cost Center Description		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	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
200.00		Subtotal (see instructions)		744,672,112	693,069,871	1,437,741,983	200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)		744,672,112	693,069,871	1,437,741,983	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.083271		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.235334		56.00
56.01	05601	ULTRA SOUND	0.121465		56.01
57.00	05700	CT SCAN	0.043704		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598		59.00
60.00	06000	LABORATORY	0.137272		60.00
60.01	06001	BLOOD LABORATORY	0.128209		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.180406		65.00
66.00	06600	PHYSICAL THERAPY	0.331517		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	CARDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982		73.00
74.00	07400	RENAL DIALYSIS	0.288410		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.543724		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.349264		90.00
90.01	09001	A. R. C. CLINIC	0.234357		90.01
90.02	09002	CANCER CTR CLINIC	0.934016		90.02
90.03	09003	UROLOGY CLINIC	0.546226		90.03
90.04	09004	PAIN CLINIC	0.242534		90.04
90.05	09005	EYE CENTER	0.537081		90.05
90.06	09006	WOUND CARE CLINIC	0.141522		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474		90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187		90.08
90.09	09010	O/P IV THERAPY	0.334358		90.09
91.00	09100	EMERGENCY	0.155177		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860		92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 14-0182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:46 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	56,447,147		56,447,147	0	56,447,147	30.00
31.00	03100 INTENSIVE CARE UNIT	30,789,823		30,789,823	0	30,789,823	31.00
32.00	03200 CORONARY CARE UNIT	12,805,215		12,805,215	0	12,805,215	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	8,866,166		8,866,166	0	8,866,166	40.00
41.00	04100 SUBPROVIDER - I/RF	6,421,698		6,421,698	0	6,421,698	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,238,217		3,238,217	0	3,238,217	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	34,705,955		34,705,955	0	34,705,955	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,611,297		3,611,297	0	3,611,297	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,744,534		15,744,534	0	15,744,534	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	3,611,234		3,611,234	0	3,611,234	56.00
56.01	05601 ULTRA SOUND	1,850,079		1,850,079	0	1,850,079	56.01
57.00	05700 CT SCAN	2,677,731		2,677,731	0	2,677,731	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,855,210		7,855,210	0	7,855,210	59.00
60.00	06000 LABORATORY	11,379,270		11,379,270	0	11,379,270	60.00
60.01	06001 BLOOD LABORATORY	1,324,039		1,324,039	0	1,324,039	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	5,759,874	0	5,759,874	0	5,759,874	65.00
66.00	06600 PHYSICAL THERAPY	7,146,123	0	7,146,123	0	7,146,123	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	2,912,492		2,912,492	0	2,912,492	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	235,090		235,090	0	235,090	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	27,462,534		27,462,534	0	27,462,534	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,962,197		16,962,197	0	16,962,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,511,423		21,511,423	0	21,511,423	73.00
74.00	07400 RENAL DIALYSIS	1,304,921		1,304,921	0	1,304,921	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	870,630		870,630	0	870,630	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	403,674		403,674	0	403,674	90.00
90.01	09001 A. R. C. CLINIC	3,107,560		3,107,560	0	3,107,560	90.01
90.02	09002 CANCER CTR CLINIC	7,047,766		7,047,766	0	7,047,766	90.02
90.03	09003 UROLOGY CLINIC	146,794		146,794	0	146,794	90.03
90.04	09004 PAIN CLINIC	1,810,039		1,810,039	0	1,810,039	90.04
90.05	09005 EYE CENTER	32,444		32,444	0	32,444	90.05
90.06	09006 WOUND CARE CLINIC	122,534		122,534	0	122,534	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	7,967,369		7,967,369	0	7,967,369	90.07
90.08	09008 O/P PHARMACY CLINIC	295,987		295,987	0	295,987	90.08
90.09	09010 O/P IV THERAPY	579,642		579,642	0	579,642	90.09
91.00	09100 EMERGENCY	19,264,107		19,264,107	0	19,264,107	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,841,877		11,841,877	0	11,841,877	92.00
93.00	04040 FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:46 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	338,112,692	0	338,112,692	0	338,112,692	200.00
201.00		Less Observation Beds	11,841,877		11,841,877		11,841,877	201.00
202.00		Total (see instructions)	326,270,815	0	326,270,815	0	326,270,815	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			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	120,759,842		120,759,842			30.00	
31.00	03100	INTENSIVE CARE UNIT	89,166,308		89,166,308			31.00	
32.00	03200	CORONARY CARE UNIT	48,500,071		48,500,071			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - I/PF	14,558,438		14,558,438			40.00	
41.00	04100	SUBPROVIDER - I/RF	12,862,668		12,862,668			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	5,991,477		5,991,477			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	79,452,434	144,088,352	223,540,786	0.155256	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	16,418,455	26,949,760	43,368,215	0.083271	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,039,846	77,031,267	97,071,113	0.162196	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,835,509	12,509,650	15,345,159	0.235334	0.000000	56.00	
56.01	05601	ULTRA SOUND	1,636,037	13,595,387	15,231,424	0.121465	0.000000	56.01	
57.00	05700	CT SCAN	22,986,510	38,283,668	61,270,178	0.043704	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	16,170,393	23,583,026	39,753,419	0.197598	0.000000	59.00	
60.00	06000	LABORATORY	49,031,455	33,864,362	82,895,817	0.137272	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	8,888,097	1,439,062	10,327,159	0.128209	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00	
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	28,797,086	3,130,215	31,927,301	0.180406	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,203,093	10,352,746	21,555,839	0.331517	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
68.01	06801	CARDIOLOGY	0	0	0	0.000000	0.000000	68.01	
69.00	06900	ELECTROCARDIOLOGY	11,107,566	15,116,308	26,223,874	0.111063	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	375,897	1,555,065	1,930,962	0.121748	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,849,901	21,636,329	42,486,230	0.646387	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,793,147	33,832,547	68,625,694	0.247170	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	78,214,638	93,901,957	172,116,595	0.124982	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,209,195	315,335	4,524,530	0.288410	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	151,890	1,449,344	1,601,234	0.543724	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	09000	CLINIC	155	1,155,630	1,155,785	0.349264	0.000000	90.00	
90.01	09001	A. R. C. CLINIC	551,672	12,708,259	13,259,931	0.234357	0.000000	90.01	
90.02	09002	CANCER CTR CLINIC	19,222	7,526,435	7,545,657	0.934016	0.000000	90.02	
90.03	09003	UROLOGY CLINIC	0	268,742	268,742	0.546226	0.000000	90.03	
90.04	09004	PAIN CLINIC	600	7,462,441	7,463,041	0.242534	0.000000	90.04	
90.05	09005	EYE CENTER	0	60,408	60,408	0.537081	0.000000	90.05	
90.06	09006	WOUND CARE CLINIC	2,390	863,437	865,827	0.141522	0.000000	90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	109,593	8,593,403	8,702,996	0.915474	0.000000	90.07	
90.08	09008	O/P PHARMACY CLINIC	675	695,459	696,134	0.425187	0.000000	90.08	
90.09	09010	O/P IV THERAPY	130	1,733,466	1,733,596	0.334358	0.000000	90.09	
91.00	09100	EMERGENCY	41,801,045	82,341,688	124,142,733	0.155177	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,186,677	17,026,123	20,212,800	0.585860	0.000000	92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE	0	0	0			113.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182			Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am	
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
200.00		Subtotal (see instructions)	744,672,112	693,069,871	1,437,741,983				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	744,672,112	693,069,871	1,437,741,983				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	05601	ULTRA SOUND	0.000000			56.01
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
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
68.01	06801	CARDIOLOGY	0.000000			68.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000			76.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	A. R. C. CLINIC	0.000000			90.01
90.02	09002	CANCER CTR CLINIC	0.000000			90.02
90.03	09003	UROLOGY CLINIC	0.000000			90.03
90.04	09004	PAIN CLINIC	0.000000			90.04
90.05	09005	EYE CENTER	0.000000			90.05
90.06	09006	WOUND CARE CLINIC	0.000000			90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000			90.07
90.08	09008	O/P PHARMACY CLINIC	0.000000			90.08
90.09	09010	O/P IV THERAPY	0.000000			90.09
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)				115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)	11.00		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:46 am

		Title V		Hospital		Cost	
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	56,447,147		56,447,147	0	56,447,147	30.00
31.00	03100 INTENSIVE CARE UNIT	30,789,823		30,789,823	0	30,789,823	31.00
32.00	03200 CORONARY CARE UNIT	12,805,215		12,805,215	0	12,805,215	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	8,866,166		8,866,166	0	8,866,166	40.00
41.00	04100 SUBPROVIDER - I/RF	6,421,698		6,421,698	0	6,421,698	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,238,217		3,238,217	0	3,238,217	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	34,705,955		34,705,955	0	34,705,955	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,611,297		3,611,297	0	3,611,297	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,744,534		15,744,534	0	15,744,534	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	3,611,234		3,611,234	0	3,611,234	56.00
56.01	05601 ULTRA SOUND	1,850,079		1,850,079	0	1,850,079	56.01
57.00	05700 CT SCAN	2,677,731		2,677,731	0	2,677,731	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,855,210		7,855,210	0	7,855,210	59.00
60.00	06000 LABORATORY	11,379,270		11,379,270	0	11,379,270	60.00
60.01	06001 BLOOD LABORATORY	1,324,039		1,324,039	0	1,324,039	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	5,759,874	0	5,759,874	0	5,759,874	65.00
66.00	06600 PHYSICAL THERAPY	7,146,123	0	7,146,123	0	7,146,123	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	2,912,492		2,912,492	0	2,912,492	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	235,090		235,090	0	235,090	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	27,462,534		27,462,534	0	27,462,534	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,962,197		16,962,197	0	16,962,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,511,423		21,511,423	0	21,511,423	73.00
74.00	07400 RENAL DIALYSIS	1,304,921		1,304,921	0	1,304,921	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	870,630		870,630	0	870,630	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	403,674		403,674	0	403,674	90.00
90.01	09001 A. R. C. CLINIC	3,107,560		3,107,560	0	3,107,560	90.01
90.02	09002 CANCER CTR CLINIC	7,047,766		7,047,766	0	7,047,766	90.02
90.03	09003 UROLOGY CLINIC	146,794		146,794	0	146,794	90.03
90.04	09004 PAIN CLINIC	1,810,039		1,810,039	0	1,810,039	90.04
90.05	09005 EYE CENTER	32,444		32,444	0	32,444	90.05
90.06	09006 WOUND CARE CLINIC	122,534		122,534	0	122,534	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	7,967,369		7,967,369	0	7,967,369	90.07
90.08	09008 O/P PHARMACY CLINIC	295,987		295,987	0	295,987	90.08
90.09	09010 O/P IV THERAPY	579,642		579,642	0	579,642	90.09
91.00	09100 EMERGENCY	19,264,107		19,264,107	0	19,264,107	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,841,877		11,841,877	0	11,841,877	92.00
93.00	04040 FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0182

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2018 9:46 am

			Title V		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	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
200.00		Subtotal (see instructions)	338,112,692	0	338,112,692	0	338,112,692	200.00
201.00		Less Observation Beds	11,841,877		11,841,877		11,841,877	201.00
202.00		Total (see instructions)	326,270,815	0	326,270,815	0	326,270,815	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am		
			Title V			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	120,759,842		120,759,842			30.00	
31.00	03100	INTENSIVE CARE UNIT	89,166,308		89,166,308			31.00	
32.00	03200	CORONARY CARE UNIT	48,500,071		48,500,071			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - I/PF	14,558,438		14,558,438			40.00	
41.00	04100	SUBPROVIDER - I/RF	12,862,668		12,862,668			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	5,991,477		5,991,477			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	79,452,434	144,088,352	223,540,786	0.155256	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	16,418,455	26,949,760	43,368,215	0.083271	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,039,846	77,031,267	97,071,113	0.162196	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,835,509	12,509,650	15,345,159	0.235334	0.000000	56.00	
56.01	05601	ULTRA SOUND	1,636,037	13,595,387	15,231,424	0.121465	0.000000	56.01	
57.00	05700	CT SCAN	22,986,510	38,283,668	61,270,178	0.043704	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	16,170,393	23,583,026	39,753,419	0.197598	0.000000	59.00	
60.00	06000	LABORATORY	49,031,455	33,864,362	82,895,817	0.137272	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	8,888,097	1,439,062	10,327,159	0.128209	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00	
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	28,797,086	3,130,215	31,927,301	0.180406	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	11,203,093	10,352,746	21,555,839	0.331517	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
68.01	06801	CARDIOLOGY	0	0	0	0.000000	0.000000	68.01	
69.00	06900	ELECTROCARDIOLOGY	11,107,566	15,116,308	26,223,874	0.111063	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	375,897	1,555,065	1,930,962	0.121748	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,849,901	21,636,329	42,486,230	0.646387	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,793,147	33,832,547	68,625,694	0.247170	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	78,214,638	93,901,957	172,116,595	0.124982	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	4,209,195	315,335	4,524,530	0.288410	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	151,890	1,449,344	1,601,234	0.543724	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	09000	CLINIC	155	1,155,630	1,155,785	0.349264	0.000000	90.00	
90.01	09001	A. R. C. CLINIC	551,672	12,708,259	13,259,931	0.234357	0.000000	90.01	
90.02	09002	CANCER CTR CLINIC	19,222	7,526,435	7,545,657	0.934016	0.000000	90.02	
90.03	09003	UROLOGY CLINIC	0	268,742	268,742	0.546226	0.000000	90.03	
90.04	09004	PAIN CLINIC	600	7,462,441	7,463,041	0.242534	0.000000	90.04	
90.05	09005	EYE CENTER	0	60,408	60,408	0.537081	0.000000	90.05	
90.06	09006	WOUND CARE CLINIC	2,390	863,437	865,827	0.141522	0.000000	90.06	
90.07	09007	BEHAVIORAL HEALTH SERVICES	109,593	8,593,403	8,702,996	0.915474	0.000000	90.07	
90.08	09008	O/P PHARMACY CLINIC	675	695,459	696,134	0.425187	0.000000	90.08	
90.09	09010	O/P IV THERAPY	130	1,733,466	1,733,596	0.334358	0.000000	90.09	
91.00	09100	EMERGENCY	41,801,045	82,341,688	124,142,733	0.155177	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,186,677	17,026,123	20,212,800	0.585860	0.000000	92.00	
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE	0	0	0			113.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182			Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am	
			Title V			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		
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
200.00		Subtotal (see instructions)	744,672,112	693,069,871	1,437,741,983				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	744,672,112	693,069,871	1,437,741,983				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital Cost
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05601	ULTRA SOUND	0.000000		56.01
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
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	CARDIOLOGY	0.000000		68.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	A. R. C. CLINIC	0.000000		90.01
90.02	09002	CANCER CTR CLINIC	0.000000		90.02
90.03	09003	UROLOGY CLINIC	0.000000		90.03
90.04	09004	PAIN CLINIC	0.000000		90.04
90.05	09005	EYE CENTER	0.000000		90.05
90.06	09006	WOUND CARE CLINIC	0.000000		90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.000000		90.07
90.08	09008	O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010	O/P IV THERAPY	0.000000		90.09
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 9:46 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)	11.00		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/30/2018 9:46 am
--	-----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS
	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							
30.00	ADULTS & PEDIATRICS	5,766,008	0	5,766,008	31,041	185.75	30.00
31.00	INTENSIVE CARE UNIT	2,468,911		2,468,911	14,293	172.74	31.00
32.00	CORONARY CARE UNIT	1,130,423		1,130,423	10,874	103.96	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,238,452	0	1,238,452	8,046	153.92	40.00
41.00	SUBPROVIDER - IRF	584,883	0	584,883	5,109	114.48	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	401,044		401,044	3,467	115.67	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	11,589,721		11,589,721	72,830		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,959	735,384				30.00
31.00	INTENSIVE CARE UNIT	1,358	234,581				31.00
32.00	CORONARY CARE UNIT	4,677	486,221				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	2,187	336,623				40.00
41.00	SUBPROVIDER - IRF	2,201	251,970				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30 through 199)	14,382	2,044,779				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:46 am	
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)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,505,208	223,540,786	0.020154	14,968,249	301,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	608,570	43,368,215	0.014033	2,838,662	39,835	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,038	97,071,113	0.018183	4,940,540	89,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	259,536	15,345,159	0.016913	809,455	13,690	56.00
56.01	05601	ULTRA SOUND	60,794	15,231,424	0.003991	281,886	1,125	56.01
57.00	05700	CT SCAN	87,115	61,270,178	0.001422	5,300,303	7,537	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,162,482	39,753,419	0.029242	4,561,905	133,399	59.00
60.00	06000	LABORATORY	796,088	82,895,817	0.009603	10,125,426	97,234	60.00
60.01	06001	BLOOD LABORATORY	15,557	10,327,159	0.001506	1,652,270	2,488	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	394,448	31,927,301	0.012355	6,001,929	74,154	65.00
66.00	06600	PHYSICAL THERAPY	714,545	21,555,839	0.033149	1,746,617	57,899	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	315,585	26,223,874	0.012034	3,067,490	36,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,493	1,930,962	0.001809	79,266	143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	164,915	42,486,230	0.003882	4,465,510	17,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,772	68,625,694	0.001818	7,537,557	13,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,933	172,116,595	0.001179	17,204,713	20,284	73.00
74.00	07400	RENAL DIALYSIS	45,552	4,524,530	0.010068	1,567,717	15,784	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,130	1,601,234	0.058786	43,241	2,542	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	193,044	1,155,785	0.167024	155	26	90.00
90.01	09001	A. R. C. CLINIC	416,467	13,259,931	0.031408	1,269	40	90.01
90.02	09002	CANCER CTR CLINIC	1,757,388	7,545,657	0.232901	16,573	3,860	90.02
90.03	09003	UROLOGY CLINIC	2,914	268,742	0.010843	0	0	90.03
90.04	09004	PAIN CLINIC	236,290	7,463,041	0.031661	0	0	90.04
90.05	09005	EYE CENTER	3,687	60,408	0.061035	0	0	90.05
90.06	09006	WOUND CARE CLINIC	3,044	865,827	0.003516	2,109	7	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	41,098	8,702,996	0.004722	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	67,695	696,134	0.097244	0	0	90.08
90.09	09010	O/P IV THERAPY	63,764	1,733,596	0.036781	130	5	90.09
91.00	09100	EMERGENCY	1,482,497	124,142,733	0.011942	9,757,835	116,528	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,209,636	20,212,800	0.059845	763,373	45,684	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	16,798,285	1,145,903,179		97,734,180	1,091,720	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 9:46 am
---	-----------------------	---	---

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	94,095	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	46,507	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	140,602	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	94,095	31,041	3.03	3,959	30.00
31.00	03100	INTENSIVE CARE UNIT		0	14,293	0.00	1,358	31.00
32.00	03200	CORONARY CARE UNIT		46,507	10,874	4.28	4,677	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	8,046	0.00	2,187	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,109	0.00	2,201	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	3,467	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		140,602	72,830		14,382	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,996					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	20,018					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	32,014					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am
--	-----------------------	---------------------------------------	---

Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	36,052	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 CARDIOLOGY	0	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	159,349	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	0	0	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PAIN CLINIC	0	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	0	90.08
90.09 09010 O/P IV THERAPY	0	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	72,464	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	19,740	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	287,605	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0182

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	223,540,786	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	43,368,215	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	97,071,113	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	15,345,159	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	15,231,424	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	61,270,178	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,052	36,052	39,753,419	0.000907	59.00
60.00	06000	LABORATORY	0	0	0	82,895,817	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	10,327,159	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,927,301	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,555,839	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,223,874	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,930,962	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,486,230	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,625,694	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	159,349	159,349	172,116,595	0.000926	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,524,530	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,601,234	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,155,785	0.000000	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	13,259,931	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	7,545,657	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	268,742	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	7,463,041	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	60,408	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	865,827	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	8,702,996	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	696,134	0.000000	90.08
90.09	09010	O/P IV THERAPY	0	0	0	1,733,596	0.000000	90.09
91.00	09100	EMERGENCY	0	72,464	72,464	124,142,733	0.000584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,740	19,740	20,212,800	0.000977	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	287,605	287,605	1,145,903,179		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	14,968,249	0	17,020,281	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,838,662	0	3,722,126	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,940,540	0	13,174,104	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	809,455	0	2,701,307	0	56.00
56.01	05601 ULTRA SOUND	0.000000	281,886	0	981,953	0	56.01
57.00	05700 CT SCAN	0.000000	5,300,303	0	5,733,249	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000907	4,561,905	4,138	5,906,574	5,357	59.00
60.00	06000 LABORATORY	0.000000	10,125,426	0	4,520,684	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	1,652,270	0	159,591	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	6,001,929	0	456,522	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,746,617	0	1,088,220	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,067,490	0	2,439,913	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	79,266	0	178,981	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,465,510	0	3,914,364	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	7,537,557	0	6,865,524	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000926	17,204,713	15,932	18,274,499	16,922	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,567,717	0	67,071	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	43,241	0	442,297	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	155	0	110,441	0	90.00
90.01	09001 A. R. C. CLINIC	0.000000	1,269	0	57,445	0	90.01
90.02	09002 CANCER CTR CLINIC	0.000000	16,573	0	1,279,414	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	92,311	0	90.03
90.04	09004 PAIN CLINIC	0.000000	0	0	1,755,993	0	90.04
90.05	09005 EYE CENTER	0.000000	0	0	6,523	0	90.05
90.06	09006 WOUND CARE CLINIC	0.000000	2,109	0	209,334	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.000000	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0.000000	130	0	589,267	0	90.09
91.00	09100 EMERGENCY	0.000584	9,757,835	5,699	8,133,525	4,750	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000977	763,373	746	3,044,274	2,974	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		97,734,180	26,515	102,925,787	30,003	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:46 am
--	--	-----------------------	---	---

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	0.155256	17,020,281	0	0	2,642,501	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.083271	3,722,126	0	0	309,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	13,174,104	0	0	2,136,787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.235334	2,701,307	0	0	635,709	56.00
56.01	05601	ULTRA SOUND	0.121465	981,953	0	0	119,273	56.01
57.00	05700	CT SCAN	0.043704	5,733,249	0	0	250,566	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	5,906,574	0	0	1,167,127	59.00
60.00	06000	LABORATORY	0.137272	4,520,684	0	0	620,563	60.00
60.01	06001	BLOOD LABORATORY	0.128209	159,591	0	0	20,461	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	456,522	0	0	82,359	65.00
66.00	06600	PHYSICAL THERAPY	0.331517	1,088,220	0	0	360,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	2,439,913	0	0	270,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	178,981	0	0	21,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	3,914,364	122,265	0	2,530,194	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	6,865,524	0	0	1,696,952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	18,274,499	0	54,868	2,283,983	73.00
74.00	07400	RENAL DIALYSIS	0.288410	67,071	0	0	19,344	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	442,297	0	0	240,487	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.349264	110,441	0	0	38,573	90.00
90.01	09001	A. R. C. CLINIC	0.234357	57,445	0	0	13,463	90.01
90.02	09002	CANCER CTR CLINIC	0.934016	1,279,414	0	0	1,194,993	90.02
90.03	09003	UROLOGY CLINIC	0.546226	92,311	0	0	50,423	90.03
90.04	09004	PAIN CLINIC	0.242534	1,755,993	0	0	425,888	90.04
90.05	09005	EYE CENTER	0.537081	6,523	0	0	3,503	90.05
90.06	09006	WOUND CARE CLINIC	0.141522	209,334	0	0	29,625	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	0	0	0	0	90.08
90.09	09010	O/P IV THERAPY	0.334358	589,267	0	0	197,026	90.09
91.00	09100	EMERGENCY	0.155177	8,133,525	0	0	1,262,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	3,044,274	0	0	1,783,518	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		102,925,787	122,265	54,868	20,408,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		102,925,787	122,265	54,868	20,408,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:46 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
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
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	79,031	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,858		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 A. R. C. CLINIC	0	0		90.01
90.02 09002 CANCER CTR CLINIC	0	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 PAIN CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	0	0		90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P IV THERAPY	0	0		90.09
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	79,031	6,858		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	79,031	6,858		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:46 am	
				Title XVIII		Subprovider - 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	4,505,208	223,540,786	0.020154	0	0
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0
53.00	05300	ANESTHESIOLOGY	608,570	43,368,215	0.014033	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,038	97,071,113	0.018183	13,509	246
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
56.00	05600	RADIOISOTOPE	259,536	15,345,159	0.016913	3,996	68
56.01	05601	ULTRA SOUND	60,794	15,231,424	0.003991	1,064	4
57.00	05700	CT SCAN	87,115	61,270,178	0.001422	20,817	30
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,162,482	39,753,419	0.029242	0	0
60.00	06000	LABORATORY	796,088	82,895,817	0.009603	358,414	3,442
60.01	06001	BLOOD LABORATORY	15,557	10,327,159	0.001506	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	394,448	31,927,301	0.012355	19,341	239
66.00	06600	PHYSICAL THERAPY	714,545	21,555,839	0.033149	2,047	68
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
68.01	06801	CARDIOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	315,585	26,223,874	0.012034	24,776	298
70.00	07000	ELECTROENCEPHALOGRAPHY	3,493	1,930,962	0.001809	814	1
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	164,915	42,486,230	0.003882	202	1
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,772	68,625,694	0.001818	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	202,933	172,116,595	0.001179	371,230	438
74.00	07400	RENAL DIALYSIS	45,552	4,524,530	0.010068	41,747	420
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	94,130	1,601,234	0.058786	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	193,044	1,155,785	0.167024	0	0
90.01	09001	A. R. C. CLINIC	416,467	13,259,931	0.031408	0	0
90.02	09002	CANCER CTR CLINIC	1,757,388	7,545,657	0.232901	0	0
90.03	09003	UROLOGY CLINIC	2,914	268,742	0.010843	0	0
90.04	09004	PAIN CLINIC	236,290	7,463,041	0.031661	0	0
90.05	09005	EYE CENTER	3,687	60,408	0.061035	0	0
90.06	09006	WOUND CARE CLINIC	3,044	865,827	0.003516	0	0
90.07	09007	BEHAVIORAL HEALTH SERVICES	41,098	8,702,996	0.004722	13,441	63
90.08	09008	O/P PHARMACY CLINIC	67,695	696,134	0.097244	0	0
90.09	09010	O/P IV THERAPY	63,764	1,733,596	0.036781	0	0
91.00	09100	EMERGENCY	1,482,497	124,142,733	0.011942	382,931	4,573
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,212,800	0.000000	0	0
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	15,588,649	1,145,903,179		1,254,329	9,891

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
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	36,052	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	159,349	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	0	0	72,464	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50 through 199)	0	0	0	0	267,865	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	223,540,786	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	43,368,215	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	97,071,113	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	15,345,159	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	15,231,424	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	61,270,178	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,052	36,052	39,753,419	0.000907	59.00
60.00	06000	LABORATORY	0	0	0	82,895,817	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	10,327,159	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,927,301	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,555,839	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,223,874	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,930,962	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,486,230	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,625,694	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	159,349	159,349	172,116,595	0.000926	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,524,530	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,601,234	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,155,785	0.000000	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	13,259,931	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	7,545,657	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	268,742	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	7,463,041	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	60,408	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	865,827	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	8,702,996	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	696,134	0.000000	90.08
90.09	09010	O/P IV THERAPY	0	0	0	1,733,596	0.000000	90.09
91.00	09100	EMERGENCY	0	72,464	72,464	124,142,733	0.000584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,212,800	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	267,865	267,865	1,145,903,179		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-S182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	13,509	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	3,996	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.000000	1,064	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	20,817	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000907	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	358,414	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	19,341	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,047	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801 RADIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	24,776	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	814	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	202	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000926	371,230	344	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	41,747	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 EYE CENTER	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.000000	13,441	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000584	382,931	224	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		1,254,329	568	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 9:46 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,505,208	223,540,786	0.020154	3,054	62	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	608,570	43,368,215	0.014033	1,569	22	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,038	97,071,113	0.018183	155,236	2,823	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	259,536	15,345,159	0.016913	5,039	85	56.00
56.01	05601	ULTRA SOUND	60,794	15,231,424	0.003991	1,599	6	56.01
57.00	05700	CT SCAN	87,115	61,270,178	0.001422	65,936	94	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,162,482	39,753,419	0.029242	11,221	328	59.00
60.00	06000	LABORATORY	796,088	82,895,817	0.009603	242,391	2,328	60.00
60.01	06001	BLOOD LABORATORY	15,557	10,327,159	0.001506	4,386	7	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	394,448	31,927,301	0.012355	217,328	2,685	65.00
66.00	06600	PHYSICAL THERAPY	714,545	21,555,839	0.033149	2,332,834	77,331	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	315,585	26,223,874	0.012034	19,458	234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,493	1,930,962	0.001809	3,237	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	164,915	42,486,230	0.003882	102,229	397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124,772	68,625,694	0.001818	18,483	34	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,933	172,116,595	0.001179	1,030,982	1,216	73.00
74.00	07400	RENAL DIALYSIS	45,552	4,524,530	0.010068	272,961	2,748	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	94,130	1,601,234	0.058786	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	193,044	1,155,785	0.167024	0	0	90.00
90.01	09001	A. R. C. CLINIC	416,467	13,259,931	0.031408	0	0	90.01
90.02	09002	CANCER CTR CLINIC	1,757,388	7,545,657	0.232901	0	0	90.02
90.03	09003	UROLOGY CLINIC	2,914	268,742	0.010843	0	0	90.03
90.04	09004	PAIN CLINIC	236,290	7,463,041	0.031661	0	0	90.04
90.05	09005	EYE CENTER	3,687	60,408	0.061035	0	0	90.05
90.06	09006	WOUND CARE CLINIC	3,044	865,827	0.003516	0	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	41,098	8,702,996	0.004722	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	67,695	696,134	0.097244	0	0	90.08
90.09	09010	O/P IV THERAPY	63,764	1,733,596	0.036781	0	0	90.09
91.00	09100	EMERGENCY	1,482,497	124,142,733	0.011942	13,962	167	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,212,800	0.000000	8,202	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	15,588,649	1,145,903,179		4,510,107	90,573	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am		
		Component CCN: 14-T182		PPS		
		Title XVIII		Subprovider - IRF		
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
		1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	0
51.00	05100 RECOVERY ROOM	0	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600 RADIOISOTOPE	0	0	0	0	0
56.01	05601 ULTRASOUND	0	0	0	0	0
57.00	05700 CT SCAN	0	0	0	0	0
58.00	05800 MRI	0	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	36,052
60.00	06000 LABORATORY	0	0	0	0	0
60.01	06001 BLOOD LABORATORY	0	0	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801 CARDIOLOGY	0	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	159,349
74.00	07400 RENAL DIALYSIS	0	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000 CLINIC	0	0	0	0	0
90.01	09001 A. R. C. CLINIC	0	0	0	0	0
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0
90.03	09003 UROLOGY CLINIC	0	0	0	0	0
90.04	09004 PAIN CLINIC	0	0	0	0	0
90.05	09005 EYE CENTER	0	0	0	0	0
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0
90.07	09007 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0
90.09	09010 O/P IV THERAPY	0	0	0	0	0
91.00	09100 EMERGENCY	0	0	0	0	72,464
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
200.00	Total (lines 50 through 199)	0	0	0	0	267,865

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col . 4)	Total Outpatient Cost (sum of col . 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col . 8)	Ratio of Cost to Charges (col . 5 + col . 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	223,540,786	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	43,368,215	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	97,071,113	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	15,345,159	0.000000	56.00
56.01	05601	ULTRA SOUND	0	0	0	15,231,424	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	61,270,178	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,052	36,052	39,753,419	0.000907	59.00
60.00	06000	LABORATORY	0	0	0	82,895,817	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	10,327,159	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	31,927,301	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,555,839	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	26,223,874	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,930,962	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	42,486,230	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	68,625,694	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	159,349	159,349	172,116,595	0.000926	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,524,530	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,601,234	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	1,155,785	0.000000	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	13,259,931	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	7,545,657	0.000000	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	268,742	0.000000	90.03
90.04	09004	PAIN CLINIC	0	0	0	7,463,041	0.000000	90.04
90.05	09005	EYE CENTER	0	0	0	60,408	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	865,827	0.000000	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0	0	0	8,702,996	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	696,134	0.000000	90.08
90.09	09010	O/P IV THERAPY	0	0	0	1,733,596	0.000000	90.09
91.00	09100	EMERGENCY	0	72,464	72,464	124,142,733	0.000584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	20,212,800	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	267,865	267,865	1,145,903,179		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0182 Component CCN: 14-T182		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/30/2018 9:46 am	
				Title XVIII		Subprovider - IRF	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	3,054	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,569	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	155,236	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	5,039	0	0	0	56.00
56.01	05601 ULTRA SOUND	0.000000	1,599	0	0	0	56.01
57.00	05700 CT SCAN	0.000000	65,936	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000907	11,221	10	0	0	59.00
60.00	06000 LABORATORY	0.000000	242,391	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	4,386	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	217,328	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,332,834	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801 RADIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	19,458	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,237	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	102,229	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	18,483	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000926	1,030,982	955	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	272,961	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PAIN CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 EYE CENTER	0.000000	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.000000	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000	0	0	0	0	90.08
90.09	09010 O/P IV THERAPY	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.000584	13,962	8	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,202	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		4,510,107	973	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:46 am
--	--	-----------------------	---	---

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	0.155256	0	2,237,842	0	0
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.083271	0	431,337	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162196	0	1,471,599	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600 RADIOISOTOPE	0.235334	0	282,240	0	0
56.01	05601 ULTRA SOUND	0.121465	0	375,960	0	0
57.00	05700 CT SCAN	0.043704	0	1,098,415	0	0
58.00	05800 MRI	0.000000	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.197598	0	64,451	0	0
60.00	06000 LABORATORY	0.137272	0	1,402,631	0	0
60.01	06001 BLOOD LABORATORY	0.128209	0	71,041	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.180406	0	105,302	0	0
66.00	06600 PHYSICAL THERAPY	0.331517	0	193,744	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01	06801 RADIOLOGY	0.000000	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.111063	0	439,175	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.121748	0	33,495	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	0	212,564	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.247170	0	81,906	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.124982	0	2,847,577	0	0
74.00	07400 RENAL DIALYSIS	0.288410	0	2,100	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0
76.97	07697 CARDIAC REHABILITATION	0.543724	0	43,310	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00	09000 CLINIC	0.349264	0	41,645	0	0
90.01	09001 A. R. C. CLINIC	0.234357	0	1,688,080	0	0
90.02	09002 CANCER CTR CLINIC	0.934016	0	222,611	0	0
90.03	09003 UROLOGY CLINIC	0.546226	0	0	0	0
90.04	09004 PAIN CLINIC	0.242534	0	0	0	0
90.05	09005 EYE CENTER	0.537081	0	0	0	0
90.06	09006 WOUND CARE CLINIC	0.141522	0	2,140	0	0
90.07	09007 BEHAVIORAL HEALTH SERVICES	0.915474	0	1,749,264	0	0
90.08	09008 O/P PHARMACY CLINIC	0.425187	0	0	0	0
90.09	09010 O/P IV THERAPY	0.334358	0	13,215	0	0
91.00	09100 EMERGENCY	0.155177	0	5,453,109	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	0	716,100	0	0
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		0	21,280,853	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	21,280,853	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 9:46 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	347,438	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	35,918	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	238,687	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	66,421	0		56.00
56.01 05601 ULTRA SOUND	45,666	0		56.01
57.00 05700 CT SCAN	48,005	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	12,735	0		59.00
60.00 06000 LABORATORY	192,542	0		60.00
60.01 06001 BLOOD LABORATORY	9,108	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	18,997	0		65.00
66.00 06600 PHYSICAL THERAPY	64,229	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	48,776	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,078	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	137,399	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,245	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	355,896	0		73.00
74.00 07400 RENAL DIALYSIS	606	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	23,549	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	14,545	0		90.00
90.01 09001 A. R. C. CLINIC	395,613	0		90.01
90.02 09002 CANCER CTR CLINIC	207,922	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 PAIN CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	303	0		90.06
90.07 09007 BEHAVIORAL HEALTH SERVICES	1,601,406	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P IV THERAPY	4,419	0		90.09
91.00 09100 EMERGENCY	846,197	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	419,534	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	5,160,234	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	5,160,234	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 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)		31,041	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,041	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)		24,529	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)		3,959	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)		56,447,147	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)		56,447,147	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)		56,447,147	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)		1,818.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,199,323	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,199,323	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 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	30,789,823	14,293	2,154.19	1,358	2,925,390	43.00
44.00	CORONARY CARE UNIT	12,805,215	10,874	1,177.60	4,677	5,507,635	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				17,686,381		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				33,318,729		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)				1,488,200		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,118,235		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,606,435		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				30,712,294		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)				6,512		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,818.47		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				11,841,877		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 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	5,766,008	56,447,147	0.102149	11,841,877	1,209,636	90.00
91.00	Nursing School cost	0	56,447,147	0.000000	11,841,877	0	91.00
92.00	Allied health cost	94,095	56,447,147	0.001667	11,841,877	19,740	92.00
93.00	All other Medical Education	0	56,447,147	0.000000	11,841,877	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 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)		8,046	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,046	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)		8,046	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)		2,187	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)		8,866,166	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,866,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,866,166	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,101.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,409,921	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)		2,409,921	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1		
		Component CCN: 14-S182				Date/Time Prepared: 5/30/2018 9:46 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					190,684		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,600,605		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)					336,623		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,459		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					347,082		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,253,523		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: 14-0182 Component CCN: 14-S182		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,238,452	8,866,166	0.139683	0	0	90.00
91.00	Nursing School cost	0	8,866,166	0.000000	0	0	91.00
92.00	Allied health cost	0	8,866,166	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,866,166	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0182 Component CCN: 14-T182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,109	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,109	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)		5,109	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)		2,201	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)		6,421,698	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)		6,421,698	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)		6,421,698	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)		1,256.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,766,525	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)		2,766,525	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
					Component CCN: 14-T182		Date/Time Prepared: 5/30/2018 9:46 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,166,432		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,932,957		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)					251,970		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					91,546		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					343,516		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,589,441		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: 14-0182 Component CCN: 14-T182		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 9:46 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	584,883	6,421,698	0.091079	0	0	90.00
91.00	Nursing School cost	0	6,421,698	0.000000	0	0	91.00
92.00	Allied health cost	0	6,421,698	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,421,698	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,574,510	30.00
31.00	03100	INTENSIVE CARE UNIT		13,339,430	31.00
32.00	03200	CORONARY CARE UNIT		15,748,654	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256	14,968,249	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.083271	2,838,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	4,940,540	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.235334	809,455	56.00
56.01	05601	ULTRA SOUND	0.121465	281,886	56.01
57.00	05700	CT SCAN	0.043704	5,300,303	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	4,561,905	59.00
60.00	06000	LABORATORY	0.137272	10,125,426	60.00
60.01	06001	BLOOD LABORATORY	0.128209	1,652,270	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	6,001,929	65.00
66.00	06600	PHYSICAL THERAPY	0.331517	1,746,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	3,067,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	79,266	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	4,465,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	7,537,557	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	17,204,713	73.00
74.00	07400	RENAL DIALYSIS	0.288410	1,567,717	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	43,241	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.349264	155	90.00
90.01	09001	A. R. C. CLINIC	0.234357	1,269	90.01
90.02	09002	CANCER CTR CLINIC	0.934016	16,573	90.02
90.03	09003	UROLOGY CLINIC	0.546226	0	90.03
90.04	09004	PAIN CLINIC	0.242534	0	90.04
90.05	09005	EYE CENTER	0.537081	0	90.05
90.06	09006	WOUND CARE CLINIC	0.141522	2,109	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	0	90.08
90.09	09010	O/P IV THERAPY	0.334358	130	90.09
91.00	09100	EMERGENCY	0.155177	9,757,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	763,373	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		97,734,180	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)		97,734,180	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 14-S182		Date/Time Prepared: 5/30/2018 9:46 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		4,758,499	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.083271	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	13,509	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.235334	3,996	56.00
56.01	05601	ULTRA SOUND	0.121465	1,064	56.01
57.00	05700	CT SCAN	0.043704	20,817	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	0	59.00
60.00	06000	LABORATORY	0.137272	358,414	60.00
60.01	06001	BLOOD LABORATORY	0.128209	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	19,341	65.00
66.00	06600	PHYSICAL THERAPY	0.331517	2,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	24,776	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	371,230	73.00
74.00	07400	RENAL DIALYSIS	0.288410	41,747	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.349264	0	90.00
90.01	09001	A.R.C. CLINIC	0.234357	0	90.01
90.02	09002	CANCER CTR CLINIC	0.934016	0	90.02
90.03	09003	UROLOGY CLINIC	0.546226	0	90.03
90.04	09004	PAIN CLINIC	0.242534	0	90.04
90.05	09005	EYE CENTER	0.537081	0	90.05
90.06	09006	WOUND CARE CLINIC	0.141522	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	13,441	90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	0	90.08
90.09	09010	O/P IV THERAPY	0.334358	0	90.09
91.00	09100	EMERGENCY	0.155177	382,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,254,329	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,254,329	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 14-T182		Date/Time Prepared: 5/30/2018 9:46 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		5,238,081	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256	3,054	474 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.083271	1,569	131 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	155,236	25,179 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.235334	5,039	1,186 56.00
56.01	05601	ULTRA SOUND	0.121465	1,599	194 56.01
57.00	05700	CT SCAN	0.043704	65,936	2,882 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	11,221	2,217 59.00
60.00	06000	LABORATORY	0.137272	242,391	33,273 60.00
60.01	06001	BLOOD LABORATORY	0.128209	4,386	562 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	217,328	39,207 65.00
66.00	06600	PHYSICAL THERAPY	0.331517	2,332,834	773,374 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	19,458	2,161 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	3,237	394 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	102,229	66,079 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	18,483	4,568 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	1,030,982	128,854 73.00
74.00	07400	RENAL DIALYSIS	0.288410	272,961	78,725 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.349264	0	0 90.00
90.01	09001	A.R.C. CLINIC	0.234357	0	0 90.01
90.02	09002	CANCER CTR CLINIC	0.934016	0	0 90.02
90.03	09003	UROLOGY CLINIC	0.546226	0	0 90.03
90.04	09004	PAIN CLINIC	0.242534	0	0 90.04
90.05	09005	EYE CENTER	0.537081	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.141522	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	0	0 90.08
90.09	09010	O/P IV THERAPY	0.334358	0	0 90.09
91.00	09100	EMERGENCY	0.155177	13,962	2,167 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	8,202	4,805 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,510,107	1,166,432 200.00
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)		4,510,107	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 9:46 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		9,149,336	30.00
31.00	03100	INTENSIVE CARE UNIT		17,480,601	31.00
32.00	03200	CORONARY CARE UNIT		1,414,231	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		837,650	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256	3,138,141	487,215 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.083271	737,968	61,451 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	1,439,841	233,536 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.235334	51,680	12,162 56.00
56.01	05601	ULTRA SOUND	0.121465	194,632	23,641 56.01
57.00	05700	CT SCAN	0.043704	1,280,246	55,952 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	467,449	92,367 59.00
60.00	06000	LABORATORY	0.137272	3,797,421	521,280 60.00
60.01	06001	BLOOD LABORATORY	0.128209	629,478	80,705 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	4,109,308	741,344 65.00
66.00	06600	PHYSICAL THERAPY	0.331517	326,597	108,272 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	529,648	58,824 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	37,747	4,596 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	1,450,075	937,310 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	758,489	187,476 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	6,399,706	799,848 73.00
74.00	07400	RENAL DIALYSIS	0.288410	84,712	24,432 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	3,965	2,156 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.349264	0	0 90.00
90.01	09001	A. R. C. CLINIC	0.234357	84,590	19,824 90.01
90.02	09002	CANCER CTR CLINIC	0.934016	328	306 90.02
90.03	09003	UROLOGY CLINIC	0.546226	0	0 90.03
90.04	09004	PAIN CLINIC	0.242534	0	0 90.04
90.05	09005	EYE CENTER	0.537081	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.141522	0	0 90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	295	270 90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	0	0 90.08
90.09	09010	O/P IV THERAPY	0.334358	0	0 90.09
91.00	09100	EMERGENCY	0.155177	2,348,249	364,394 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	177,187	103,807 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		28,047,752	4,921,168 200.00
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)		28,047,752	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 14-S182		Date/Time Prepared: 5/30/2018 9:46 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,491,482	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.083271	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	11,010	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.235334	0	56.00
56.01	05601	ULTRA SOUND	0.121465	1,060	56.01
57.00	05700	CT SCAN	0.043704	33,070	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	0	59.00
60.00	06000	LABORATORY	0.137272	271,960	60.00
60.01	06001	BLOOD LABORATORY	0.128209	330	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	4,420	65.00
66.00	06600	PHYSICAL THERAPY	0.331517	1,932	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	17,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	4,315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	129,135	73.00
74.00	07400	RENAL DIALYSIS	0.288410	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.349264	0	90.00
90.01	09001	A.R.C. CLINIC	0.234357	705	90.01
90.02	09002	CANCER CTR CLINIC	0.934016	0	90.02
90.03	09003	UROLOGY CLINIC	0.546226	0	90.03
90.04	09004	PAIN CLINIC	0.242534	0	90.04
90.05	09005	EYE CENTER	0.537081	0	90.05
90.06	09006	WOUND CARE CLINIC	0.141522	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	295	90.08
90.09	09010	O/P IV THERAPY	0.334358	0	90.09
91.00	09100	EMERGENCY	0.155177	292,584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		768,486	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)		768,486	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 14-T182		Date/Time Prepared: 5/30/2018 9:46 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		414,085	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155256	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.083271	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162196	1,050	170 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.235334	0	56.00
56.01	05601	ULTRA SOUND	0.121465	0	56.01
57.00	05700	CT SCAN	0.043704	1,480	65 57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.197598	0	59.00
60.00	06000	LABORATORY	0.137272	9,286	1,275 60.00
60.01	06001	BLOOD LABORATORY	0.128209	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.180406	2,200	397 65.00
66.00	06600	PHYSICAL THERAPY	0.331517	184,590	61,195 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.111063	740	82 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.121748	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.646387	2,305	1,490 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.247170	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.124982	80,117	10,013 73.00
74.00	07400	RENAL DIALYSIS	0.288410	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.543724	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.349264	0	90.00
90.01	09001	A.R.C. CLINIC	0.234357	0	90.01
90.02	09002	CANCER CTR CLINIC	0.934016	0	90.02
90.03	09003	UROLOGY CLINIC	0.546226	0	90.03
90.04	09004	PAIN CLINIC	0.242534	0	90.04
90.05	09005	EYE CENTER	0.537081	0	90.05
90.06	09006	WOUND CARE CLINIC	0.141522	0	90.06
90.07	09007	BEHAVIORAL HEALTH SERVICES	0.915474	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.425187	0	90.08
90.09	09010	O/P IV THERAPY	0.334358	0	90.09
91.00	09100	EMERGENCY	0.155177	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585860	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		281,768	74,687 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		281,768	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		23,981,477	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)		336,460	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		15,063,362	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		241.69	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)		216.57	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)		14.84	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-59.45	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		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)		142.28	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		168.06	10.00
11.00	FTE count for residents in dental and podiatric programs.		13.00	11.00
12.00	Current year allowable FTE (see instructions)		155.28	12.00
13.00	Total allowable FTE count for the prior year.		148.96	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.		147.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		150.60	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		150.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.623112	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.629715	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.623112	21.00
22.00	IME payment adjustment (see instructions)		7,016,333	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,407,133	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		25.78	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)		7,016,333	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,407,133	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.09	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.37	31.00
32.00	Sum of lines 30 and 31		32.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.99	33.00
34.00	Disproportionate share adjustment (see instructions)		958,660	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000		0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,846,191		3,801,745 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,876,739		958,249 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,834,988		
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		36,127,918	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		40,535,051	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,802,332	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).		4,001,050	52.00
53.00	Nursing and Allied Health Managed Care payment		24,255	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		32,014	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		26,515	58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,421,217	59.00
60.00	Primary payer payments		6,884	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,414,333	61.00
62.00	Deductibles billed to program beneficiaries		2,274,888	62.00
63.00	Coinurance billed to program beneficiaries		135,177	63.00
64.00	Allowable bad debts (see instructions)		905,112	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		588,323	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		667,282	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,592,591	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-17,781	70.93
70.94	HRR adjustment amount (see instructions)		-217,937	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
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	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)			0 70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,356,873	71.00
71.01	Sequestration adjustment (see instructions)		907,137	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		44,023,662	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		426,074	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		221,301	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		85,889	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,378,934	2.00
3.00	OPPS payments		18,006,055	3.00
4.00	Outlier payment (see instructions)		197,701	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		17,505,504	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		30,003	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		85,889	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		177,133	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)		177,133	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)		177,133	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,244	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		85,889	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		18,233,759	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)		3,209,217	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)		15,110,431	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,057,971	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)		17,168,402	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		17,168,402	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)		833,622	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		541,854	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		600,777	36.00
37.00	Subtotal (see instructions)		17,710,256	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,710,256	40.00
40.01	Sequestration adjustment (see instructions)		354,205	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,157,119	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		198,932	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: 14-0182

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 9:46 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		44,195,946		17,079,210	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	12/21/2017	77,909	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		12/21/2017	172,284		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)		-172,284		77,909	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)		44,023,662		17,157,119	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		426,074		198,932	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		44,449,736		17,356,051	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: 14-0182

Period: From 01/01/2017

Worksheet E-1

Component CCN: 14-S182

To 12/31/2017

Part I
Date/Time Prepared:
5/30/2018 9:46 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		1,668,829		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)		1,668,829		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		111,552		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,780,381		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0182

Period: From 01/01/2017

Worksheet E-1

Component CCN: 14-T182

To 12/31/2017

Part I
Date/Time Prepared:
5/30/2018 9:46 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		3,268,703		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)		3,268,703		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		37,370		0	6.02
7.00	Total Medicare program liability (see instructions)		3,231,333		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: 14-0182

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2018 9:46 am

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0182 Component CCN: 14-S182	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 5/30/2018 9:46 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)			1,923,377 1.00
2.00	Net IPF PPS Outlier Payments			13,044 2.00
3.00	Net IPF PPS ECT Payments			0 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)			1.00 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)			0.47 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)			0.47 8.00
9.00	Average Daily Census (see instructions)			22.043836 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.010924 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			21,011 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,957,432 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)			1,957,432 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,957,432 18.00
19.00	Deductibles			159,208 19.00
20.00	Subtotal (line 18 minus line 19)			1,798,224 20.00
21.00	Coinsurance			74,326 21.00
22.00	Subtotal (line 20 minus line 21)			1,723,898 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			141,921 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			92,249 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			102,581 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,816,147 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)			568 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,816,715 31.00
31.01	Sequestration adjustment (see instructions)			36,334 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,668,829 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			111,552 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			13,044 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: 14-0182 Component CCN: 14-T182	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,037,366 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0745 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			149,135 3.00
4.00	Outlier Payments			124,510 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			1.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.997260 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,311,011 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,311,011 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,311,011 19.00
20.00	Deductibles			13,160 20.00
21.00	Subtotal (line 19 minus line 20)			3,297,851 21.00
22.00	Coinsurance			13,160 22.00
23.00	Subtotal (line 21 minus line 22)			3,284,691 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,869 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,615 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,296,306 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			973 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,297,279 32.00
32.01	Sequestration adjustment (see instructions)			65,946 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,268,703 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-37,370 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			29,111 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			124,510 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 9:46 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			217.60	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			11.62	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))			-60.85	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			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)			145.13	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			168.75	6.00
7.00	Enter the lesser of line 5 or line 6			145.13	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.	86.51	70.71	157.22	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.	74.40	60.81	135.21	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		13.00		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	74.40	73.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	70.80	68.30		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	69.15	68.52		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	71.45	70.21		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	71.45	70.21		17.00
18.00	Per resident amount	135,610.97	128,476.59		18.00
19.00	Approved amount for resident costs	9,689,404	9,020,341	18,709,745	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)			23.62	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)			18,709,745	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	14,382	7,395		26.00
27.00	Total Inpatient Days (see instructions)	64,019	64,019		27.00
28.00	Ratio of inpatient days to total inpatient days	0.224652	0.115513		28.00
29.00	Program direct GME amount	4,203,182	2,161,219		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		305,380		30.00
31.00	Net Program direct GME amount			6,059,021	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,524,530	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)		39,852,291	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)		6,884	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,845,407	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		20,494,826	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,494,826	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		60,340,233	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.660346	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.339654	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		6,059,021	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,001,050	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,057,971	50.00

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

Provider CCN: 14-0182

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

Worksheet G

Date/Time Prepared:
5/30/2018 9:46 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	50,687,000	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	73,899,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	19,710,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	15,541,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	159,837,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	43,477,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	263,861,000	0	0	0	15.00
16.00	Accumulated depreciation	-152,122,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	80,165,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	235,381,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	213,570,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	89,890,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	303,460,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	698,678,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,011,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,212,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	18,036,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	34,974,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	82,233,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	623,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	623,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	82,856,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	615,822,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	615,822,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	698,678,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0182

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

Worksheet G-1

Date/Time Prepared:
5/30/2018 9:46 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		527,352,754		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		88,469,246			2.00
3.00	Total (sum of line 1 and line 2)		615,822,000		0	3.00
4.00	Additions (credit adjustments) (specify)	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)		615,822,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		615,822,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0182

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2018 9:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	126,751,319		126,751,319	1.00
2.00	SUBPROVIDER - IPF	14,558,438		14,558,438	2.00
3.00	SUBPROVIDER - IRF	12,862,668		12,862,668	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	154,172,425		154,172,425	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	89,166,308		89,166,308	11.00
12.00	CORONARY CARE UNIT	48,500,071		48,500,071	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	137,666,379		137,666,379	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	291,838,804		291,838,804	17.00
18.00	Ancillary services	452,833,308	693,069,871	1,145,903,179	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	744,672,112	693,069,871	1,437,741,983	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		402,720,971		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)		402,720,971		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0182

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

Worksheet G-3

Date/Time Prepared:
5/30/2018 9:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,437,741,983	1.00
2.00	Less contractual allowances and discounts on patients' accounts	961,591,570	2.00
3.00	Net patient revenues (line 1 minus line 2)	476,150,413	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	402,720,971	4.00
5.00	Net income from service to patients (line 3 minus line 4)	73,429,442	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	15,688,448	24.00
25.00	Total other income (sum of lines 6-24)	15,688,448	25.00
26.00	Total (line 5 plus line 25)	89,117,890	26.00
27.00	NEG. INCOME RELATED TO OVERHEAD CC	648,644	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	648,644	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	88,469,246	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0182	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 9:46 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,944,155	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		32,883	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)		139.35	3.00
4.00	Number of interns & residents (see instructions)		150.60	4.00
5.00	Indirect medical education percentage (see instructions)		35.66	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)		693,286	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.09	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.37	8.00
9.00	Sum of lines 7 and 8		32.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.79	10.00
11.00	Disproportionate share adjustment (see instructions)		132,008	11.00
12.00	Total prospective capital payments (see instructions)		2,802,332	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