

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: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/28/2018 10:56 am
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**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report Date: \_\_\_\_\_ Time: \_\_\_\_\_

2.  Manually submitted cost report

3.  If this is an amended report enter the number of times the provider resubmitted this cost report

4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

6. Date Received: \_\_\_\_\_

7. Contractor No. \_\_\_\_\_

8.  Initial Report for this Provider CCN

9.  Final Report for this Provider CCN

10. NPR Date: \_\_\_\_\_

11. Contractor's Vendor Code: \_\_\_\_\_ 4

12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**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 MEMORIAL HOSPITAL ( 14-0185 ) 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	924,900	85,351	0	562,028	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	22,253	-673		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	947,153	84,678	0	562,028	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: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 10:56 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4500 MEMORIAL DRIVE			PO Box:						
2.00	City: BELLEVILLE			State: IL		Zip Code: 62226		County: SAINT CLAIR		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							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)						2			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3	N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,090	1,376	61	48	7,857	149	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 10:56 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N			40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00			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

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
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.						61.20	0.00 0.00
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
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)						62.00	0.00
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)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
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)						63.00	N
			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)						64.00	0.00 0.00 0.000000
		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		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
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.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 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)					0	76.00

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						1.00					
<b>Long Term Care Hospital PPS</b>											
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			
<b>TEFRA Providers</b>											
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.						N	87.00			
						V	XIX				
						1.00	2.00				
<b>Title V and XIX Services</b>											
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.						N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.						N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.							N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.						N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.						N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.						N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.						Y	Y	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 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		
<b>Rural Providers</b>											
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	Occupational	Speech	Respiratory		
						1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						N	N	N	N	109.00
						1.00					
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 10:56 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	
<b>Miscellaneous Cost Reporting Information</b>					
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.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,499,000	718,000		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.	Y		5.06	122.00
<b>Transplant Center Information</b>					
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
<b>All Providers</b>					
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		269026	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/28/2018 10:56 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: BJC HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301		141.00	
142.00	Street: 4901 FOREST PARK PARKWAY	PO Box:				142.00	
143.00	City: ST LOUIS	State: MO		Zip Code: 63108		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
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	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2017	09/30/2017	170.00	
						1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/28/2018 10:56 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	02/27/2018			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/02/2018	Y	04/02/2018		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)	N		N			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: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/28/2018 10:56 am	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
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.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
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.	KAREN		KURRE	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-0323		KAREN.KURRE@BJC.ORG	43.00

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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0185

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/28/2018 10:56 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	KAREN	1.00
2.00	Last Name	KURRE	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTHCARE	4.00
5.00	Phone Number	(314)362-0323	5.00
6.00	E-mail Address	KAREN.KURRE@BJC.ORG	6.00
7.00	Department	COST REIMBURSEMENT	7.00
8.00	Mailing Address 1	4249 CLAYTON AVE, SUITE 314	8.00
9.00	Mailing Address 2	MAILSTOP 90-67-808	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2018 10:56 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		Y	Y	7.00
<b>RHC</b>					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
<b>FQHC</b>					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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	192	70,080	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)		192	70,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						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	43.00				0	13.00
14.00 Total (see instructions)		212	77,380	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	29,930		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		294				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)		10	3,650			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: 14-0185

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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)	20,568	1,296	46,911			1.00
2.00 HMO and other (see instructions)	0	8,642				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,568	1,296	46,911			7.00
8.00 INTENSIVE CARE UNIT	2,217	118	4,541			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		376	1,684			13.00
14.00 Total (see instructions)	22,785	1,790	53,136	0.00	1,395.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	15,528	38	24,420	0.00	103.13	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,680	0	12,667	0.00	20.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,518.13	27.00
28.00 Observation Bed Days		0	2,935			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)	4	149	247			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: 14-0185

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,695	374	11,774	1.00
2.00 HMO and other (see instructions)			0	1,603		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,695	374	11,774	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2018 10:56 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	88,752,004	155,750	88,907,754	3,140,943.71	28.31
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		929	0	929	8.00	116.13
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	3,790,840	56,276	3,847,116	149,923.15	25.66
10.00	Excluded area salaries (see instructions)		2,215,068	-158,075	2,056,993	65,094.11	31.60
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		3,556,618	0	3,556,618	51,017.43	69.71
12.00	Contract labor: Top level management and other management and administrative services		329,270	0	329,270	1,440.00	228.66
13.00	Contract Labor: Physician-Part A - Administrative		408,123	0	408,123	2,647.35	154.16
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		11,466,712	0	11,466,712	290,703.00	39.44
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		18,489,020	0	18,489,020		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,336,260	0	1,336,260		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		71	0	71		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,347,346	0	2,347,346		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	405,415	148,750	554,165	14,087.28	39.34
27.00	Administrative & General	5.00	9,338,070	0	9,338,070	289,232.43	32.29

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2018 10:56 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.)	1,062,375	0	1,062,375	20,193.00	52.61	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,178,064	0	1,178,064	50,153.16	23.49	30.00
31.00	Laundry & Linen Service	0	51,761	51,761	4,096.00	12.64	31.00
32.00	Housekeeping	2,151,435	-51,761	2,099,674	167,259.75	12.55	32.00
33.00	Housekeeping under contract (see instructions)	194	0	194	0.00	0.00	33.00
34.00	Dietary	1,641,014	-309,926	1,331,088	104,924.54	12.69	34.00
35.00	Dietary under contract (see instructions)	3,239	0	3,239	184.91	17.52	35.00
36.00	Cafeteria	427,520	468,001	895,521	46,274.17	19.35	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,014,785	-328,363	2,686,422	72,065.79	37.28	38.00
39.00	Central Services and Supply	578,982	0	578,982	32,800.36	17.65	39.00
40.00	Pharmacy	3,578,167	0	3,578,167	84,826.61	42.18	40.00
41.00	Medical Records & Medical Records Library	556,674	0	556,674	25,928.12	21.47	41.00
42.00	Social Service	615,954	0	615,954	22,963.42	26.82	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0185

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2018 10:56 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	89,816,883	155,750	89,972,633	3,161,313.62	28.46	1.00
2.00	Excluded area salaries (see instructions)	6,005,908	-101,799	5,904,109	215,017.26	27.46	2.00
3.00	Subtotal salaries (line 1 minus line 2)	83,810,975	257,549	84,068,524	2,946,296.36	28.53	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,760,723	0	15,760,723	345,807.78	45.58	4.00
5.00	Subtotal wage-related costs (see inst.)	20,836,366	0	20,836,366	0.00	24.78	5.00
6.00	Total (sum of lines 3 thru 5)	120,408,064	257,549	120,665,613	3,292,104.14	36.65	6.00
7.00	Total overhead cost (see instructions)	24,551,888	-21,538	24,530,350	934,989.54	26.24	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2018 10:56 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	2,816,944	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	8,089,892	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	356,421	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	81,332	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)	793,993	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	718,645	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,540,339	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	159,256	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	268,529	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,825,351	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/28/2018 10:56 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,556,618	19,825,351	1.00
2.00	Hospital	3,556,618	19,825,351	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 14-0185 Component CCN: 14-7443	Period: From 01/01/2017 To 12/31/2017	Worksheet S-4 Date/Time Prepared: 5/28/2018 10:56 am
		Home Health Agency I	PPS

		1.00					
0.00 County		ST. CLAIR, ILLINOIS					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	20	20	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	443.00	0.00	817.00	1,260.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)		40.00	0.14	0.00	0.14	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			3.21	0.00	3.21	5.00
6.00	Direct Nursing Service			8.02	0.10	8.12	6.00
7.00	Nursing Supervisor			1.74	0.00	1.74	7.00
8.00	Physical Therapy Service			5.01	0.30	5.31	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.03	0.02	0.05	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.10	0.12	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.01	0.01	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.01	0.01	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		41180				20.00
20.01			44100				20.01
20.02			99914				20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,937	177	165	86	2,365	21.00
22.00	Skilled Nursing Visit Charges	581,100	53,100	49,450	25,800	709,450	22.00
23.00	Physical Therapy Visits	1,976	19	39	36	2,070	23.00
24.00	Physical Therapy Visit Charges	645,998	6,213	12,753	11,445	676,409	24.00
25.00	Occupational Therapy Visits	185	2	3	6	196	25.00
26.00	Occupational Therapy Visit Charges	61,050	660	990	1,980	64,680	26.00
27.00	Speech Pathology Visits	42	0	1	2	45	27.00
28.00	Speech Pathology Visit Charges	14,910	0	355	710	15,975	28.00
29.00	Medical Social Service Visits	4	0	0	0	4	29.00
30.00	Medical Social Service Visit Charges	1,924	0	0	0	1,924	30.00
31.00	Home Health Aide Visits	0	0	0	0	0	31.00
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,144	198	208	130	4,680	33.00
34.00	Other Charges	1,304,982	59,973	63,548	39,935	1,468,438	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,609,964	119,946	127,096	79,870	2,936,876	35.00
36.00	Total Number of Episodes (standard/non outlier)	385		74	18	477	36.00
37.00	Total Number of Outlier Episodes		8		0	8	37.00
38.00	Total Non-Routine Medical Supply Charges	565	0	0	0	565	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:  
5/28/2018 10:56 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	52	0	52	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	39	0	39	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	7	0	7	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,626	0	1,626	12.00
13.00	RUB	3,764	0	3,764	13.00
14.00	RUA	3,234	0	3,234	14.00
15.00	RVC	1,034	0	1,034	15.00
16.00	RVB	2,370	0	2,370	16.00
17.00	RVA	2,280	0	2,280	17.00
18.00	RHC	143	0	143	18.00
19.00	RHB	315	0	315	19.00
20.00	RHA	274	0	274	20.00
21.00	RMC	27	0	27	21.00
22.00	RMB	12	0	12	22.00
23.00	RMA	42	0	42	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	1	0	1	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	10	0	10	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	2	0	2	32.00
33.00	HC2	18	0	18	33.00
34.00	HC1	2	0	2	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	113	0	113	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	6	0	6	40.00
41.00	LC2	13	0	13	41.00
42.00	LC1	24	0	24	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	7	0	7	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	8	0	8	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	7	0	7	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	17	0	17	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	7	0	7	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	4	0	4	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	1	0	1	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:  
5/28/2018 10:56 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	13	0	13	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	46	0	46	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	9	0	9	199.00
200.00	TOTAL		15,528	0	15,528	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		3,732,220	56.49	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	SUPPLIES		389,647	5.90	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		6,606,566			207.00



PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:  
5/28/2018 10:56 am

			Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)		
			1.00	2.00	3.00		
1.00	Wage Index Factor		0.9214	0.9227		1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	760.86	760.86	0	768.69	3.00
4.00		RUL	744.28	744.28	52	751.94	4.00
5.00		RVX	677.22	677.22	0	684.20	5.00
6.00		RVL	607.59	607.59	39	613.84	6.00
7.00		RHX	613.57	613.57	0	619.90	7.00
8.00		RHL	547.25	547.25	7	552.89	8.00
9.00		RMX	562.84	562.84	0	568.64	9.00
10.00		RML	516.42	516.42	0	521.73	10.00
11.00		RLX	494.30	494.30	0	499.39	11.00
12.00		RUC	576.82	576.82	1,291	582.76	12.00
13.00		RUB	576.82	576.82	2,882	582.76	13.00
14.00		RUA	482.32	482.32	2,430	487.28	14.00
15.00		RVC	494.84	494.84	779	499.94	15.00
16.00		RVB	428.52	428.52	1,734	432.92	16.00
17.00		RVA	426.87	426.87	1,567	431.25	17.00
18.00		RHC	431.20	431.20	122	435.63	18.00
19.00		RHB	388.08	388.08	244	392.08	19.00
20.00		RHA	341.66	341.66	215	345.18	20.00
21.00		RMC	378.80	378.80	13	382.70	21.00
22.00		RMB	355.59	355.59	10	359.25	22.00
23.00		RMA	292.59	292.59	10	295.60	23.00
24.00		RLB	368.30	368.30	0	372.09	24.00
25.00		RLA	237.31	237.31	0	239.75	25.00
26.00		ES3	694.64	694.64	0	701.80	26.00
27.00		ES2	543.76	543.76	0	549.36	27.00
28.00		ES1	485.73	485.73	0	490.74	28.00
29.00		HE2	469.15	469.15	0	473.99	29.00
30.00		HE1	389.57	389.57	7	393.58	30.00
31.00		HD2	439.31	439.31	0	443.83	31.00
32.00		HD1	366.36	366.36	2	370.13	32.00
33.00		HC2	414.44	414.44	18	418.71	33.00
34.00		HC1	346.45	346.45	2	350.02	34.00
35.00		HB2	409.27	409.27	0	413.68	35.00
36.00		HB1	343.14	343.14	83	346.68	36.00
37.00		LE2	426.04	426.04	0	430.43	37.00
38.00		LE1	356.41	356.41	0	360.07	38.00
39.00		LD2	409.46	409.46	0	413.68	39.00
40.00		LD1	343.14	343.14	6	346.68	40.00
41.00		LC2	359.73	359.73	13	363.43	41.00
42.00		LC1	303.35	303.35	19	306.48	42.00
43.00		LB2	341.49	341.49	0	345.00	43.00
44.00		LB1	290.09	290.09	6	293.07	44.00
45.00		CE2	379.62	379.62	0	383.52	45.00
46.00		CE1	349.77	349.77	0	353.38	46.00
47.00		CD2	359.73	359.73	0	363.43	47.00
48.00		CD1	329.88	329.88	2	333.27	48.00
49.00		CC2	314.95	314.95	0	318.20	49.00
50.00		CC1	291.74	291.74	4	294.75	50.00
51.00		CB2	291.74	291.74	0	294.75	51.00
52.00		CB1	270.19	270.19	8	272.97	52.00
53.00		CA2	246.98	246.98	0	249.51	53.00
54.00		CA1	230.40	230.40	7	232.76	54.00
55.00		SE3	0.00	0.00	0	0.00	55.00
56.00		SE2	0.00	0.00	0	0.00	56.00
57.00		SE1	0.00	0.00	0	0.00	57.00
58.00		SSC	0.00	0.00	0	0.00	58.00
59.00		SSB	0.00	0.00	0	0.00	59.00
60.00		SSA	0.00	0.00	0	0.00	60.00
61.00		IB2	0.00	0.00	0	0.00	61.00
62.00		IB1	0.00	0.00	0	0.00	62.00
63.00		IA2	0.00	0.00	0	0.00	63.00
64.00		IA1	0.00	0.00	0	0.00	64.00
65.00		BB2	261.90	261.90	0	264.59	65.00
66.00		BB1	250.29	250.29	4	252.87	66.00
67.00		BA2	217.14	217.14	0	219.37	67.00
68.00		BA1	207.19	207.19	1	209.31	68.00
69.00		PE2	349.77	349.77	0	353.38	69.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:  
5/28/2018 10:56 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
70.00	PE1	333.19	333.19	0	336.62	70.00
71.00	PD2	329.88	329.88	0	333.27	71.00
72.00	PD1	313.30	313.30	0	316.52	72.00
73.00	PC2	283.46	283.46	0	286.37	73.00
74.00	PC1	270.19	270.19	13	272.97	74.00
75.00	PB2	240.35	240.35	0	242.82	75.00
76.00	PB1	230.40	230.40	1	232.76	76.00
77.00	PA2	198.90	198.90	0	200.94	77.00
78.00	PA1	190.60	190.60	1	192.56	78.00
199.00	AAA	190.60	190.60	9	192.56	199.00
200.00	TOTAL			11,601		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:  
5/28/2018 10:56 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	768.69	0	0	3.00
4.00	751.94	0	38,703	4.00
5.00	684.20	0	0	5.00
6.00	613.84	0	23,696	6.00
7.00	619.90	0	0	7.00
8.00	552.89	0	3,831	8.00
9.00	568.64	0	0	9.00
10.00	521.73	0	0	10.00
11.00	499.39	0	0	11.00
12.00	582.76	335	939,900	12.00
13.00	582.76	882	2,176,389	13.00
14.00	487.28	804	1,563,811	14.00
15.00	499.94	255	512,965	15.00
16.00	432.92	636	1,018,391	16.00
17.00	431.25	713	976,386	17.00
18.00	435.63	21	61,754	18.00
19.00	392.08	71	122,530	19.00
20.00	345.18	59	93,823	20.00
21.00	382.70	14	10,282	21.00
22.00	359.25	2	4,275	22.00
23.00	295.60	32	12,385	23.00
24.00	372.09	0	0	24.00
25.00	239.75	0	0	25.00
26.00	701.80	0	0	26.00
27.00	549.36	1	549	27.00
28.00	490.74	0	0	28.00
29.00	473.99	0	0	29.00
30.00	393.58	3	3,908	30.00
31.00	443.83	0	0	31.00
32.00	370.13	0	733	32.00
33.00	418.71	0	7,460	33.00
34.00	350.02	0	693	34.00
35.00	413.68	0	0	35.00
36.00	346.68	30	38,881	36.00
37.00	430.43	0	0	37.00
38.00	360.07	0	0	38.00
39.00	413.68	0	0	39.00
40.00	346.68	0	2,059	40.00
41.00	363.43	0	4,676	41.00
42.00	306.48	5	7,296	42.00
43.00	345.00	0	0	43.00
44.00	293.07	1	2,034	44.00
45.00	383.52	0	0	45.00
46.00	353.38	0	0	46.00
47.00	363.43	0	0	47.00
48.00	333.27	6	2,660	48.00
49.00	318.20	0	0	49.00
50.00	294.75	3	2,051	50.00
51.00	294.75	0	0	51.00
52.00	272.97	9	4,619	52.00
53.00	249.51	0	0	53.00
54.00	232.76	0	1,613	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	264.59	0	0	65.00
66.00	252.87	0	1,001	66.00
67.00	219.37	0	0	67.00
68.00	209.31	0	207	68.00
69.00	353.38	0	0	69.00
70.00	336.62	0	0	70.00
71.00	333.27	0	0	71.00
72.00	316.52	0	0	72.00
73.00	286.37	0	0	73.00
74.00	272.97	0	3,512	74.00
75.00	242.82	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0185

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

Worksheet S-7

Date/Time Prepared:  
5/28/2018 10:56 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	232.76	45	10,704	76.00
77.00	200.94	0	0	77.00
78.00	192.56	0	191	78.00
199.00	192.56	0	1,715	199.00
200.00 TOTAL		3,927	7,655,683	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/28/2018 10:56 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.220523	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,458,619	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?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		11,985,345	5.00	
6.00	Medicaid charges		145,335,725	6.00	
7.00	Medicaid cost (line 1 times line 6)		32,049,870	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		210,175	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)	9,737,528	3,587,443	13,324,971	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,147,349	3,587,443	5,734,792	21.00
22.00	Payments received from patients for amounts previously written off as charity care	11,992	74,656	86,648	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,135,357	3,512,787	5,648,144	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,923,935	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,325,965	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,039,946	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		7,883,989	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,452,582	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,100,726	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,100,726	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,437,968	9,437,968	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		0	0	884,569	884,569	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	7,402,761	7,402,761	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	405,415	2,575,579	2,980,994	-21,529	2,959,465	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	874	874	0	874	4.01
5.01	01160	COMMUNICATIONS	193,181	885,173	1,078,354	-119,157	959,197	5.01
5.02	00550	DATA PROCESSING	50,717	8,988,892	9,039,609	-5,819,376	3,220,233	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	22,034	404,131	426,165	-102,535	323,630	5.03
5.04	00570	ADMINISTRATIVE	869,793	233,899	1,103,692	-11,604	1,092,088	5.04
5.05	00580	PATIENT ACCOUNTS	1,480,970	5,733,675	7,214,645	-28,977	7,185,668	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	6,617,863	34,802,823	41,420,686	2,118,319	43,539,005	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	103,512	295,206	398,718	-239,790	158,928	5.07
7.00	00700	OPERATION OF PLANT	1,111,836	6,925,384	8,037,220	-373,068	7,664,152	7.00
7.01	00701	OPERATION OF PLANT CC	66,228	131,132	197,360	-2,543	194,817	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	775,659	775,659	8.00
9.00	00900	HOUSEKEEPING	2,024,121	1,994,195	4,018,316	-976,310	3,042,006	9.00
9.01	00901	HOUSEKEEPING CC	127,314	147,136	274,450	-32,913	241,537	9.01
10.00	01000	DIETARY	1,197,982	1,105,269	2,303,251	-608,037	1,695,214	10.00
10.01	01001	DIETARY CC	443,032	344,137	787,169	0	787,169	10.01
11.00	01100	CAFETERIA	427,520	586,493	1,014,013	656,713	1,670,726	11.00
13.00	01300	NURSING ADMINISTRATION	3,014,785	2,608,195	5,622,980	-1,372,574	4,250,406	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	578,982	2,759,014	3,337,996	-864,331	2,473,665	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	1,292	1,292	-1,292	0	14.01
15.00	01500	PHARMACY	3,226,790	9,226,116	12,452,906	-8,266,815	4,186,091	15.00
15.01	01501	PHARMACY CC	351,377	588,560	939,937	-578,877	361,060	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	556,674	1,462,385	2,019,059	-28,436	1,990,623	16.00
17.00	01700	SOCIAL SERVICE	547,849	207,234	755,083	-1,291	753,792	17.00
17.01	01701	SOCIAL SERVICE CC	68,105	10,628	78,733	0	78,733	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	20,029,533	7,781,318	27,810,851	-2,090,404	25,720,447	30.00
31.00	03100	INTENSIVE CARE UNIT	3,063,288	1,862,273	4,925,561	-886,945	4,038,616	31.00
43.00	04300	NURSERY	0	3,770	3,770	944,459	948,229	43.00
44.00	04400	SKILLED NURSING FACILITY	3,790,840	1,971,763	5,762,603	-295,128	5,467,475	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,965,501	19,305,464	27,270,965	-14,437,416	12,833,549	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,534,579	960,660	2,495,239	-308,480	2,186,759	52.00
53.00	05300	ANESTHESIOLOGY	0	888,731	888,731	-433,104	455,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,839,148	3,031,500	5,870,648	-1,409,601	4,461,047	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	559,999	1,058,891	1,618,890	-841,162	777,728	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	272,035	1,064,182	1,336,217	-985,997	350,220	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,313,668	4,987,361	6,301,029	-4,489,663	1,811,366	59.00
60.00	06000	LABORATORY	4,033,211	4,227,788	8,260,999	-657,274	7,603,725	60.00
65.00	06500	RESPIRATORY THERAPY	1,711,542	1,263,598	2,975,140	-149,412	2,825,728	65.00
66.00	06600	PHYSICAL THERAPY	4,990,491	1,438,080	6,428,571	-424,581	6,003,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,233,676	262,707	1,496,383	9,793	1,506,176	67.00
68.00	06800	SPEECH PATHOLOGY	680,032	215,775	895,807	-70,373	825,434	68.00
69.00	06900	ELECTROCARDIOLOGY	1,368,588	849,145	2,217,733	-475,735	1,741,998	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	783,046	354,236	1,137,282	-73,396	1,063,886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,547,428	5,547,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,529,846	16,529,846	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,892,845	7,892,845	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	472,140	472,140	-39,502	432,638	90.00
90.01	09001	DIABETIC EDUCATION OP	158,862	49,736	208,598	-8,683	199,915	90.01
90.02	09002	PAIN MANAGEMENT	894,959	707,095	1,602,054	-484,466	1,117,588	90.02
91.00	09100	EMERGENCY	5,827,858	6,024,251	11,852,109	-967,324	10,884,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	1,498,631	746,810	2,245,441	-42,957	2,202,484	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	3,148,778	3,148,778	-2,740,596	408,182	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,035,567	144,693,474	232,729,041	438,706	233,167,747	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313,313	402,408	715,721	-406,532	309,189	190.00
194.00	07953	EMERGENCY PREPAREDNESS	403,124	350,572	753,696	-32,174	721,522	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	88,752,004	145,446,454	234,198,458	0	234,198,458	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0185

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

Worksheet A  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,586,704	7,851,264	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	-425,344	459,225	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	390,308	7,793,069	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,714,835	4,674,300	4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	874	4.01
5.01	01160	COMMUNICATIONS	-443,258	515,939	5.01
5.02	00550	DATA PROCESSING	1,748,455	4,968,688	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	323,630	5.03
5.04	00570	ADMINISTRATIVE	0	1,092,088	5.04
5.05	00580	PATIENT ACCOUNTS	-4,997,789	2,187,879	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-6,457,555	37,081,450	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	-2,241	156,687	5.07
7.00	00700	OPERATION OF PLANT	-66,772	7,597,380	7.00
7.01	00701	OPERATION OF PLANT CC	0	194,817	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	775,659	8.00
9.00	00900	HOUSEKEEPING	-20	3,041,986	9.00
9.01	00901	HOUSEKEEPING CC	0	241,537	9.01
10.00	01000	DIETARY	-524	1,694,690	10.00
10.01	01001	DIETARY CC	0	787,169	10.01
11.00	01100	CAFETERIA	-1,130,634	540,092	11.00
13.00	01300	NURSING ADMINISTRATION	-4,886	4,245,520	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-204,982	2,268,683	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	14.01
15.00	01500	PHARMACY	0	4,186,091	15.00
15.01	01501	PHARMACY CC	0	361,060	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,002,021	988,602	16.00
17.00	01700	SOCIAL SERVICE	0	753,792	17.00
17.01	01701	SOCIAL SERVICE CC	0	78,733	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-987	25,719,460	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,038,616	31.00
43.00	04300	NURSERY	0	948,229	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,467,475	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-35,344	12,798,205	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-273,000	1,913,759	52.00
53.00	05300	ANESTHESIOLOGY	0	455,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-20	4,461,027	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	777,728	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	350,220	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,811,366	59.00
60.00	06000	LABORATORY	-12,906	7,590,819	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,825,728	65.00
66.00	06600	PHYSICAL THERAPY	-55,446	5,948,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	-51	1,506,125	67.00
68.00	06800	SPEECH PATHOLOGY	0	825,434	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,125	1,740,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,063,886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,547,428	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,529,846	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,892,845	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	432,638	90.00
90.01	09001	DIABETIC EDUCATION OP	0	199,915	90.01
90.02	09002	PAIN MANAGEMENT	0	1,117,588	90.02
91.00	09100	EMERGENCY	-1,736,224	9,148,561	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	3,900	2,206,384	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-408,182	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,988,517	218,179,230	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	309,189	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	721,522	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,988,517	219,209,941	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0185

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	00101		1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
4.01	EMPLOYEE BENEFITS DEPARTMENT CC	00401		4.01
5.01	COMMUNICATIONS	01160	COMMUNICATIONS	5.01
5.02	DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	ADMINISTRATIVE	00570	ADMINISTRATIVE	5.04
5.05	PATIENT ACCOUNTS	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	00591		5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL CC	00590		5.07
7.00	OPERATION OF PLANT	00700		7.00
7.01	OPERATION OF PLANT CC	00701		7.01
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
9.01	HOUSEKEEPING CC	00901		9.01
10.00	DIETARY	01000		10.00
10.01	DIETARY CC	01001		10.01
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
14.01	CENTRAL SERVICE & SUPPLY CC	01401		14.01
15.00	PHARMACY	01500		15.00
15.01	PHARMACY CC	01501		15.01
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
17.01	SOCIAL SERVICE CC	01701		17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
56.02	MISC NURSING OP	05602		56.02
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
90.01	DIABETIC EDUCATION OP	09001		90.01
90.02	PAIN MANAGEMENT	09002		90.02
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	EMERGENCY PREPAREDNESS	07953		194.00
194.01	NONREIMBURSABLE COST CENTER	07950		194.01



COST CENTERS USED IN COST REPORT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 5/28/2018 10:56 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
200.00 TOTAL (SUM OF LINES 118 through 199)		1.00	2.00	
				200.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:  
5/28/2018 10:56 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - RECLASS MEDICAL SUPPLIES AND DEVICES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,547,428	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,529,846	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
0			0	22,077,274	
<b>B - RECLASS DRUGS SOLD</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,892,845	1.00
2.00		0.00	0	0	2.00
0			0	7,892,845	
<b>D - RECLASS DIETARY COST</b>					
1.00	CAFETERIA	11.00	309,926	21,494	1.00
0			309,926	21,494	
<b>F - RECLASS EQUIPMENT RENTAL</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,142,803	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

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:  
5/28/2018 10:56 am

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
			0	1,142,803		
G - RECLASS EMP MEALS TO CAFETERIA						
1.00	CAFETERIA	11.00	158,075	203,026		1.00
			158,075	203,026		
H - RECLASS MCC ACTIVITY THERAPY						
1.00	SKILLED NURSING FACILITY	44.00	56,276	24,613		1.00
			56,276	24,613		
I - RECLASS FLOAT & TRANSPORTATION COST						
1.00	ADULTS & PEDIATRICS	30.00	328,363	110,542		1.00
			328,363	110,542		
K - RECLASS BLDG RENTAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,226,459		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
			0	2,226,459		
M - RECLASS IPA ASSESSMENT MCC						
1.00	SKILLED NURSING FACILITY	44.00	0	97,359		1.00
			0	97,359		
N - RECLASS DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,748,415		1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	459,225		2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,248,233		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,683,602		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
			0	16,139,475		
O - RECLASS PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	147,842		1.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:  
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	11,725	2.00
	O		0	159,567	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	715,499	231,687	1.00
	O		715,499	231,687	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	59,283	0	1.00
	O		59,283	0	
V - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,315,252	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	425,344	2.00
	O		0	2,740,596	
X - RECLASS HOUSEKEEPING TO LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	51,761	723,898	1.00
	O		51,761	723,898	
Y - RECRUITMENT/RELOCATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	148,750	0	1.00
2.00	OPERATING ROOM	50.00	5,000	0	2.00
3.00	EMERGENCY	91.00	2,000	0	3.00
	TOTALS		155,750	0	
500.00	Grand Total: Increases		1,834,933	53,791,638	500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - RECLASS MEDICAL SUPPLIES AND DEVICES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,418	0	1.00	
2.00	COMMUNICATIONS	5.01	0	3,113	0	2.00	
3.00	DATA PROCESSING	5.02	0	22,856	0	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	88,954	0	4.00	
5.00	ADMINISTRATIVE	5.04	0	6,054	0	5.00	
6.00	PATIENT ACCOUNTS	5.05	0	25,465	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,292	0	7.00	
8.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	17	0	8.00	
9.00	OPERATION OF PLANT	7.00	0	58,281	0	9.00	
10.00	OPERATION OF PLANT CC	7.01	0	2,411	0	10.00	
11.00	HOUSEKEEPING	9.00	0	153,653	0	11.00	
12.00	HOUSEKEEPING CC	9.01	0	32,003	0	12.00	
13.00	DIETARY	10.00	0	230,088	0	13.00	
14.00	CAFETERIA	11.00	0	17,975	0	14.00	
15.00	NURSING ADMINISTRATION	13.00	0	172,191	0	15.00	
16.00	CENTRAL SERVICES & SUPPLY	14.00	0	666,440	0	16.00	
17.00	CENTRAL SERVICE & SUPPLY CC	14.01	0	1,292	0	17.00	
18.00	PHARMACY	15.00	0	388,901	0	18.00	
19.00	PHARMACY CC	15.01	0	1,382	0	19.00	
20.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,466	0	20.00	
21.00	SOCIAL SERVICE	17.00	0	1,291	0	21.00	
22.00	ADULTS & PEDIATRICS	30.00	0	1,007,818	0	22.00	
23.00	INTENSIVE CARE UNIT	31.00	0	517,135	0	23.00	
24.00	NURSERY	43.00	0	2,727	0	24.00	
25.00	SKILLED NURSING FACILITY	44.00	0	315,287	0	25.00	
26.00	OPERATING ROOM	50.00	0	11,682,446	0	26.00	
27.00	DELIVERY ROOM & LABOR ROOM	52.00	0	122,593	0	27.00	
28.00	ANESTHESIOLOGY	53.00	0	201,839	0	28.00	
29.00	RADIOLOGY-DIAGNOSTIC	54.00	0	183,103	0	29.00	
30.00	CT SCAN	57.00	0	226,441	0	30.00	
31.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,223	0	31.00	
32.00	CARDIAC CATHETERIZATION	59.00	0	3,970,619	0	32.00	
33.00	LABORATORY	60.00	0	316,079	0	33.00	
34.00	RESPIRATORY THERAPY	65.00	0	21,803	0	34.00	
35.00	PHYSICAL THERAPY	66.00	0	111,408	0	35.00	
36.00	OCCUPATIONAL THERAPY	67.00	0	9,177	0	36.00	
37.00	SPEECH PATHOLOGY	68.00	0	17,918	0	37.00	
38.00	ELECTROCARDIOLOGY	69.00	0	137,618	0	38.00	
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,652	0	39.00	
40.00	CLINIC	90.00	0	39,222	0	40.00	
41.00	DIABETIC EDUCATION OP	90.01	0	83	0	41.00	
42.00	PAIN MANAGEMENT	90.02	0	423,893	0	42.00	
43.00	EMERGENCY	91.00	0	690,691	0	43.00	
44.00	HOME HEALTH AGENCY	101.00	0	33,414	0	44.00	
45.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	35,897	0	45.00	
46.00	EMERGENCY PREPAREDNESS	194.00	0	26,645	0	46.00	
				22,077,274			
<b>B - RECLASS DRUGS SOLD</b>							
1.00	PHARMACY	15.00	0	7,332,675	0	1.00	
2.00	PHARMACY CC	15.01	0	560,170	0	2.00	
				7,892,845			
<b>D - RECLASS DIETARY COST</b>							
1.00	DIETARY	10.00	309,926	21,494	0	1.00	
			309,926	21,494			
<b>F - RECLASS EQUIPMENT RENTAL</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,850	14	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	212,495	0	2.00	
3.00	DIETARY	10.00	0	451	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	118,648	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	39,174	0	5.00	
6.00	PHARMACY	15.00	0	527,544	0	6.00	
7.00	PHARMACY CC	15.01	0	17,325	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	120,419	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	17,148	0	9.00	
10.00	SKILLED NURSING FACILITY	44.00	0	12,903	0	10.00	
11.00	OPERATING ROOM	50.00	0	17,854	0	11.00	
12.00	LABORATORY	60.00	0	1,150	0	12.00	

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
13.00	RESPIRATORY THERAPY	65.00	0	53,758	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	864	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	39	0	15.00	
16.00	EMERGENCY	91.00	0	653	0	16.00	
17.00	HOME HEALTH AGENCY	101.00	0	449	0	17.00	
18.00	EMERGENCY PREPAREDNESS	194.00	0	79	0	18.00	
			0	1,142,803			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	158,075	203,026	0	1.00	
			158,075	203,026			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	PHYSICAL THERAPY	66.00	56,276	24,613	0	1.00	
			56,276	24,613			
I - RECLASS FLOAT & TRANSPORTATION COST							
1.00	NURSING ADMINISTRATION	13.00	328,363	110,542	0	1.00	
			328,363	110,542			
K - RECLASS BLDG RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,142,929	14	1.00	
2.00	HOUSEKEEPING	9.00	0	13,587	0	2.00	
3.00	LABORATORY	60.00	0	12,833	0	3.00	
4.00	PHYSICAL THERAPY	66.00	0	57,110	0	4.00	
			0	2,226,459			
M - RECLASS IPA ASSESSMENT MCC							
1.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	97,359	0	1.00	
			0	97,359			
N - RECLASS DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,261	9	1.00	
2.00	COMMUNICATIONS	5.01	0	116,044	9	2.00	
3.00	DATA PROCESSING	5.02	0	5,796,520	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	13,581	0	4.00	
5.00	ADMINITING	5.04	0	5,550	0	5.00	
6.00	PATIENT ACCOUNTS	5.05	0	3,512	0	6.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	142,414	0	7.00	
8.00	OPERATION OF PLANT	7.00	0	314,787	0	8.00	
9.00	OPERATION OF PLANT CC	7.01	0	132	0	9.00	
10.00	HOUSEKEEPING	9.00	0	33,411	0	10.00	
11.00	HOUSEKEEPING CC	9.01	0	910	0	11.00	
12.00	DIETARY	10.00	0	46,078	0	12.00	
13.00	CAFETERIA	11.00	0	17,833	0	13.00	
14.00	NURSING ADMINISTRATION	13.00	0	642,830	0	14.00	
15.00	CENTRAL SERVICES & SUPPLY	14.00	0	158,717	0	15.00	
16.00	PHARMACY	15.00	0	17,695	0	16.00	
17.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,970	0	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	453,886	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	352,662	0	19.00	
20.00	SKILLED NURSING FACILITY	44.00	0	145,186	0	20.00	
21.00	OPERATING ROOM	50.00	0	2,737,116	0	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	185,887	0	22.00	
23.00	ANESTHESIOLOGY	53.00	0	231,265	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,226,498	0	24.00	
25.00	CT SCAN	57.00	0	614,721	0	25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	968,774	0	26.00	
27.00	CARDIAC CATHETERIZATION	59.00	0	519,044	0	27.00	
28.00	LABORATORY	60.00	0	327,212	0	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	73,851	0	29.00	
30.00	PHYSICAL THERAPY	66.00	0	115,027	0	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	40,313	0	31.00	
32.00	SPEECH PATHOLOGY	68.00	0	52,455	0	32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	338,117	0	33.00	
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	57,705	0	34.00	
35.00	CLINIC	90.00	0	280	0	35.00	
36.00	DIABETIC EDUCATION OP	90.01	0	8,600	0	36.00	
37.00	PAIN MANAGEMENT	90.02	0	60,573	0	37.00	
38.00	EMERGENCY	91.00	0	275,980	0	38.00	
39.00	HOME HEALTH AGENCY	101.00	0	9,094	0	39.00	
40.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	9,534	0	40.00	
41.00	EMERGENCY PREPAREDNESS	194.00	0	5,450	0	41.00	

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		0	16,139,475		
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	159,567	12	1.00
2.00		0.00	0	0	12	2.00
	0		0	159,567		
O - RECLASS NURSERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	715,499	231,687	0	1.00
	0		715,499	231,687		
S - RECLASS OT EXPENSE						
1.00	PHYSICAL THERAPY	66.00	59,283	0	0	1.00
	0		59,283	0		
V - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	2,740,596	14	1.00
2.00		0.00	0	0	14	2.00
	0		0	2,740,596		
X - RECLASS HOUSEKEEPING TO LAUNDRY						
1.00	HOUSEKEEPING	9.00	51,761	723,898	0	1.00
	0		51,761	723,898		
Y - RECRUITMENT/RELOCATION RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	148,750	0	1.00
2.00	OPERATING ROOM	50.00	0	5,000	0	2.00
3.00	EMERGENCY	91.00	0	2,000	0	3.00
	TOTALS		0	155,750		
500.00	Grand Total: Decreases		1,679,183	53,947,388		500.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/28/2018 10:56 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - RECLASS MEDICAL SUPPLIES AND DEVICES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,547,428	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,418	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	16,529,846	COMMUNICATIONS	5.01	0	3,113	2.00
3.00		0.00	0	0	DATA PROCESSING	5.02	0	22,856	3.00
4.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.03	0	88,954	4.00
5.00		0.00	0	0	ADMINISTRATIVE	5.04	0	6,054	5.00
6.00		0.00	0	0	PATIENT ACCOUNTS	5.05	0	25,465	6.00
7.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,292	7.00
8.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0	17	8.00
9.00		0.00	0	0	OPERATION OF PLANT	7.00	0	58,281	9.00
10.00		0.00	0	0	OPERATION OF PLANT CC	7.01	0	2,411	10.00
11.00		0.00	0	0	HOUSEKEEPING	9.00	0	153,653	11.00
12.00		0.00	0	0	HOUSEKEEPING CC	9.01	0	32,003	12.00
13.00		0.00	0	0	DIETARY	10.00	0	230,088	13.00
14.00		0.00	0	0	CAFETERIA	11.00	0	17,975	14.00
15.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	172,191	15.00
16.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	666,440	16.00
17.00		0.00	0	0	CENTRAL SERVICE & SUPPLY CC	14.01	0	1,292	17.00
18.00		0.00	0	0	PHARMACY	15.00	0	388,901	18.00
19.00		0.00	0	0	PHARMACY CC	15.01	0	1,382	19.00
20.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	13,466	20.00
21.00		0.00	0	0	SOCIAL SERVICE	17.00	0	1,291	21.00
22.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,007,818	22.00
23.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	517,135	23.00
24.00		0.00	0	0	NURSERY	43.00	0	2,727	24.00
25.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	315,287	25.00
26.00		0.00	0	0	OPERATING ROOM	50.00	0	11,682,446	26.00
27.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	122,593	27.00
28.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	201,839	28.00
29.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	183,103	29.00
30.00		0.00	0	0	CT SCAN	57.00	0	226,441	30.00
31.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	17,223	31.00
32.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	3,970,619	32.00
33.00		0.00	0	0	LABORATORY	60.00	0	316,079	33.00
34.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	21,803	34.00
35.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	111,408	35.00
36.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	9,177	36.00
37.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	17,918	37.00
38.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	137,618	38.00
39.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	15,652	39.00
40.00		0.00	0	0	CLINIC	90.00	0	39,222	40.00
41.00		0.00	0	0	DIABETIC EDUCATION OP	90.01	0	83	41.00
42.00		0.00	0	0	PAIN MANAGEMENT	90.02	0	423,893	42.00
43.00		0.00	0	0	EMERGENCY	91.00	0	690,691	43.00
44.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	33,414	44.00
45.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	35,897	45.00
46.00		0.00	0	0	EMERGENCY PREPAREDNESS	194.00	0	26,645	46.00
0			0	22,077,274			0	22,077,274	
<b>B - RECLASS DRUGS SOLD</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,892,845	PHARMACY	15.00	0	7,332,675	1.00
2.00		0.00	0	0	PHARMACY CC	15.01	0	560,170	2.00
0			0	7,892,845			0	7,892,845	
<b>D - RECLASS DIETARY COST</b>									
1.00	CAFETERIA	11.00	309,926	21,494	DIETARY	10.00	309,926	21,494	1.00
0			309,926	21,494			309,926	21,494	



RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/28/2018 10:56 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>F - RECLASS EQUIPMENT RENTAL</b>									
1.00	NEW CAP REL	2.00	0	1,142,803	EMPLOYEE BENEFITS	4.00	0	1,850	1.00
	COSTS-MVBLE EQUIP				DEPARTMENT				
2.00		0.00	0	0	OTHER ADMINISTRATIVE	5.06	0	212,495	2.00
					AND GENERAL				
3.00		0.00	0	0	DIETARY	10.00	0	451	3.00
4.00		0.00	0	0	NURSING	13.00	0	118,648	4.00
					ADMINISTRATION				
5.00		0.00	0	0	CENTRAL SERVICES &	14.00	0	39,174	5.00
					SUPPLY				
6.00		0.00	0	0	PHARMACY	15.00	0	527,544	6.00
7.00		0.00	0	0	PHARMACY CC	15.01	0	17,325	7.00
8.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	120,419	8.00
9.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	17,148	9.00
10.00		0.00	0	0	SKILLED NURSING	44.00	0	12,903	10.00
					FACILITY				
11.00		0.00	0	0	OPERATING ROOM	50.00	0	17,854	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	1,150	12.00
13.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	53,758	13.00
14.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	864	14.00
15.00		0.00	0	0	ELECTROENCEPHALOGRAPH	70.00	0	39	15.00
					Y				
16.00		0.00	0	0	EMERGENCY	91.00	0	653	16.00
17.00		0.00	0	0	HOME HEALTH AGENCY	101.00	0	449	17.00
18.00		0.00	0	0	EMERGENCY	194.00	0	79	18.00
					PREPAREDNESS				
0				1,142,803	0			1,142,803	
<b>G - RECLASS EMP MEALS TO CAFETERIA</b>									
1.00	CAFETERIA	11.00	158,075	203,026	GI FT, FLOWER, COFFEE	190.00	158,075	203,026	1.00
					SHOP & CANTEEN				
0			158,075	203,026	0		158,075	203,026	
<b>H - RECLASS MCC ACTIVITY THERAPY</b>									
1.00	SKILLED NURSING	44.00	56,276	24,613	PHYSICAL THERAPY	66.00	56,276	24,613	1.00
	FACILITY								
0			56,276	24,613	0		56,276	24,613	
<b>I - RECLASS FLOAT &amp; TRANSPORTATION COST</b>									
1.00	ADULTS & PEDIATRICS	30.00	328,363	110,542	NURSING	13.00	328,363	110,542	1.00
					ADMINISTRATION				
0			328,363	110,542	0		328,363	110,542	
<b>K - RECLASS BLDG RENTAL</b>									
1.00	NEW CAP REL	1.00	0	2,226,459	OTHER ADMINISTRATIVE	5.06	0	2,142,929	1.00
	COSTS-BLDG & FIXT				AND GENERAL				
2.00		0.00	0	0	HOUSEKEEPING	9.00	0	13,587	2.00
3.00		0.00	0	0	LABORATORY	60.00	0	12,833	3.00
4.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	57,110	4.00
0				2,226,459	0			2,226,459	
<b>M - RECLASS IPA ASSESSMENT MCC</b>									
1.00	SKILLED NURSING	44.00	0	97,359	OTHER ADMINISTRATIVE	5.07	0	97,359	1.00
	FACILITY				AND GENERAL CC				
0				97,359	0			97,359	
<b>N - RECLASS DEPRECIATION</b>									
1.00	NEW CAP REL	1.00	0	4,748,415	EMPLOYEE BENEFITS	4.00	0	5,261	1.00
	COSTS-BLDG & FIXT				DEPARTMENT				
2.00	NEW CAP REL	1.01	0	459,225	COMMUNICATIONS	5.01	0	116,044	2.00
	COSTS-BLDG & FIXT CC								
3.00	NEW CAP REL	2.00	0	6,248,233	DATA PROCESSING	5.02	0	5,796,520	3.00
	COSTS-MVBLE EQUIP								
4.00	OTHER ADMINISTRATIVE	5.06	0	4,683,602	PURCHASING RECEIVING	5.03	0	13,581	4.00
	AND GENERAL				AND STORES				
5.00		0.00	0	0	ADMINITTING	5.04	0	5,550	5.00
6.00		0.00	0	0	PATIENT ACCOUNTS	5.05	0	3,512	6.00
7.00		0.00	0	0	OTHER ADMINISTRATIVE	5.07	0	142,414	7.00
					AND GENERAL CC				
8.00		0.00	0	0	OPERATION OF PLANT	7.00	0	314,787	8.00
9.00		0.00	0	0	OPERATION OF PLANT CC	7.01	0	132	9.00
10.00		0.00	0	0	HOUSEKEEPING	9.00	0	33,411	10.00
11.00		0.00	0	0	HOUSEKEEPING CC	9.01	0	910	11.00
12.00		0.00	0	0	DIETARY	10.00	0	46,078	12.00
13.00		0.00	0	0	CAFETERIA	11.00	0	17,833	13.00
14.00		0.00	0	0	NURSING	13.00	0	642,830	14.00
					ADMINISTRATION				
15.00		0.00	0	0	CENTRAL SERVICES &	14.00	0	158,717	15.00
					SUPPLY				
16.00		0.00	0	0	PHARMACY	15.00	0	17,695	16.00

RECLASSIFICATIONS

Provider CCN: 14-0185

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/28/2018 10:56 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
17.00		0.00			0 MEDICAL RECORDS & LIBRARY	16.00		14,970	17.00
18.00		0.00			0 ADULTS & PEDIATRICS	30.00		453,886	18.00
19.00		0.00			0 INTENSIVE CARE UNIT	31.00		352,662	19.00
20.00		0.00			0 SKILLED NURSING FACILITY	44.00		145,186	20.00
21.00		0.00			0 OPERATING ROOM	50.00		2,737,116	21.00
22.00		0.00			0 DELIVERY ROOM & LABOR ROOM	52.00		185,887	22.00
23.00		0.00			0 ANESTHESIOLOGY	53.00		231,265	23.00
24.00		0.00			0 RADIOLOGY-DIAGNOSTIC	54.00		1,226,498	24.00
25.00		0.00			0 CT SCAN	57.00		614,721	25.00
26.00		0.00			0 MAGNETIC RESONANCE IMAGING (MRI)	58.00		968,774	26.00
27.00		0.00			0 CARDIAC CATHETERIZATION	59.00		519,044	27.00
28.00		0.00			0 LABORATORY	60.00		327,212	28.00
29.00		0.00			0 RESPIRATORY THERAPY	65.00		73,851	29.00
30.00		0.00			0 PHYSICAL THERAPY	66.00		115,027	30.00
31.00		0.00			0 OCCUPATIONAL THERAPY	67.00		40,313	31.00
32.00		0.00			0 SPEECH PATHOLOGY	68.00		52,455	32.00
33.00		0.00			0 ELECTROCARDIOLOGY	69.00		338,117	33.00
34.00		0.00			0 ELECTROENCEPHALOGRAPHY	70.00		57,705	34.00
35.00		0.00			0 CLINIC	90.00		280	35.00
36.00		0.00			0 DIABETIC EDUCATION OP	90.01		8,600	36.00
37.00		0.00			0 PAIN MANAGEMENT	90.02		60,573	37.00
38.00		0.00			0 EMERGENCY	91.00		275,980	38.00
39.00		0.00			0 HOME HEALTH AGENCY	101.00		9,094	39.00
40.00		0.00			0 GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		9,534	40.00
41.00		0.00			0 EMERGENCY PREPAREDNESS	194.00		5,450	41.00
				0				16,139,475	
O - RECLASS PROPERTY INSURANCE									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00		147,842	0 OTHER ADMINISTRATIVE AND GENERAL	5.06		159,567	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00		11,725		0.00		0	2.00
				0				159,567	
O - RECLASS NURSERY EXPENSE									
1.00	NURSERY	43.00	715,499	231,687	0 ADULTS & PEDIATRICS	30.00	715,499	231,687	1.00
			715,499	231,687	0		715,499	231,687	
S - RECLASS OT EXPENSE									
1.00	OCCUPATIONAL THERAPY	67.00	59,283		0 PHYSICAL THERAPY	66.00	59,283		1.00
			59,283		0		59,283		
V - RECLASS INTEREST EXPENSE									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00		2,315,252	0 INTEREST EXPENSE	113.00		2,740,596	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01		425,344		0.00		0	2.00
				0				2,740,596	
X - RECLASS HOUSEKEEPING TO LAUNDRY									
1.00	LAUNDRY & LINEN SERVICE	8.00	51,761	723,898	0 HOUSEKEEPING	9.00	51,761	723,898	1.00
			51,761	723,898	0		51,761	723,898	
Y - RECRUITMENT/RELOCATION RECLASS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	148,750		0 EMPLOYEE BENEFITS DEPARTMENT	4.00		148,750	1.00
2.00	OPERATING ROOM	50.00	5,000		0 OPERATING ROOM	50.00		5,000	2.00
3.00	EMERGENCY	91.00	2,000		0 EMERGENCY	91.00		2,000	3.00
	TOTALS		155,750		0 TOTALS			155,750	
500.00	Grand Total: Increases		1,834,933	53,791,638	Grand Total: Decreases		1,679,183	53,947,388	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,997,010	-67,010	0	-67,010	0	1.00
2.00	Land Improvements	2,532,263	-99,150	0	-99,150	0	2.00
3.00	Buildings and Fixtures	27,729,115	-40,222	0	-40,222	7,716	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	13,454,768	-1,703,681	0	-1,703,681	41,326	5.00
6.00	Movable Equipment	43,739,839	-6,448,139	0	-6,448,139	107,267	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	89,452,995	-8,358,202	0	-8,358,202	156,309	8.00
9.00	Reconciling Items	-226,214	226,214	0	226,214	0	9.00
10.00	Total (line 8 minus line 9)	89,679,209	-8,584,416	0	-8,584,416	156,309	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,930,000	0				1.00
2.00	Land Improvements	2,433,113	39,480				2.00
3.00	Buildings and Fixtures	27,681,177	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	11,709,761	10,602				5.00
6.00	Movable Equipment	37,184,433	3,129,637				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	80,938,484	3,179,719				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	80,938,484	3,179,719				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0185

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	37,396,014	0	37,396,014	0.473317	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	4,428,037	0	4,428,037	0.056045	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	37,184,433	0	37,184,433	0.470638	0	2.00
3.00	Total (sum of lines 1-2)	79,008,484	0	79,008,484	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,476,963	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	0	459,225	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,638,541	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,574,729	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-2,315,252	147,842	0	4,541,711	7,851,264	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	-425,344	0	0	425,344	459,225	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	11,725	0	1,142,803	7,793,069	2.00
3.00	Total (sum of lines 1-2)	-2,740,596	159,567	0	6,109,858	16,103,558	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:  
5/28/2018 10:56 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-2,315,252	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)	A	-425,344	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	11	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-65,208	COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,552,864			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,711,090			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-799,531	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-1,642	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC			NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0185

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

Worksheet A-8

Date/Time Prepared:  
5/28/2018 10:56 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A		Wkst. A-7 Ref.
				To/From Which the Amount is to be Adjusted		
				Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00	
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY (3))		0		0.00	0 33.00
33.01	PHYSICIAN LOAN FORGIVENESS	A	-120,618	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.01
33.02	OTHER INCOME	B	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.02
33.03	MISC OTHER INCOME	B	-252,182	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04	MISC OTHER INCOME	B	-600	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0 33.04
33.05	MISC OTHER INCOME	B	-20	HOUSEKEEPING	9.00	0 33.05
33.07	MISC OTHER INCOME	B	-4,840	NURSING ADMINISTRATION	13.00	0 33.07
33.08	MISC OTHER INCOME	B	22,669	LABORATORY	60.00	0 33.08
33.09	MISC OTHER INCOME	B	-40,895	PHYSICAL THERAPY	66.00	0 33.09
33.10	ADVERTISING EXPENSE	A	-186,189	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.10
33.11	ADVERTISING EXPENSE	A	-1,641	OTHER ADMINISTRATIVE AND GENERAL CC	5.07	0 33.11
33.13	PENSION ADJUSTMENT	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.13
33.14	CONTRIBUTIONS	A	-1,800	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.14
33.15	ELIMINATE RENTAL EXPENSE FOR VP OFFI	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.15
33.17	PURCHASE DISCOUNTS	A	-4,688	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.17
35.00	LOBBYING	A	-64,004	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
36.00	DEPRECIATION	A	0	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	9 36.00
37.00	DEPRECIATION	A	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 37.00
38.00	OTHER INCOME - CAFETERIA	B	-331,103	CAFETERIA	11.00	0 38.00
39.00	SALE OF MEDICAL RECORDS	B	-20	RADIOLOGY-DIAGNOSTIC	54.00	0 39.00
40.00	LIQUOR EXPENSE	A	-1,105	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.00
41.00	LIQUOR EXPENSE	A	-524	DIETARY	10.00	0 41.00
42.00	ENTERTAINMENT	A	-5,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 42.00
42.01	ENTERTAINMENT	A	-23,161	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 42.01
42.02	ENTERTAINMENT	A	-46	NURSING ADMINISTRATION	13.00	0 42.02
42.03	ENTERTAINMENT	A	-58	ADULTS & PEDIATRICS	30.00	0 42.03
42.04	ENTERTAINMENT	A	-144	LABORATORY	60.00	0 42.04
42.05	ENTERTAINMENT	A	-326	PHYSICAL THERAPY	66.00	0 42.05
42.06	ENTERTAINMENT	A	-51	OCCUPATIONAL THERAPY	67.00	0 42.06
43.00	REMOVE ASBESTOS ACCRUAL	A	-201,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 43.00
44.00	MALPRACTICE EXPENSE	A	-750,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 44.00
45.00	SPONSORED PROGRAMS	A	-572,420	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,988,517			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: 14-0185

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2018 10:56 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	BJC CAP REL COSTS - BLDG & F	728,548	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	BJC CAP REL COSTS - MVBLE EQ	390,308	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BJC EMPLOYEE BENEFITS	3,123,540	1,399,017
3.01	5.01	COMMUNICATIONS	BJC COMMUNICATIONS	0	378,050
3.02	5.02	DATA PROCESSING	BJC DATA PROCESSING	3,497,134	1,748,679
3.03	5.05	PATIENT ACCOUNTS	BJC PATIENT ACCOUNTS	0	4,997,789
3.04	5.06	OTHER ADMINISTRATIVE AND GEN	BJC OTHER A&G	9,653,549	4,477,720
3.05	7.00	OPERATION OF PLANT	BJC OPERATION OF PLANT	2,160,121	2,226,893
3.06	14.00	CENTRAL SERVICES & SUPPLY	BJC CENTRAL SUPPLY	1,196,762	1,401,744
3.07	16.00	MEDICAL RECORDS & LIBRARY	BJC MEDICAL RECORDS	180,903	1,181,282
3.08	113.00	INTEREST EXPENSE	BJC INTEREST EXPENSE	0	408,182
3.09	101.00	HOME HEALTH AGENCY	BJC HOME CARE SALARY EXPENSE	124,978	0
3.10	101.00	HOME HEALTH AGENCY	BJC HOME CARE OTHER EXPENSE	67,325	188,403
3.11	60.00	LABORATORY	BJH RELATED ORG BILLING	2,136	5,871
3.12	5.06	OTHER ADMINISTRATIVE AND GEN	TFC	466,031	431,271
3.13	50.00	OPERATING ROOM	MIDWEST STONE	98,536	133,880
4.00	0.00			0	0
5.00	0			21,689,871	18,978,781

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		50.00	BJC HEALTHCARE	50.00	6.00
7.00	G	JOINT VENTURE	50.00	TFC	50.00	7.00
8.00	C		50.00	MIDWEST STONE	50.00	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:	JOINT VENTURE				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: 14-0185

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2018 10:56 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	728,548	9		1.00
2.00	390,308	9		2.00
3.00	1,724,523	0		3.00
3.01	-378,050	0		3.01
3.02	1,748,455	0		3.02
3.03	-4,997,789	0		3.03
3.04	5,175,829	0		3.04
3.05	-66,772	0		3.05
3.06	-204,982	0		3.06
3.07	-1,000,379	0		3.07
3.08	-408,182	0		3.08
3.09	124,978	0		3.09
3.10	-121,078	0		3.10
3.11	-3,735	0		3.11
3.12	34,760	0		3.12
3.13	-35,344	0		3.13
4.00	0	0		4.00
5.00	2,711,090			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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 requested 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	TELECOMMUNICATI		7.00
8.00	LITHOTRIpsy PRO		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: 14-0185

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2018 10:56 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	9,792,881	9,376,012	416,869	179,000	3,304	1.00
2.00	30.00	ADULTS & PEDIATRICS	929	929	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	273,000	273,000	0	0	0	4.00
5.00	60.00	LABORATORY	31,696	31,696	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	14,225	14,225	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	1,125	1,125	0	0	0	7.00
8.00	91.00	EMERGENCY	1,736,224	1,736,224	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			11,850,080	11,433,211	416,869		3,304	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	284,335	14,217	0	0	302,594	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	526,775	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			284,335	14,217	0	0	829,369	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	12,881	297,216	119,653	9,495,665		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	929		2.00
3.00	50.00	OPERATING ROOM	0	0	0	0		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	273,000		4.00
5.00	60.00	LABORATORY	0	0	0	31,696		5.00
6.00	66.00	PHYSICAL THERAPY	0	0	0	14,225		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,125		7.00
8.00	91.00	EMERGENCY	0	0	0	1,736,224		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			12,881	297,216	119,653	11,552,864		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	7,851,264	7,851,264			1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	459,225	0	459,225		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	7,793,069			7,793,069	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,674,300	12,298	0	2,513	4,689,111
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	874	0	0	0	0
5.01 01160	COMMUNICATIONS	515,939	15,346	0	55,421	10,868
5.02 00550	DATA PROCESSING	4,968,688	128,669	0	2,764,037	2,853
5.03 00560	PURCHASING RECEIVING AND STORES	323,630	131,588	0	6,486	1,240
5.04 00570	ADMITTING	1,092,088	105,425	0	2,651	48,935
5.05 00580	PATIENT ACCOUNTS	2,187,879	0	0	1,677	83,319
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	37,081,450	628,062	0	185,857	372,321
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	156,687	0	105,142	0	0
7.00 00700	OPERATION OF PLANT	7,597,380	1,138,703	0	131,377	62,552
7.01 00701	OPERATION OF PLANT CC	194,817	0	14,236	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	775,659	3,992	5,157	0	2,912
9.00 00900	HOUSEKEEPING	3,041,986	119,547	0	15,957	110,965
9.01 00901	HOUSEKEEPING CC	241,537	0	8,619	435	0
10.00 01000	DIETARY	1,694,690	211,536	0	22,006	49,962
10.01 01001	DIETARY CC	787,169	0	8,122	0	0
11.00 01100	CAFETERIA	540,092	85,035	0	8,517	50,382
13.00 01300	NURSING ADMINISTRATION	4,245,520	75,205	0	306,986	151,138
14.00 01400	CENTRAL SERVICES & SUPPLY	2,268,683	148,865	0	75,801	32,574
14.01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00 01500	PHARMACY	4,186,091	122,058	0	8,451	181,539
15.01 01501	PHARMACY CC	361,060	0	4,715	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	988,602	98,707	0	7,149	31,318
17.00 01700	SOCIAL SERVICE	753,792	26,485	0	0	30,822
17.01 01701	SOCIAL SERVICE CC	78,733	0	5,322	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	25,719,460	1,903,290	0	216,632	1,105,095
31.00 03100	INTENSIVE CARE UNIT	4,038,616	246,284	0	168,426	172,341
43.00 04300	NURSERY	948,229	54,601	0	0	40,254
44.00 04400	SKILLED NURSING FACILITY	5,467,475	0	296,862	65,443	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,798,205	639,373	0	1,307,206	448,420
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,913,759	131,008	0	88,777	86,335
53.00 05300	ANESTHESIOLOGY	455,627	14,509	0	110,449	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,461,027	296,550	0	585,757	159,730
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.02 05602	MISC NURSING OP	0	0	0	0	0
57.00 05700	CT SCAN	777,728	86,645	0	288,572	31,506
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	350,220	70,655	0	462,672	15,305
59.00 05900	CARDIAC CATHETERIZATION	1,811,366	0	0	247,520	73,907
60.00 06000	LABORATORY	7,590,819	402,060	0	156,272	226,908
65.00 06500	RESPIRATORY THERAPY	2,825,728	55,052	645	35,270	96,291
66.00 06600	PHYSICAL THERAPY	5,948,544	76,278	6,722	54,935	274,264
67.00 06700	OCCUPATIONAL THERAPY	1,506,125	0	3,683	19,253	72,742
68.00 06800	SPEECH PATHOLOGY	825,434	0	0	25,052	38,259
69.00 06900	ELECTROCARDIOLOGY	1,740,873	121,243	0	161,480	76,997
70.00 07000	ELECTROENCEPHALOGRAPHY	1,063,886	83,876	0	27,559	44,054
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,547,428	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	16,529,846	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	7,892,845	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	432,638	61,319	0	134	0
90.01 09001	DIABETIC EDUCATION OP	199,915	15,196	0	4,107	8,938
90.02 09002	PAIN MANAGEMENT	1,117,588	0	0	28,929	50,350
91.00 09100	EMERGENCY	9,148,561	354,800	0	131,804	327,988
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	2,206,384	37,774	0	4,343	84,313
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	218,179,230	7,702,034	459,225	7,785,913	4,657,697
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	309,189	35,242	0	4,553	8,734
194.00 07953	EMERGENCY PREPAREDNESS	721,522	12,212	0	2,603	22,680

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.01 07950 NONREIMBURSABLE COST CENTER	0	101,776	0	0	0	194.01
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	219,209,941	7,851,264	459,225	7,793,069	4,689,111	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.01	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	874					4.01
5.01	01160	COMMUNICATIONS	0	597,574				5.01
5.02	00550	DATA PROCESSING	0	24,405	7,888,652			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	5,762	77,559	546,265		5.03
5.04	00570	ADMINISTRATIVE	0	11,524	0	1,385	1,262,008	5.04
5.05	00580	PATIENT ACCOUNTS	0	32,201	274,043	13,008	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	49,148	447,259	35,522	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	18	0	0	5,871	0	5.07
7.00	00700	OPERATION OF PLANT	0	19,998	100,827	55,469	0	7.00
7.01	00701	OPERATION OF PLANT CC	12	339	0	180	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,017	4,309	0	0	8.00
9.00	00900	HOUSEKEEPING	0	1,356	49,983	86,076	0	9.00
9.01	00901	HOUSEKEEPING CC	22	339	0	279	0	9.01
10.00	01000	DIETARY	0	7,118	127,542	6,678	0	10.00
10.01	01001	DIETARY CC	78	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	2,373	0	185	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	18,642	387,797	19,059	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,034	59,462	42,603	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	137,022	6,416	0	15.00
15.01	01501	PHARMACY CC	61	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,626	236,987	4,080	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,067	59,462	52	0	17.00
17.01	01701	SOCIAL SERVICE CC	12	339	0	0	0	17.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	62,028	1,218,544	54,398	760,923	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,185	196,484	8,679	73,658	31.00
43.00	04300	NURSERY	0	2,034	45,674	33	27,315	43.00
44.00	04400	SKILLED NURSING FACILITY	671	16,270	324,026	7,581	396,106	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76,263	1,072,905	44,788	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,390	155,119	4,326	4,006	52.00
53.00	05300	ANESTHESIOLOGY	0	2,034	0	2,094	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,929	392,968	8,816	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	6,101	0	12,843	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,712	13,788	2,234	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,863	87,039	6,491	0	59.00
60.00	06000	LABORATORY	0	29,489	360,220	37,429	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,084	132,713	3,479	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,303	456,739	5,517	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,712	59,462	497	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,051	45,674	489	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,693	123,233	4,215	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,101	105,136	4,632	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,558	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,390	27,577	140	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	2,034	13,788	600	0	90.01
90.02	09002	PAIN MANAGEMENT	0	20,676	218,890	6,903	0	90.02
91.00	09100	EMERGENCY	0	33,217	611,857	18,788	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	6,440	150,810	3,101	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	874	593,845	7,774,898	514,936	1,262,008	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,712	0	148	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	1,017	49,983	31,181	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	63,771	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	874	597,574	7,888,652	546,265	1,262,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

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Cost Center Description		PATIENT ACCOUNTS	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
		5.05	5A.05	5.06	5.07	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					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	PATIENT ACCOUNTS	2,592,127				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	38,799,619	38,799,619		5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	267,718	57,576	325,294	5.07
7.00	00700	OPERATION OF PLANT	0	9,106,306	1,958,429	0	11,064,735
7.01	00701	OPERATION OF PLANT CC	0	209,584	45,074	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	793,046	170,555	0	7,761
9.00	00900	HOUSEKEEPING	0	3,425,870	736,778	0	232,423
9.01	00901	HOUSEKEEPING CC	0	251,231	54,030	0	0
10.00	01000	DIETARY	0	2,119,532	455,833	0	411,267
10.01	01001	DIETARY CC	0	795,369	171,054	0	0
11.00	01100	CAFETERIA	0	686,584	147,659	0	165,325
13.00	01300	NURSING ADMINISTRATION	0	5,204,347	1,119,262	0	146,213
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,630,022	565,620	0	289,422
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00	01500	PHARMACY	0	4,641,577	998,231	0	237,305
15.01	01501	PHARMACY CC	0	365,836	78,678	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,384,469	297,748	0	191,905
17.00	01700	SOCIAL SERVICE	0	874,680	188,111	0	51,492
17.01	01701	SOCIAL SERVICE CC	0	84,406	18,153	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	277,747	31,318,117	6,735,401	0	3,700,359
31.00	03100	INTENSIVE CARE UNIT	59,019	4,974,692	1,069,872	0	478,824
43.00	04300	NURSERY	7,752	1,125,892	242,138	0	106,155
44.00	04400	SKILLED NURSING FACILITY	17,388	6,591,822	1,417,657	325,294	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	249,347	16,636,507	3,577,897	0	1,243,065
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,012	2,395,732	515,233	0	254,705
53.00	05300	ANESTHESIOLOGY	48,556	633,269	136,193	0	28,208
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,096	6,114,873	1,315,083	0	576,550
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	251,046	1,454,441	312,796	0	168,454
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47,745	965,331	207,607	0	137,367
59.00	05900	CARDIAC CATHETERIZATION	58,141	2,296,327	493,855	0	0
60.00	06000	LABORATORY	396,966	9,200,163	1,978,615	0	781,683
65.00	06500	RESPIRATORY THERAPY	106,662	3,260,924	701,304	0	107,031
66.00	06600	PHYSICAL THERAPY	120,285	6,961,587	1,497,180	0	148,300
67.00	06700	OCCUPATIONAL THERAPY	33,837	1,698,311	365,244	0	0
68.00	06800	SPEECH PATHOLOGY	10,699	948,658	204,021	0	0
69.00	06900	ELECTROCARDIOLOGY	140,802	2,390,536	514,116	0	235,719
70.00	07000	ELECTROENCEPHALOGRAPHY	30,956	1,366,200	293,819	0	163,071
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,848	5,581,276	1,200,326	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,701	16,618,547	3,574,035	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	258,924	8,165,327	1,756,060	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	6,153	531,351	114,274	0	119,216
90.01	09001	DIABETIC EDUCATION OP	139	244,717	52,630	0	29,543
90.02	09002	PAIN MANAGEMENT	28,291	1,471,627	316,493	0	0
91.00	09100	EMERGENCY	125,553	10,752,568	2,312,480	0	689,799
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	10,462	2,503,627	538,438	0	73,441
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,592,127	217,842,618	38,505,558	325,294	10,774,603
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	360,578	77,547	0	68,517
194.00	07953	EMERGENCY PREPAREDNESS	0	841,198	180,911	0	23,743
194.01	07950	NONREIMBURSABLE COST CENTER	0	165,547	35,603	0	197,872
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	2,592,127	219,209,941	38,799,619	325,294	11,064,735

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

Period:  
From 01/01/2017  
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Cost Center Description		OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.01	8.00	9.00	9.01	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
7.00	00700						7.00
7.01	00701	254,658					7.01
8.00	00800	3,864	975,226				8.00
9.00	00900	0	0	4,395,071			9.00
9.01	00901	6,459	0	0	311,720		9.01
10.00	01000	0	0	15,213	0	3,001,845	10.00
10.01	01001	6,086	0	0	7,764	0	10.01
11.00	01100	0	0	37,457	0	0	11.00
13.00	01300	0	0	40,607	0	0	13.00
14.00	01400	0	0	88,936	0	0	14.00
14.01	01401	0	0	0	0	0	14.01
15.00	01500	0	0	32,155	0	0	15.00
15.01	01501	3,533	0	0	4,507	0	15.01
16.00	01600	0	0	16,865	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	3,988	0	0	5,088	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	379,640	1,817,323	0	2,738,177	30.00
31.00	03100	0	33,609	150,172	0	263,668	31.00
43.00	04300	0	8,265	14,137	0	0	43.00
44.00	04400	222,448	103,739	154	283,798	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	100,212	819,936	0	0	50.00
52.00	05200	0	45,456	104,187	0	0	52.00
53.00	05300	0	0	11,640	0	0	53.00
54.00	05400	0	31,534	160,315	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	0	2,482	0	0	0	57.00
58.00	05800	0	12,132	13,715	0	0	58.00
59.00	05900	0	12,520	108,989	0	0	59.00
60.00	06000	0	0	122,128	0	0	60.00
65.00	06500	483	0	12,332	616	0	65.00
66.00	06600	5,037	4,266	6,454	6,426	0	66.00
67.00	06700	2,760	0	6,454	3,521	0	67.00
68.00	06800	0	0	6,646	0	0	68.00
69.00	06900	0	13,372	85,055	0	0	69.00
70.00	07000	0	0	47,099	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	16,097	0	0	90.00
90.01	09001	0	0	9,873	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	227,999	582,096	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	14,445	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		254,658	975,226	4,340,480	311,720	3,001,845	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	54,591	0	0	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		254,658	975,226	4,395,071	311,720	3,001,845	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

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Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						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	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	980,273					10.01
11.00	01100	CAFETERIA	0	1,037,025				11.00
13.00	01300	NURSING ADMINISTRATION	0	27,605	6,538,034			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	13,741	0	3,587,741		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	31,513	0	0	0	15.00
15.01	01501	PHARMACY CC	0	4,092	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,761	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,343	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	1,173	0	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	301,955	3,075,593	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	37,694	546,155	0	0	31.00
43.00	04300	NURSERY	0	9,014	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	980,273	63,210	365,280	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	97,521	1,213,918	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,322	228,317	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,360	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	8,330	17,489	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,701	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,977	137,502	0	0	59.00
60.00	06000	LABORATORY	0	62,770	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	25,895	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72,725	14,333	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	18,725	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,974	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,722	51,539	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,277	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	901,501	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,686,240	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	1,747	15,124	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	12,862	129,710	0	0	90.02
91.00	09100	EMERGENCY	0	82,375	743,074	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	17,186	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	980,273	1,026,570	6,538,034	3,587,741		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,849	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	5,606	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	980,273	1,037,025	6,538,034	3,587,741		202.00



COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/28/2018 10:56 am		
Cost Center Description				PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC
				15.00	15.01	16.00	17.00	17.01
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						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	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	5,940,781					15.00
15.01	01501	PHARMACY CC	0	456,646				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,901,748			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,122,626		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	112,808	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	915	0	659,292	875,991	0	30.00
31.00	03100	INTENSIVE CARE UNIT	139	0	63,490	84,331	0	31.00
43.00	04300	NURSERY	0	0	23,578	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	456,646	341,398	0	112,808	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	42,396	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	191,751	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,423	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	2,306	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	65,396	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	411	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	67	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,588,955	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	1,203	0	794,699	162,304	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	19,291	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,929,013	456,646	1,901,748	1,122,626	112,808	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	11,768	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,940,781	456,646	1,901,748	1,122,626	112,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
4.01	00401				4.01
5.01	01160				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590				5.07
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
10.01	01001				10.01
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
14.01	01401				14.01
15.00	01500				15.00
15.01	01501				15.01
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	51,602,763	0	51,602,763	30.00
31.00	03100	7,702,646	0	7,702,646	31.00
43.00	04300	1,529,179	0	1,529,179	43.00
44.00	04400	11,264,527	0	11,264,527	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	23,731,452	0	23,731,452	50.00
52.00	05200	3,561,952	0	3,561,952	52.00
53.00	05300	1,001,061	0	1,001,061	53.00
54.00	05400	8,276,138	0	8,276,138	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.02	05602	0	0	0	56.02
57.00	05700	1,966,298	0	1,966,298	57.00
58.00	05800	1,339,881	0	1,339,881	58.00
59.00	05900	3,130,566	0	3,130,566	59.00
60.00	06000	12,145,359	0	12,145,359	60.00
65.00	06500	4,108,996	0	4,108,996	65.00
66.00	06600	8,716,375	0	8,716,375	66.00
67.00	06700	2,095,015	0	2,095,015	67.00
68.00	06800	1,166,299	0	1,166,299	68.00
69.00	06900	3,307,082	0	3,307,082	69.00
70.00	07000	1,883,466	0	1,883,466	70.00
71.00	07100	7,683,103	0	7,683,103	71.00
72.00	07200	22,878,822	0	22,878,822	72.00
73.00	07300	15,510,342	0	15,510,342	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	780,938	0	780,938	90.00
90.01	09001	353,634	0	353,634	90.01
90.02	09002	1,930,692	0	1,930,692	90.02
91.00	09100	16,348,597	0	16,348,597	91.00
92.00	09200		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	3,166,428	0	3,166,428	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		217,181,611	0	217,181,611	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	566,082	0	566,082	190.00
194.00	07953	1,063,226	0	1,063,226	194.00
194.01	07950	399,022	0	399,022	194.01
200.00		0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	219,209,941	0	219,209,941		202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0185

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

Worksheet Non-CMS W

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE	FEET	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
4.01	EMPLOYEE BENEFITS DEPARTMENT CC	21	SALARIES		4.01
5.01	COMMUNICATIONS	22	PHONES		5.01
5.02	DATA PROCESSING	23	%	RESOURCES	5.02
5.03	PURCHASING RECEIVING AND STORES	24	STORE	REQUISITIONS	5.03
5.04	ADMITTING	25	PATIENT	DAYS	5.04
5.05	PATIENT ACCOUNTS	C	GROSS	CHARGES	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-27	ACCUM.	COST	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL CC	26	COST		5.07
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT CC	20	SQUARE	FEET	7.01
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF	SERVICE	9.00
9.01	HOUSEKEEPING CC	20	SQUARE	FEET	9.01
10.00	DIETARY	8	PATIENT	MEALS	10.00
10.01	DIETARY CC	10	MEALS SERVED		10.01
11.00	CAFETERIA	9	EMPLOYEE	MEALS	11.00
13.00	NURSING ADMINISTRATION	11	TIME	SPENT	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUISITIONS	14.00
14.01	CENTRAL SERVICE & SUPPLY CC	14	COSTED	REQUIS.	14.01
15.00	PHARMACY	13	COSTED	REQUISITIONS	15.00
15.01	PHARMACY CC	16	COSTED	REQUISITION	15.01
16.00	MEDICAL RECORDS & LIBRARY	18	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	15	TIME	SPENT	17.00
17.01	SOCIAL SERVICE CC	17	TIME	SPENT	17.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,298	0	2,513	14,811
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	0
5.01	01160	COMMUNICATIONS	0	15,346	0	55,421	70,767
5.02	00550	DATA PROCESSING	0	128,669	0	2,764,037	2,892,706
5.03	00560	PURCHASING RECEIVING AND STORES	0	131,588	0	6,486	138,074
5.04	00570	ADMITTING	0	105,425	0	2,651	108,076
5.05	00580	PATIENT ACCOUNTS	0	0	0	1,677	1,677
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	628,062	0	185,857	813,919
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	105,142	0	105,142
7.00	00700	OPERATION OF PLANT	0	1,138,703	0	131,377	1,270,080
7.01	00701	OPERATION OF PLANT CC	0	0	14,236	0	14,236
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,992	5,157	0	9,149
9.00	00900	HOUSEKEEPING	0	119,547	0	15,957	135,504
9.01	00901	HOUSEKEEPING CC	0	0	8,619	435	9,054
10.00	01000	DIETARY	0	211,536	0	22,006	233,542
10.01	01001	DIETARY CC	0	0	8,122	0	8,122
11.00	01100	CAFETERIA	0	85,035	0	8,517	93,552
13.00	01300	NURSING ADMINISTRATION	0	75,205	0	306,986	382,191
14.00	01400	CENTRAL SERVICES & SUPPLY	0	148,865	0	75,801	224,666
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00	01500	PHARMACY	0	122,058	0	8,451	130,509
15.01	01501	PHARMACY CC	0	0	4,715	0	4,715
16.00	01600	MEDICAL RECORDS & LIBRARY	0	98,707	0	7,149	105,856
17.00	01700	SOCIAL SERVICE	0	26,485	0	0	26,485
17.01	01701	SOCIAL SERVICE CC	0	0	5,322	0	5,322
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	1,903,290	0	216,632	2,119,922
31.00	03100	INTENSIVE CARE UNIT	0	246,284	0	168,426	414,710
43.00	04300	NURSERY	0	54,601	0	0	54,601
44.00	04400	SKILLED NURSING FACILITY	0	0	296,862	65,443	362,305
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	639,373	0	1,307,206	1,946,579
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	131,008	0	88,777	219,785
53.00	05300	ANESTHESIOLOGY	0	14,509	0	110,449	124,958
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	296,550	0	585,757	882,307
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	0	86,645	0	288,572	375,217
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	70,655	0	462,672	533,327
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	247,520	247,520
60.00	06000	LABORATORY	0	402,060	0	156,272	558,332
65.00	06500	RESPIRATORY THERAPY	0	55,052	645	35,270	90,967
66.00	06600	PHYSICAL THERAPY	0	76,278	6,722	54,935	137,935
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,683	19,253	22,936
68.00	06800	SPEECH PATHOLOGY	0	0	0	25,052	25,052
69.00	06900	ELECTROCARDIOLOGY	0	121,243	0	161,480	282,723
70.00	07000	ELECTROENCEPHALOGRAPHY	0	83,876	0	27,559	111,435
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	61,319	0	134	61,453
90.01	09001	DIABETIC EDUCATION OP	0	15,196	0	4,107	19,303
90.02	09002	PAIN MANAGEMENT	0	0	0	28,929	28,929
91.00	09100	EMERGENCY	0	354,800	0	131,804	486,604
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	37,774	0	4,343	42,117
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,702,034	459,225	7,785,913	15,947,172
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,242	0	4,553	39,795
194.00	07953	EMERGENCY PREPAREDNESS	0	12,212	0	2,603	14,815
194.01	07950	NONREIMBURSABLE COST CENTER	0	101,776	0	0	101,776

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	7,851,264	459,225	7,793,069	16,103,558

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT CC	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
			4.00	4.01	5.01	5.02	5.03	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,811					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0				4.01
5.01	01160	COMMUNICATIONS	34	0	70,801			5.01
5.02	00550	DATA PROCESSING	9	0	2,891	2,895,606		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4	0	683	28,469	167,230	5.03
5.04	00570	ADMINITTING	155	0	1,365	0	424	5.04
5.05	00580	PATIENT ACCOUNTS	264	0	3,815	100,590	3,982	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	1,178	0	5,823	164,171	10,875	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	0	0	1,797	5.07
7.00	00700	OPERATION OF PLANT	198	0	2,369	37,010	16,981	7.00
7.01	00701	OPERATION OF PLANT CC	0	0	40	0	55	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	9	0	120	1,582	0	8.00
9.00	00900	HOUSEKEEPING	351	0	161	18,347	26,351	9.00
9.01	00901	HOUSEKEEPING CC	0	0	40	0	85	9.01
10.00	01000	DIETARY	158	0	843	46,816	2,044	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	159	0	281	0	57	11.00
13.00	01300	NURSING ADMINISTRATION	478	0	2,209	142,345	5,835	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103	0	241	21,826	13,042	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	574	0	0	50,295	1,964	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	99	0	2,088	86,988	1,249	16.00
17.00	01700	SOCIAL SERVICE	98	0	482	21,826	16	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	40	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,472	0	7,349	447,279	16,653	30.00
31.00	03100	INTENSIVE CARE UNIT	545	0	1,325	72,121	2,657	31.00
43.00	04300	NURSERY	127	0	241	16,765	10	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	1,928	118,937	2,321	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,419	0	9,038	393,820	13,711	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	273	0	402	56,938	1,324	52.00
53.00	05300	ANESTHESIOLOGY	0	0	241	0	641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	505	0	4,257	144,243	2,699	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	100	0	723	0	3,932	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48	0	321	5,061	684	58.00
59.00	05900	CARDIAC CATHETERIZATION	234	0	1,406	31,948	1,987	59.00
60.00	06000	LABORATORY	718	0	3,494	132,222	11,458	60.00
65.00	06500	RESPIRATORY THERAPY	305	0	602	48,713	1,065	65.00
66.00	06600	PHYSICAL THERAPY	868	0	2,169	167,650	1,689	66.00
67.00	06700	OCCUPATIONAL THERAPY	230	0	321	21,826	152	67.00
68.00	06800	SPEECH PATHOLOGY	121	0	361	16,765	150	68.00
69.00	06900	ELECTROCARDIOLOGY	244	0	2,570	45,234	1,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139	0	723	38,591	1,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,606	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	402	10,122	43	90.00
90.01	09001	DIABETIC EDUCATION OP	28	0	241	5,061	184	90.01
90.02	09002	PAIN MANAGEMENT	159	0	2,450	80,346	2,113	90.02
91.00	09100	EMERGENCY	1,038	0	3,936	224,588	5,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	267	0	763	55,356	949	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,711	0	70,360	2,853,851	157,639	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	0	321	0	45	190.00
194.00	07953	EMERGENCY PREPAREDNESS	72	0	120	18,347	9,546	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	23,408	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,811	0	70,801	2,895,606	167,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description			ADMINISTRATIVE	PATIENT ACCOUNTS	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT	
			5.04	5.05	5.06	5.07	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE	110,020					5.04
5.05	00580	PATIENT ACCOUNTS	0	110,328				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	995,966			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	1,478	108,417		5.07
7.00	00700	OPERATION OF PLANT	0	0	50,276	0	1,376,914	7.00
7.01	00701	OPERATION OF PLANT CC	0	0	1,157	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	4,378	0	966	8.00
9.00	00900	HOUSEKEEPING	0	0	18,914	0	28,923	9.00
9.01	00901	HOUSEKEEPING CC	0	0	1,387	0	0	9.01
10.00	01000	DIETARY	0	0	11,702	0	51,179	10.00
10.01	01001	DIETARY CC	0	0	4,391	0	0	10.01
11.00	01100	CAFETERIA	0	0	3,791	0	20,573	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	28,733	0	18,195	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14,520	0	36,016	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	25,626	0	29,531	15.00
15.01	01501	PHARMACY CC	0	0	2,020	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,644	0	23,881	16.00
17.00	01700	SOCIAL SERVICE	0	0	4,829	0	6,408	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	466	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	66,337	11,819	172,828	0	460,478	30.00
31.00	03100	INTENSIVE CARE UNIT	6,421	2,511	27,465	0	59,586	31.00
43.00	04300	NURSERY	2,381	330	6,216	0	13,210	43.00
44.00	04400	SKILLED NURSING FACILITY	34,532	740	36,393	108,417	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	10,610	91,850	0	154,689	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	349	384	13,227	0	31,696	52.00
53.00	05300	ANESTHESIOLOGY	0	2,066	3,496	0	3,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,408	33,760	0	71,747	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	10,683	8,030	0	20,963	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,032	5,330	0	17,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,474	12,678	0	0	59.00
60.00	06000	LABORATORY	0	16,916	50,794	0	97,274	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,539	18,004	0	13,319	65.00
66.00	06600	PHYSICAL THERAPY	0	5,119	38,435	0	18,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,440	9,376	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	455	5,238	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,992	13,198	0	29,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,317	7,543	0	20,293	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,440	30,814	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,775	91,751	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,018	45,081	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	262	2,934	0	14,835	90.00
90.01	09001	DIABETIC EDUCATION OP	0	6	1,351	0	3,676	90.01
90.02	09002	PAIN MANAGEMENT	0	1,204	8,125	0	0	90.02
91.00	09100	EMERGENCY	0	5,343	59,365	0	85,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	445	13,823	0	9,139	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,020	110,328	988,417	108,417	1,340,809	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,991	0	8,526	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	4,644	0	2,955	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	914	0	24,624	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	110,020	110,328	995,966	108,417	1,376,914	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/28/2018 10:56 am	
Cost Center Description			OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
			7.01	8.00	9.00	9.01	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						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	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC	15,488					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	235	16,439				8.00
9.00	00900	HOUSEKEEPING	0	0	228,551			9.00
9.01	00901	HOUSEKEEPING CC	393	0	0	10,959		9.01
10.00	01000	DIETARY	0	0	791	0	347,075	10.00
10.01	01001	DIETARY CC	370	0	0	273	0	10.01
11.00	01100	CAFETERIA	0	0	1,948	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,112	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	4,625	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	0	1,672	0	0	15.00
15.01	01501	PHARMACY CC	215	0	0	158	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	877	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	243	0	0	179	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	6,399	94,503	0	316,590	30.00
31.00	03100	INTENSIVE CARE UNIT	0	567	7,809	0	30,485	31.00
43.00	04300	NURSERY	0	139	735	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,529	1,749	8	9,977	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	1,689	42,638	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	766	5,418	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	605	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	532	8,337	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	42	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	205	713	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	211	5,668	0	0	59.00
60.00	06000	LABORATORY	0	0	6,351	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	29	0	641	22	0	65.00
66.00	06600	PHYSICAL THERAPY	306	72	336	226	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	168	0	336	124	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	346	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	225	4,423	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	2,449	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	837	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	513	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	3,843	30,270	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	751	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,488	16,439	225,712	10,959	347,075	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,839	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,488	16,439	228,551	10,959	347,075	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/28/2018 10:56 am	
Cost Center Description			DIETARY CC	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL SERVICE & SUPPLY CC	
			10.01	11.00	13.00	14.00	14.01	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						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	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC	13,156					10.01
11.00	01100	CAFETERIA	0	120,361				11.00
13.00	01300	NURSING ADMINISTRATION	0	3,204	585,302			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,595	0	316,634		14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	3,658	0	0	0	15.00
15.01	01501	PHARMACY CC	0	475	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,249	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	968	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	136	0	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	35,046	275,334	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,375	48,893	0	0	31.00
43.00	04300	NURSERY	0	1,046	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	13,156	7,336	32,701	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	11,319	108,673	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,126	20,440	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,916	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	967	1,566	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	430	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,854	12,310	0	0	59.00
60.00	06000	LABORATORY	0	7,285	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,005	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,441	1,283	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,173	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	809	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,941	4,614	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,541	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	79,561	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	237,073	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	203	1,354	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	1,493	11,612	0	0	90.02
91.00	09100	EMERGENCY	0	9,561	66,522	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	1,995	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,156	119,147	585,302	316,634	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	563	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	651	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	13,156	120,361	585,302	316,634	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/28/2018 10:56 am		
Cost Center Description				PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC
				15.00	15.01	16.00	17.00	17.01
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS						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	PATIENT ACCOUNTS						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC						5.07
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
10.00	01000	DIETARY						10.00
10.01	01001	DIETARY CC						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC						14.01
15.00	01500	PHARMACY	243,829					15.00
15.01	01501	PHARMACY CC	0	7,583				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	229,931			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	61,112		17.00
17.01	01701	SOCIAL SERVICE CC	0	0	0	0	6,386	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38	0	79,712	47,686	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6	0	7,676	4,591	0	31.00
43.00	04300	NURSERY	0	0	2,851	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,583	41,277	0	6,386	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,740	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,870	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,454	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	95	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,684	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	17	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	229,388	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	49	0	96,083	8,835	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	2,332	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	243,346	7,583	229,931	61,112	6,386	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	483	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	243,829	7,583	229,931	61,112	6,386	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC				4.01
5.01	01160	COMMUNICATIONS				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	PATIENT ACCOUNTS				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC				5.07
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT CC				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING CC				9.01
10.00	01000	DIETARY				10.00
10.01	01001	DIETARY CC				10.01
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC				14.01
15.00	01500	PHARMACY				15.00
15.01	01501	PHARMACY CC				15.01
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	SOCIAL SERVICE CC				17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	4,161,445	0	4,161,445	30.00
31.00	03100	INTENSIVE CARE UNIT	691,743	0	691,743	31.00
43.00	04300	NURSERY	98,652	0	98,652	43.00
44.00	04400	SKILLED NURSING FACILITY	799,275	0	799,275	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	2,787,775	0	2,787,775	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	353,128	0	353,128	52.00
53.00	05300	ANESTHESIOLOGY	143,387	0	143,387	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,162,165	0	1,162,165	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	56.02
57.00	05700	CT SCAN	422,318	0	422,318	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	565,246	0	565,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	320,974	0	320,974	59.00
60.00	06000	LABORATORY	884,844	0	884,844	60.00
65.00	06500	RESPIRATORY THERAPY	181,228	0	181,228	65.00
66.00	06600	PHYSICAL THERAPY	382,987	0	382,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,082	0	59,082	67.00
68.00	06800	SPEECH PATHOLOGY	49,297	0	49,297	68.00
69.00	06900	ELECTROCARDIOLOGY	391,788	0	391,788	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	185,449	0	185,449	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	111,815	0	111,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	332,599	0	332,599	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	287,093	0	287,093	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	90,888	0	90,888	90.00
90.01	09001	DIABETIC EDUCATION OP	31,920	0	31,920	90.01
90.02	09002	PAIN MANAGEMENT	136,431	0	136,431	90.02
91.00	09100	EMERGENCY	1,087,629	0	1,087,629	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	127,937	0	127,937	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,847,095	0	15,847,095	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,108	0	54,108	190.00
194.00	07953	EMERGENCY PREPAREDNESS	51,633	0	51,633	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	150,722	0	150,722	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0185

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

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Part II  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	16,103,558	0	16,103,558		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	365,810				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			16,317,656		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	573	0	5,261	83,346,904	4.00
4.01 00401	EMPLOYEE BENEFITS DEPARTMENT CC	0	0	0	0	4.01
5.01 01160	COMMUNICATIONS	715	0	116,044	193,181	5.01
5.02 00550	DATA PROCESSING	5,995	0	5,787,532	50,717	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,131	0	13,581	22,034	5.03
5.04 00570	ADMINISTRATIVE	4,912	0	5,550	869,793	5.04
5.05 00580	PATIENT ACCOUNTS	0	0	3,512	1,480,970	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	29,263	0	389,161	6,617,863	5.06
5.07 00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	5,709	0	0	5.07
7.00 00700	OPERATION OF PLANT	53,055	0	275,087	1,111,836	7.00
7.01 00701	OPERATION OF PLANT CC	0	773	0	0	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	186	280	0	51,761	8.00
9.00 00900	HOUSEKEEPING	5,570	0	33,411	1,972,360	9.00
9.01 00901	HOUSEKEEPING CC	0	468	910	0	9.01
10.00 01000	DIETARY	9,856	0	46,078	888,056	10.00
10.01 01001	DIETARY CC	0	441	0	0	10.01
11.00 01100	CAFETERIA	3,962	0	17,833	895,520	11.00
13.00 01300	NURSING ADMINISTRATION	3,504	0	642,788	2,686,422	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,936	0	158,717	578,982	14.00
14.01 01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00 01500	PHARMACY	5,687	0	17,695	3,226,790	15.00
15.01 01501	PHARMACY CC	0	256	0	0	15.01
16.00 01600	MEDICAL RECORDS & LIBRARY	4,599	0	14,970	556,674	16.00
17.00 01700	SOCIAL SERVICE	1,234	0	0	547,849	17.00
17.01 01701	SOCIAL SERVICE CC	0	289	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	88,679	0	453,599	19,642,397	30.00
31.00 03100	INTENSIVE CARE UNIT	11,475	0	352,662	3,063,288	31.00
43.00 04300	NURSERY	2,544	0	0	715,499	43.00
44.00 04400	SKILLED NURSING FACILITY	0	16,119	137,028	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	29,790	0	2,737,116	7,970,501	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,104	0	185,887	1,534,579	52.00
53.00 05300	ANESTHESIOLOGY	676	0	231,265	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,817	0	1,226,498	2,839,148	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.02 05602	MISC NURSING OP	0	0	0	0	56.02
57.00 05700	CT SCAN	4,037	0	604,231	559,999	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292	0	968,774	272,035	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	518,275	1,313,668	59.00
60.00 06000	LABORATORY	18,733	0	327,212	4,033,211	60.00
65.00 06500	RESPIRATORY THERAPY	2,565	35	73,851	1,711,542	65.00
66.00 06600	PHYSICAL THERAPY	3,554	365	115,027	4,874,932	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	200	40,313	1,292,959	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	52,455	680,032	68.00
69.00 06900	ELECTROCARDIOLOGY	5,649	0	338,117	1,368,588	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,908	0	57,705	783,046	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	2,857	0	280	0	90.00
90.01 09001	DIABETIC EDUCATION OP	708	0	8,600	158,862	90.01
90.02 09002	PAIN MANAGEMENT	0	0	60,573	894,959	90.02
91.00 09100	EMERGENCY	16,531	0	275,980	5,829,858	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	1,760	0	9,094	1,498,631	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	358,857	24,935	16,302,672	82,788,542	5,006,684
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,642	0	9,534	155,238	190.00
194.00 07953	EMERGENCY PREPAREDNESS	569	0	5,450	403,124	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
194.01 07950 NONREIMBURSABLE COST CENTER	4,742	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,851,264	459,225	7,793,069	4,689,111	874	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	21.462683	18.416884	0.477585	0.056260	0.000175	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				14,811	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000178	0.000000	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description			COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC						4.01
5.01	01160	COMMUNICATIONS	1,763					5.01
5.02	00550	DATA PROCESSING	72	9,154				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	17	90	1,691,150			5.03
5.04	00570	ADMITTING	34	0	4,288	77,803		5.04
5.05	00580	PATIENT ACCOUNTS	95	318	40,271	0	984,847,104	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	145	519	109,972	0	0	5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	0	18,177	0	0	5.07
7.00	00700	OPERATION OF PLANT	59	117	171,724	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	1	0	556	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3	5	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4	58	266,477	0	0	9.00
9.01	00901	HOUSEKEEPING CC	1	0	864	0	0	9.01
10.00	01000	DIETARY	21	148	20,674	0	0	10.00
10.01	01001	DIETARY CC	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	7	0	572	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	55	450	59,004	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6	69	131,892	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0	14.01
15.00	01500	PHARMACY	0	159	19,862	0	0	15.00
15.01	01501	PHARMACY CC	0	0	0	0	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	52	275	12,631	0	0	16.00
17.00	01700	SOCIAL SERVICE	12	69	161	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	1	0	0	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	183	1,414	168,408	46,911	105,526,949	30.00
31.00	03100	INTENSIVE CARE UNIT	33	228	26,870	4,541	22,423,458	31.00
43.00	04300	NURSERY	6	53	103	1,684	2,945,251	43.00
44.00	04400	SKILLED NURSING FACILITY	48	376	23,469	24,420	6,606,566	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	225	1,245	138,655	0	94,736,565	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10	180	13,393	247	3,424,120	52.00
53.00	05300	ANESTHESIOLOGY	6	0	6,482	0	18,448,203	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	106	456	27,294	0	66,145,961	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
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	18	0	39,760	0	95,382,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8	16	6,916	0	18,140,336	58.00
59.00	05900	CARDIAC CATHETERIZATION	35	101	20,095	0	22,089,994	59.00
60.00	06000	LABORATORY	87	418	115,874	0	150,819,158	60.00
65.00	06500	RESPIRATORY THERAPY	15	154	10,770	0	40,525,186	65.00
66.00	06600	PHYSICAL THERAPY	54	530	17,081	0	45,701,058	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	69	1,538	0	12,855,940	67.00
68.00	06800	SPEECH PATHOLOGY	9	53	1,513	0	4,065,067	68.00
69.00	06900	ELECTROCARDIOLOGY	64	143	13,050	0	53,496,341	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18	122	14,340	0	11,761,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,860,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,701,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40	0	0	0	98,375,373	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	10	32	432	0	2,337,674	90.00
90.01	09001	DIABETIC EDUCATION OP	6	16	1,857	0	52,899	90.01
90.02	09002	PAIN MANAGEMENT	61	254	21,372	0	10,748,798	90.02
91.00	09100	EMERGENCY	98	710	58,164	0	47,702,541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	19	175	9,600	0	3,975,063	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,752	9,022	1,594,161	77,803	984,847,104	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8	0	457	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	3	58	96,532	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	74	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	
		(PHONES)	(% RESOURCES)	(STORE REQUISITIONS)			
		5.01	5.02	5.03	5.04	5.05	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	597,574	7,888,652	546,265	1,262,008	2,592,127	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	338.952921	861.771029	0.323014	16.220557	0.002632	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	70,801	2,895,606	167,230	110,020	110,328	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	40.159387	316.321390	0.098885	1.414084	0.000112	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: 14-0185

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL CC (COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	
		5A.06	5.06	5.07	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-38,799,619	180,410,322			5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC	0	267,718	1		5.07
7.00	00700	OPERATION OF PLANT	0	9,106,306	0	265,166	7.00
7.01	00701	OPERATION OF PLANT CC	0	209,584	0	0	18,453
8.00	00800	LAUNDRY & LINEN SERVICE	0	793,046	0	186	280
9.00	00900	HOUSEKEEPING	0	3,425,870	0	5,570	0
9.01	00901	HOUSEKEEPING CC	0	251,231	0	0	468
10.00	01000	DIETARY	0	2,119,532	0	9,856	0
10.01	01001	DIETARY CC	0	795,369	0	0	441
11.00	01100	CAFETERIA	0	686,584	0	3,962	0
13.00	01300	NURSING ADMINISTRATION	0	5,204,347	0	3,504	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,630,022	0	6,936	0
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	0
15.00	01500	PHARMACY	0	4,641,577	0	5,687	0
15.01	01501	PHARMACY CC	0	365,836	0	0	256
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,384,469	0	4,599	0
17.00	01700	SOCIAL SERVICE	0	874,680	0	1,234	0
17.01	01701	SOCIAL SERVICE CC	0	84,406	0	0	289
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	31,318,117	0	88,679	0
31.00	03100	INTENSIVE CARE UNIT	0	4,974,692	0	11,475	0
43.00	04300	NURSERY	0	1,125,892	0	2,544	0
44.00	04400	SKILLED NURSING FACILITY	0	6,591,822	1	0	16,119
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	16,636,507	0	29,790	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,395,732	0	6,104	0
53.00	05300	ANESTHESIOLOGY	0	633,269	0	676	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,114,873	0	13,817	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	0	1,454,441	0	4,037	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	965,331	0	3,292	0
59.00	05900	CARDIAC CATHETERIZATION	0	2,296,327	0	0	0
60.00	06000	LABORATORY	0	9,200,163	0	18,733	0
65.00	06500	RESPIRATORY THERAPY	0	3,260,924	0	2,565	35
66.00	06600	PHYSICAL THERAPY	0	6,961,587	0	3,554	365
67.00	06700	OCCUPATIONAL THERAPY	0	1,698,311	0	0	200
68.00	06800	SPEECH PATHOLOGY	0	948,658	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	2,390,536	0	5,649	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,366,200	0	3,908	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,581,276	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,618,547	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,165,327	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	531,351	0	2,857	0
90.01	09001	DIABETIC EDUCATION OP	0	244,717	0	708	0
90.02	09002	PAIN MANAGEMENT	0	1,471,627	0	0	0
91.00	09100	EMERGENCY	0	10,752,568	0	16,531	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	2,503,627	0	1,760	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-38,799,619	179,042,999	1	258,213	18,453
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	360,578	0	1,642	0
194.00	07953	EMERGENCY PREPAREDNESS	0	841,198	0	569	0
194.01	07950	NONREIMBURSABLE COST CENTER	0	165,547	0	4,742	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Reconciliation	OTHER	OTHER	OPERATION OF	OPERATION OF	
			ADMINISTRATIVE AND GENERAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL CC (COST)	PLANT (SQUARE FEET)	PLANT CC (SQUARE FEET)	
		5A.06	5.06	5.07	7.00	7.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		38,799,619	325,294	11,064,735	254,658	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.215063	325,294.000000	41.727578	13.800358	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		995,966	108,417	1,376,914	15,488	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.005521	108,417.000000	5.192649	0.839322	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: 14-0185

Period:  
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To 12/31/2017

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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	EMPLOYEE BENEFITS DEPARTMENT CC					4.01
5.01	01160	COMMUNICATIONS					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	PATIENT ACCOUNTS					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
5.07	00590	OTHER ADMINISTRATIVE AND GENERAL CC					5.07
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	OPERATION OF PLANT CC					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	913,375				8.00
9.00	00900	HOUSEKEEPING	0	114,404			9.00
9.01	00901	HOUSEKEEPING CC	0	0	17,705		9.01
10.00	01000	DIETARY	0	396	0	155,097	10.00
10.01	01001	DIETARY CC	0	0	441	0	10.01
11.00	01100	CAFETERIA	0	975	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,057	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,315	0	0	14.00
14.01	01401	CENTRAL SERVICE & SUPPLY CC	0	0	0	0	14.01
15.00	01500	PHARMACY	0	837	0	0	15.00
15.01	01501	PHARMACY CC	0	0	256	0	15.01
16.00	01600	MEDICAL RECORDS & LIBRARY	0	439	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	SOCIAL SERVICE CC	0	0	289	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	355,562	47,305	0	141,474	30.00
31.00	03100	INTENSIVE CARE UNIT	31,477	3,909	0	13,623	31.00
43.00	04300	NURSERY	7,741	368	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	97,160	4	16,119	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	93,856	21,343	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,573	2,712	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	303	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,534	4,173	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	2,325	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,363	357	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,726	2,837	0	0	59.00
60.00	06000	LABORATORY	0	3,179	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	321	35	0	65.00
66.00	06600	PHYSICAL THERAPY	3,995	168	365	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	168	200	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	173	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,524	2,214	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,226	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	419	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	257	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	90.02
91.00	09100	EMERGENCY	213,539	15,152	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	376	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	913,375	112,983	17,705	155,097	73,260
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,421	0	0	190.00
194.00	07953	EMERGENCY PREPAREDNESS	0	0	0	0	194.00
194.01	07950	NONREIMBURSABLE COST CENTER	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	
		8.00	9.00	9.01	10.00	10.01	
202.00	Cost to be allocated (per Wkst. B, Part I)	975,226	4,395,071	311,720	3,001,845	980,273	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.067717	38.417110	17.606326	19.354630	13.380740	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,439	228,551	10,959	347,075	13,156	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.017998	1.997754	0.618978	2.237793	0.179580	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION  (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUIREMENTS)	
		11.00	13.00	14.00	14.01	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
10.01	01001						10.01
11.00	01100	84,901					11.00
13.00	01300	2,260	909,559				13.00
14.00	01400	1,125	0	22,077,274			14.00
14.01	01401	0	0	0	1		14.01
15.00	01500	2,580	0	0	0	8,389,702	15.00
15.01	01501	335	0	0	0	0	15.01
16.00	01600	881	0	0	0	0	16.00
17.00	01700	683	0	0	0	0	17.00
17.01	01701	96	0	0	0	0	17.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	24,721	427,871	0	0	1,292	30.00
31.00	03100	3,086	75,980	0	0	196	31.00
43.00	04300	738	0	0	0	0	43.00
44.00	04400	5,175	50,817	0	1	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,984	168,878	0	0	59,873	50.00
52.00	05200	1,500	31,763	0	0	0	52.00
53.00	05300	0	0	0	0	270,795	53.00
54.00	05400	3,468	0	0	0	50,025	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	682	2,433	0	0	3,256	57.00
58.00	05800	303	0	0	0	40	58.00
59.00	05900	1,308	19,129	0	0	92,354	59.00
60.00	06000	5,139	0	0	0	0	60.00
65.00	06500	2,120	0	0	0	580	65.00
66.00	06600	5,954	1,994	0	0	95	66.00
67.00	06700	1,533	0	0	0	0	67.00
68.00	06800	571	0	0	0	0	68.00
69.00	06900	1,369	7,170	0	0	33	69.00
70.00	07000	1,087	0	0	0	0	70.00
71.00	07100	0	0	5,547,428	0	0	71.00
72.00	07200	0	0	16,529,846	0	0	72.00
73.00	07300	0	0	0	0	7,892,845	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	143	2,104	0	0	0	90.01
90.02	09002	1,053	18,045	0	0	0	90.02
91.00	09100	6,744	103,375	0	0	1,699	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	1,407	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		84,045	909,559	22,077,274	1	8,373,083	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	397	0	0	0	0	190.00
194.00	07953	459	0	0	0	16,619	194.00
194.01	07950	0	0	0	0	0	194.01
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION  (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	PHARMACY (COSTED REQUISITIONS)	
		11.00	13.00	14.00	14.01	15.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,037,025	6,538,034	3,587,741	0	5,940,781	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.214520	7.188136	0.162508	0.000000	0.708104	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	120,361	585,302	316,634	0	243,829	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.417663	0.643501	0.014342	0.000000	0.029063	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: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
		15.01	16.00	17.00	17.01		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100					1.00	
1.01	00101					1.01	
2.00	00200					2.00	
4.00	00400					4.00	
4.01	00401					4.01	
5.01	01160					5.01	
5.02	00550					5.02	
5.03	00560					5.03	
5.04	00570					5.04	
5.05	00580					5.05	
5.06	00591					5.06	
5.07	00590					5.07	
7.00	00700					7.00	
7.01	00701					7.01	
8.00	00800					8.00	
9.00	00900					9.00	
9.01	00901					9.01	
10.00	01000					10.00	
10.01	01001					10.01	
11.00	01100					11.00	
13.00	01300					13.00	
14.00	01400					14.00	
14.01	01401					14.01	
15.00	01500					15.00	
15.01	01501	1,766				15.01	
16.00	01600	0	25,730			16.00	
17.00	01700	0	0	19,955		17.00	
17.01	01701	0	0	0	2,790	17.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	8,920	15,571	0	30.00	
31.00	03100	0	859	1,499	0	31.00	
43.00	04300	0	319	0	0	43.00	
44.00	04400	1,766	4,619	0	2,790	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	0	0	0	50.00	
52.00	05200	0	0	0	0	52.00	
53.00	05300	0	0	0	0	53.00	
54.00	05400	0	0	0	0	54.00	
55.00	05500	0	0	0	0	55.00	
56.00	05600	0	0	0	0	56.00	
56.02	05602	0	0	0	0	56.02	
57.00	05700	0	0	0	0	57.00	
58.00	05800	0	0	0	0	58.00	
59.00	05900	0	0	0	0	59.00	
60.00	06000	0	0	0	0	60.00	
65.00	06500	0	0	0	0	65.00	
66.00	06600	0	0	0	0	66.00	
67.00	06700	0	0	0	0	67.00	
68.00	06800	0	0	0	0	68.00	
69.00	06900	0	0	0	0	69.00	
70.00	07000	0	0	0	0	70.00	
71.00	07100	0	0	0	0	71.00	
72.00	07200	0	0	0	0	72.00	
73.00	07300	0	0	0	0	73.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	90.00	
90.01	09001	0	0	0	0	90.01	
90.02	09002	0	0	0	0	90.02	
91.00	09100	0	10,752	2,885	0	91.00	
92.00	09200	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	261	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,766	25,730	19,955	2,790	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	190.00	
194.00	07953	0	0	0	0	194.00	
194.01	07950	0	0	0	0	194.01	
200.00	Cross Foot Adjustments		0	0	0	200.00	



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet B-1

Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)	
		15.01	16.00	17.00	17.01	
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	456,646	1,901,748	1,122,626	112,808	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	258.576444	73.911698	56.257880	40.432975	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,583	229,931	61,112	6,386	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.293884	8.936300	3.062491	2.288889	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		51,602,763	0	51,602,763	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,702,646	0	7,702,646	31.00	
43.00	04300 NURSERY		1,529,179	0	1,529,179	43.00	
44.00	04400 SKILLED NURSING FACILITY		11,264,527	0	11,264,527	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		23,731,452	0	23,731,452	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,561,952	0	3,561,952	52.00	
53.00	05300 ANESTHESIOLOGY		1,001,061	0	1,001,061	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,276,138	0	8,276,138	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.02	05602 MISC NURSING OP		0	0	0	56.02	
57.00	05700 CT SCAN		1,966,298	0	1,966,298	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,339,881	0	1,339,881	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,130,566	0	3,130,566	59.00	
60.00	06000 LABORATORY		12,145,359	0	12,145,359	60.00	
65.00	06500 RESPIRATORY THERAPY	0	4,108,996	0	4,108,996	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,716,375	0	8,716,375	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,095,015	0	2,095,015	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,166,299	0	1,166,299	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,307,082	0	3,307,082	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,883,466	0	1,883,466	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,683,103	0	7,683,103	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		22,878,822	0	22,878,822	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		15,510,342	0	15,510,342	73.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		780,938	0	780,938	90.00	
90.01	09001 DIABETIC EDUCATION OP		353,634	0	353,634	90.01	
90.02	09002 PAIN MANAGEMENT		1,930,692	0	1,930,692	90.02	
91.00	09100 EMERGENCY		16,348,597	0	16,348,597	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,038,429	0	3,038,429	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY		3,166,428		3,166,428	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		220,220,040	0	220,220,040	200.00	
201.00	Less Observation Beds		3,038,429		3,038,429	201.00	
202.00	Total (see instructions)		217,181,611	0	217,181,611	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	99,426,982		99,426,982		30.00
31.00	03100	INTENSIVE CARE UNIT	22,423,458		22,423,458		31.00
43.00	04300	NURSERY	2,945,251		2,945,251		43.00
44.00	04400	SKILLED NURSING FACILITY	6,606,566		6,606,566		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	35,777,023	58,959,542	94,736,565	0.250499	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,670,094	754,026	3,424,120	1.040253	52.00
53.00	05300	ANESTHESIOLOGY	9,983,052	8,465,151	18,448,203	0.054263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,226,708	52,919,253	66,145,961	0.125119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	22,399,639	72,982,501	95,382,140	0.020615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,159,477	14,980,859	18,140,336	0.073862	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,555,707	11,534,287	22,089,994	0.141719	59.00
60.00	06000	LABORATORY	65,480,663	85,338,495	150,819,158	0.080529	60.00
65.00	06500	RESPIRATORY THERAPY	35,607,836	4,917,350	40,525,186	0.101394	65.00
66.00	06600	PHYSICAL THERAPY	20,756,019	24,945,039	45,701,058	0.190726	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,480,889	2,375,051	12,855,940	0.162961	67.00
68.00	06800	SPEECH PATHOLOGY	2,710,646	1,354,421	4,065,067	0.286908	68.00
69.00	06900	ELECTROCARDIOLOGY	19,473,082	34,023,259	53,496,341	0.061819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	193,478	11,567,877	11,761,355	0.160140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,499,159	6,360,879	12,860,038	0.597440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,287,255	12,413,815	33,701,070	0.678875	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,099,730	26,275,643	98,375,373	0.157665	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,114	2,334,560	2,337,674	0.334066	90.00
90.01	09001	DIABETIC EDUCATION OP	0	52,899	52,899	6.685079	90.01
90.02	09002	PAIN MANAGEMENT	9,894	10,738,904	10,748,798	0.179619	90.02
91.00	09100	EMERGENCY	10,246,523	37,456,018	47,702,541	0.342720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	587,457	5,512,510	6,099,967	0.498106	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	3,975,063	3,975,063		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	494,609,702	490,237,402	984,847,104		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	494,609,702	490,237,402	984,847,104		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.250499	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.040253	52.00
53.00	05300	ANESTHESIOLOGY	0.054263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.02	05602	MISC NURSING OP	0.000000	56.02
57.00	05700	CT SCAN	0.020615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073862	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141719	59.00
60.00	06000	LABORATORY	0.080529	60.00
65.00	06500	RESPIRATORY THERAPY	0.101394	65.00
66.00	06600	PHYSICAL THERAPY	0.190726	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162961	67.00
68.00	06800	SPEECH PATHOLOGY	0.286908	68.00
69.00	06900	ELECTROCARDIOLOGY	0.061819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.678875	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157665	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.334066	90.00
90.01	09001	DIABETIC EDUCATION OP	6.685079	90.01
90.02	09002	PAIN MANAGEMENT	0.179619	90.02
91.00	09100	EMERGENCY	0.342720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		51,602,763	0	51,602,763	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,702,646	0	7,702,646	31.00	
43.00	04300 NURSERY		1,529,179	0	1,529,179	43.00	
44.00	04400 SKILLED NURSING FACILITY		11,264,527	0	11,264,527	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		23,731,452	0	23,731,452	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,561,952	0	3,561,952	52.00	
53.00	05300 ANESTHESIOLOGY		1,001,061	0	1,001,061	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,276,138	0	8,276,138	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.02	05602 MISC NURSING OP		0	0	0	56.02	
57.00	05700 CT SCAN		1,966,298	0	1,966,298	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,339,881	0	1,339,881	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,130,566	0	3,130,566	59.00	
60.00	06000 LABORATORY		12,145,359	0	12,145,359	60.00	
65.00	06500 RESPIRATORY THERAPY	0	4,108,996	0	4,108,996	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,716,375	0	8,716,375	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,095,015	0	2,095,015	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,166,299	0	1,166,299	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,307,082	0	3,307,082	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,883,466	0	1,883,466	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,683,103	0	7,683,103	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		22,878,822	0	22,878,822	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		15,510,342	0	15,510,342	73.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		780,938	0	780,938	90.00	
90.01	09001 DIABETIC EDUCATION OP		353,634	0	353,634	90.01	
90.02	09002 PAIN MANAGEMENT		1,930,692	0	1,930,692	90.02	
91.00	09100 EMERGENCY		16,348,597	0	16,348,597	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,038,429	0	3,038,429	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY		3,166,428		3,166,428	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		220,220,040	0	220,220,040	200.00	
201.00	Less Observation Beds		3,038,429		3,038,429	201.00	
202.00	Total (see instructions)		217,181,611	0	217,181,611	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0185

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	99,426,982		99,426,982		30.00
31.00	03100	INTENSIVE CARE UNIT	22,423,458		22,423,458		31.00
43.00	04300	NURSERY	2,945,251		2,945,251		43.00
44.00	04400	SKILLED NURSING FACILITY	6,606,566		6,606,566		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	35,777,023	58,959,542	94,736,565	0.250499	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,670,094	754,026	3,424,120	1.040253	52.00
53.00	05300	ANESTHESIOLOGY	9,983,052	8,465,151	18,448,203	0.054263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,226,708	52,919,253	66,145,961	0.125119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	22,399,639	72,982,501	95,382,140	0.020615	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,159,477	14,980,859	18,140,336	0.073862	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,555,707	11,534,287	22,089,994	0.141719	59.00
60.00	06000	LABORATORY	65,480,663	85,338,495	150,819,158	0.080529	60.00
65.00	06500	RESPIRATORY THERAPY	35,607,836	4,917,350	40,525,186	0.101394	65.00
66.00	06600	PHYSICAL THERAPY	20,756,019	24,945,039	45,701,058	0.190726	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,480,889	2,375,051	12,855,940	0.162961	67.00
68.00	06800	SPEECH PATHOLOGY	2,710,646	1,354,421	4,065,067	0.286908	68.00
69.00	06900	ELECTROCARDIOLOGY	19,473,082	34,023,259	53,496,341	0.061819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	193,478	11,567,877	11,761,355	0.160140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,499,159	6,360,879	12,860,038	0.597440	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,287,255	12,413,815	33,701,070	0.678875	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,099,730	26,275,643	98,375,373	0.157665	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,114	2,334,560	2,337,674	0.334066	90.00
90.01	09001	DIABETIC EDUCATION OP	0	52,899	52,899	6.685079	90.01
90.02	09002	PAIN MANAGEMENT	9,894	10,738,904	10,748,798	0.179619	90.02
91.00	09100	EMERGENCY	10,246,523	37,456,018	47,702,541	0.342720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	587,457	5,512,510	6,099,967	0.498106	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	3,975,063	3,975,063		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	494,609,702	490,237,402	984,847,104		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	494,609,702	490,237,402	984,847,104		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/28/2018 10:56 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
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
56.02	05602	MISC NURSING OP	0.000000	56.02
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0.000000	90.02
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/28/2018 10:56 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,161,445	0	4,161,445	49,846	83.49	30.00
31.00	INTENSIVE CARE UNIT	691,743		691,743	4,541	152.33	31.00
43.00	NURSERY	98,652		98,652	1,684	58.58	43.00
44.00	SKILLED NURSING FACILITY	799,275		799,275	24,420	32.73	44.00
200.00	Total (lines 30 through 199)	5,751,115		5,751,115	80,491		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	20,568	1,717,222				
31.00	INTENSIVE CARE UNIT	2,217	337,716				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	15,528	508,231				
200.00	Total (lines 30 through 199)	38,313	2,563,169				



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/28/2018 10:56 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,787,775	94,736,565	0.029427	14,664,983	431,546	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	353,128	3,424,120	0.103130	20,076	2,070	52.00
53.00	05300 ANESTHESIOLOGY	143,387	18,448,203	0.007772	2,192,163	17,037	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,162,165	66,145,961	0.017570	6,519,528	114,548	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0.000000	0	0	56.02
57.00	05700 CT SCAN	422,318	95,382,140	0.004428	11,407,173	50,511	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	565,246	18,140,336	0.031160	1,363,907	42,499	58.00
59.00	05900 CARDIAC CATHETERIZATION	320,974	22,089,994	0.014530	1,412,810	20,528	59.00
60.00	06000 LABORATORY	884,844	150,819,158	0.005867	30,436,546	178,571	60.00
65.00	06500 RESPIRATORY THERAPY	181,228	40,525,186	0.004472	14,053,688	62,848	65.00
66.00	06600 PHYSICAL THERAPY	382,987	45,701,058	0.008380	2,985,554	25,019	66.00
67.00	06700 OCCUPATIONAL THERAPY	59,082	12,855,940	0.004596	1,166,081	5,359	67.00
68.00	06800 SPEECH PATHOLOGY	49,297	4,065,067	0.012127	526,815	6,389	68.00
69.00	06900 ELECTROCARDIOLOGY	391,788	53,496,341	0.007324	9,885,801	72,404	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	185,449	11,761,355	0.015768	191,981	3,027	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	111,815	12,860,038	0.008695	2,544,352	22,123	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	332,599	33,701,070	0.009869	8,299,910	81,912	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	287,093	98,375,373	0.002918	28,102,157	82,002	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	90,888	2,337,674	0.038880	1,683	65	90.00
90.01	09001 DIABETIC EDUCATION OP	31,920	52,899	0.603414	0	0	90.01
90.02	09002 PAIN MANAGEMENT	136,431	10,748,798	0.012693	1,731	22	90.02
91.00	09100 EMERGENCY	1,087,629	47,702,541	0.022800	4,345,531	99,078	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	245,031	6,099,967	0.040169	0	0	92.00
200.00	Total (lines 50 through 199)	10,213,074	849,469,784		140,122,470	1,317,558	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/28/2018 10:56 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	49,846	0.00	20,568	30.00
31.00	03100	INTENSIVE CARE UNIT		0	4,541	0.00	2,217	31.00
43.00	04300	NURSERY		0	1,684	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	24,420	0.00	15,528	44.00
200.00		Total (lines 30 through 199)		0	80,491		38,313	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
INPATIENT ROUTINE SERVICE COST CENTERS			9.00	13.00				
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
56.02 05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
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
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0185

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2018 10:56 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	94,736,565	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,424,120	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,448,203	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	66,145,961	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	95,382,140	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,140,336	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,089,994	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	150,819,158	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	40,525,186	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	45,701,058	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,855,940	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,065,067	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	53,496,341	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,761,355	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,860,038	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	33,701,070	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	98,375,373	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	2,337,674	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	52,899	0.000000	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	10,748,798	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	47,702,541	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,099,967	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	849,469,784		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
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Cost Center Description		Title XVIII				Hospital		PPS
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	14,664,983	0	20,533,127	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	20,076	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	2,192,163	0	1,649,104	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	6,519,528	0	12,701,138	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
56.02	05602 MISC NURSING OP	0.000000	0	0	0	0	56.02	
57.00	05700 CT SCAN	0.000000	11,407,173	0	18,284,983	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,363,907	0	4,246,131	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,412,810	0	1,078,211	0	59.00	
60.00	06000 LABORATORY	0.000000	30,436,546	0	10,517,050	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	14,053,688	0	1,580,594	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,985,554	0	712,187	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,166,081	0	21,404	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	526,815	0	4,349	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,885,801	0	11,609,687	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	191,981	0	3,660,012	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,544,352	0	1,567,798	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	8,299,910	0	4,838,715	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	28,102,157	0	11,260,166	0	73.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	1,683	0	2,125,174	0	90.00	
90.01	09001 DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01	
90.02	09002 PAIN MANAGEMENT	0.000000	1,731	0	234,022	0	90.02	
91.00	09100 EMERGENCY	0.000000	4,345,531	0	5,613,182	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,506,696	0	92.00	
200.00	Total (lines 50 through 199)		140,122,470	0	113,743,730	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
56.02	05602	MISC NURSING OP	0	0		56.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/28/2018 10:56 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.250499	20,533,127	0	0	5,143,528	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.040253	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054263	1,649,104	0	0	89,485	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125119	12,701,138	0	0	1,589,154	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602 NISC NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.020615	18,284,983	0	0	376,945	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073862	4,246,131	0	0	313,628	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141719	1,078,211	0	0	152,803	59.00
60.00	06000 LABORATORY	0.080529	10,517,050	0	0	846,928	60.00
65.00	06500 RESPIRATORY THERAPY	0.101394	1,580,594	0	0	160,263	65.00
66.00	06600 PHYSICAL THERAPY	0.190726	712,187	0	0	135,833	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162961	21,404	0	0	3,488	67.00
68.00	06800 SPEECH PATHOLOGY	0.286908	4,349	0	0	1,248	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061819	11,609,687	0	0	717,699	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.160140	3,660,012	0	0	586,114	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	1,567,798	0	0	936,665	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.678875	4,838,715	0	0	3,284,883	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.157665	11,260,166	1,320	9,008	1,775,334	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.334066	2,125,174	0	0	709,948	90.00
90.01	09001 DIABETIC EDUCATION OP	6.685079	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.179619	234,022	0	0	42,035	90.02
91.00	09100 EMERGENCY	0.342720	5,613,182	0	0	1,923,750	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	1,506,696	0	0	750,494	92.00
200.00	Subtotal (see instructions)		113,743,730	1,320	9,008	19,540,225	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		113,743,730	1,320	9,008	19,540,225	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.02 05602 MICRONSURGING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	208	1,420		73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09002 PAIN MANAGEMENT	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	208	1,420		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	208	1,420		202.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Skilled Nursing Facility	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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
56.02 05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	0	0	0	90.02
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
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Skilled Nursing Facility	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	94,736,565	0.000000	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,424,120	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	18,448,203	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	66,145,961	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.02 05602 MISC NURSING OP	0	0	0	0	0.000000	56.02
57.00 05700 CT SCAN	0	0	0	95,382,140	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,140,336	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	22,089,994	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	150,819,158	0.000000	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	40,525,186	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	45,701,058	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,855,940	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,065,067	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	53,496,341	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	11,761,355	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,860,038	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	33,701,070	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	98,375,373	0.000000	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	2,337,674	0.000000	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	52,899	0.000000	90.01
90.02 09002 PAIN MANAGEMENT	0	0	0	10,748,798	0.000000	90.02
91.00 09100 EMERGENCY	0	0	0	47,702,541	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	6,099,967	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	849,469,784		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Skilled Nursing Facility	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
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	292,426	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602 MISCS NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.000000	29,545	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	39,992	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,129,333	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,150,199	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	9,932,958	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	5,551,786	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,187,104	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	129,583	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,497	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	215	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,947,120	0	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000	0	0	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		28,391,758	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
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
56.02	05602 MISC NURSING OP	0	0	56.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.250499	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.040253	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.054263	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.125119	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.000000	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0.020615	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073862	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.141719	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.080529	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.101394	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.190726	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.162961	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.286908	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.061819	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.160140	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.678875	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.157665	0	15,592	308	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0.334066	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	6.685079	0	0	0	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0.179619	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.342720	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	0	0	0	0	0	92.00
200.00	Subtotal (see instructions)	0	15,592	308	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	15,592	308	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/28/2018 10:56 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
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
56.02 05602 MISC NURSING OP	0	0	56.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,458	49	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	90.01
90.02 09002 PAIN MANAGEMENT	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	2,458	49	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	2,458	49	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/28/2018 10:56 am

		Title XIX		Hospital		Cost	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.250499	1,419,582	0	0	355,604	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.040253	109,854	0	0	114,276	52.00
53.00	05300 ANESTHESIOLOGY	0.054263	197,359	0	0	10,709	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125119	853,984	0	0	106,850	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02	05602 MICR NURSING OP	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.020615	2,135,396	0	0	44,021	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073862	7,953	0	0	587	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141719	149,577	0	0	21,198	59.00
60.00	06000 LABORATORY	0.080529	2,019,382	0	0	162,619	60.00
65.00	06500 RESPIRATORY THERAPY	0.101394	54,331	0	0	5,509	65.00
66.00	06600 PHYSICAL THERAPY	0.190726	383,146	0	0	73,076	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162961	165,129	0	0	26,910	67.00
68.00	06800 SPEECH PATHOLOGY	0.286908	145,713	0	0	41,806	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061819	223,906	0	0	13,842	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.160140	214,586	0	0	34,364	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	130,046	0	0	77,695	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.678875	197,345	0	0	133,973	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.157665	479,788	0	0	75,646	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.334066	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	6.685079	528	0	0	3,530	90.01
90.02	09002 PAIN MANAGEMENT	0.179619	64,162	0	0	11,525	90.02
91.00	09100 EMERGENCY	0.342720	2,212,498	0	0	758,267	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	2,418	0	0	1,204	92.00
200.00	Subtotal (see instructions)		11,166,683	0	0	2,073,211	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		11,166,683	0	0	2,073,211	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0185

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/28/2018 10:56 am

		Title XIX		Hospital	Cost
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
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
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2018 10:56 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		49,846	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,846	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.		4,119	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		42,792	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)		20,568	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
<b>SWING BED ADJUSTMENT</b>				
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)		51,602,763	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)		51,602,763	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		96,855,828	28.00
29.00	Private room charges (excluding swing-bed charges)		9,148,771	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		87,707,057	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.532779	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,221.11	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,049.61	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		171.50	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		91.37	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		376,353	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		51,226,410	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,035.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,292,816	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)		21,292,816	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 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	7,702,646	4,541	1,696.24	2,217	3,760,564	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,669,294	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,722,674	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)					2,054,938	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,317,558	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,372,496	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,350,178	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)					2,935	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,035.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,038,429	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 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	4,161,445	51,602,763	0.080644	3,038,429	245,031	90.00
91.00	Nursing School cost	0	51,602,763	0.000000	3,038,429	0	91.00
92.00	Allied health cost	0	51,602,763	0.000000	3,038,429	0	92.00
93.00	All other Medical Education	0	51,602,763	0.000000	3,038,429	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,420	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,420	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.		1,461	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,959	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,528	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
<b>SWING BED ADJUSTMENT</b>				
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)		11,264,527	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)		11,264,527	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		6,606,566	28.00
29.00	Private room charges (excluding swing-bed charges)		407,672	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,198,894	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.705050	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		279.04	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		270.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		9.04	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		15.41	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		22,514	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,242,013	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 am
				Title XVIII	Skilled Nursing Facility	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)					42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				11,242,013	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				460.36	71.00
72.00	Program routine service cost (line 9 x line 71)				7,148,470	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				7,148,470	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)				0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0	80.00
81.00	Inpatient routine service cost per diem limitation				0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)				7,148,470	83.00
84.00	Program inpatient ancillary services (see instructions)				4,673,144	84.00
85.00	Utilization review - physician compensation (see instructions)				0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				11,821,614	86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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: 14-0185 Component CCN: 14-5102		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2018 10:56 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		49,846	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,846	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)		46,911	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,296	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)		1,684	15.00
16.00	Nursery days (title V or XIX only)		376	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		51,602,763	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)		51,602,763	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		51,602,763	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,035.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,341,671	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)		1,341,671	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 am	
Cost Center Description			Title XIX		Hospital	Cost
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	
NURSERY (title V & XIX only)						
	1,529,179	1,684	908.06	376	341,431	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	7,702,646	4,541	1,696.24	118	200,156	43.00
44.00						44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00					1,528,919	48.00
Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						
49.00					3,412,177	49.00
Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						
PASS THROUGH COST ADJUSTMENTS						
50.00						0 50.00
Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						
51.00						0 51.00
Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						
52.00						0 52.00
Total Program excludable cost (sum of lines 50 and 51)						
53.00						0 53.00
Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00						0 54.00
Program discharges						
55.00					0.00	55.00
Target amount per discharge						
56.00						0 56.00
Target amount (line 54 x line 55)						
57.00						0 57.00
Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						
58.00						0 58.00
Bonus payment (see instructions)						
59.00					0.00	59.00
Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						
60.00					0.00	60.00
Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						
61.00						0 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)						
62.00						0 62.00
Relief payment (see instructions)						
63.00						0 63.00
Allowable Inpatient cost plus incentive payment (see instructions)						
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00						0 64.00
Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						
65.00						0 65.00
Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						
66.00						0 66.00
Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						
67.00						0 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)						
68.00						0 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)						
69.00						0 69.00
Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00						70.00
Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						
71.00						71.00
Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						
72.00						72.00
Program routine service cost (line 9 x line 71)						
73.00						73.00
Medically necessary private room cost applicable to Program (line 14 x line 35)						
74.00						74.00
Total Program general inpatient routine service costs (line 72 + line 73)						
75.00						75.00
Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						
76.00						76.00
Per diem capital-related costs (line 75 ÷ line 2)						
77.00						77.00
Program capital-related costs (line 9 x line 76)						
78.00						78.00
Inpatient routine service cost (line 74 minus line 77)						
79.00						79.00
Aggregate charges to beneficiaries for excess costs (from provider records)						
80.00						80.00
Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						
81.00						81.00
Inpatient routine service cost per diem limitation						
82.00						82.00
Inpatient routine service cost limitation (line 9 x line 81)						
83.00						83.00
Reasonable inpatient routine service costs (see instructions)						
84.00						84.00
Program inpatient ancillary services (see instructions)						
85.00						85.00
Utilization review - physician compensation (see instructions)						
86.00						86.00
Total Program inpatient operating costs (sum of lines 83 through 85)						
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00					2,935	87.00
Total observation bed days (see instructions)						
88.00					1,035.24	88.00
Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						
89.00					3,038,429	89.00
Observation bed cost (line 87 x line 88) (see instructions)						



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/28/2018 10:56 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	4,161,445	51,602,763	0.080644	3,038,429	245,031	90.00
91.00	Nursing School cost	0	51,602,763	0.000000	3,038,429	0	91.00
92.00	Allied health cost	0	51,602,763	0.000000	3,038,429	0	92.00
93.00	All other Medical Education	0	51,602,763	0.000000	3,038,429	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 10:56 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		44,243,093		30.00
31.00	03100 INTENSIVE CARE UNIT		10,852,911		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.250499	14,664,983	3,673,564	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.040253	20,076	20,884	52.00
53.00	05300 ANESTHESIOLOGY	0.054263	2,192,163	118,953	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125119	6,519,528	815,717	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MIS NURSING OP	0.000000	0	0	56.02
57.00	05700 CT SCAN	0.020615	11,407,173	235,159	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073862	1,363,907	100,741	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141719	1,412,810	200,222	59.00
60.00	06000 LABORATORY	0.080529	30,436,546	2,451,025	60.00
65.00	06500 RESPIRATORY THERAPY	0.101394	14,053,688	1,424,960	65.00
66.00	06600 PHYSICAL THERAPY	0.190726	2,985,554	569,423	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162961	1,166,081	190,026	67.00
68.00	06800 SPEECH PATHOLOGY	0.286908	526,815	151,147	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061819	9,885,801	611,130	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.160140	191,981	30,744	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	2,544,352	1,520,098	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.678875	8,299,910	5,634,601	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.157665	28,102,157	4,430,727	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.334066	1,683	562	90.00
90.01	09001 DIABETIC EDUCATION OP	6.685079	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.179619	1,731	311	90.02
91.00	09100 EMERGENCY	0.342720	4,345,531	1,489,300	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		140,122,470	23,669,294	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)		140,122,470		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 10:56 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.250499	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.040253	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.054263	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.125119	292,426	36,588	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	0.000000	0	0	56.02
57.00	05700 CT SCAN	0.020615	29,545	609	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073862	39,992	2,954	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141719	0	0	59.00
60.00	06000 LABORATORY	0.080529	2,129,333	171,473	60.00
65.00	06500 RESPIRATORY THERAPY	0.101394	2,150,199	218,017	65.00
66.00	06600 PHYSICAL THERAPY	0.190726	9,932,958	1,894,473	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.162961	5,551,786	904,725	67.00
68.00	06800 SPEECH PATHOLOGY	0.286908	1,187,104	340,590	68.00
69.00	06900 ELECTROCARDIOLOGY	0.061819	129,583	8,011	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.160140	1,497	240	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.678875	215	146	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.157665	6,947,120	1,095,318	73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.334066	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	6.685079	0	0	90.01
90.02	09002 PAIN MANAGEMENT	0.179619	0	0	90.02
91.00	09100 EMERGENCY	0.342720	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		28,391,758	4,673,144	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)		28,391,758		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/28/2018 10:56 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,613,976	30.00
31.00	03100	INTENSIVE CARE UNIT		582,684	31.00
43.00	04300	NURSERY		616,860	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.250499	860,358	215,519 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.040253	259,447	269,891 52.00
53.00	05300	ANESTHESIOLOGY	0.054263	440,933	23,926 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.125119	388,144	48,564 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.000000	0	0 56.02
57.00	05700	CT SCAN	0.020615	786,366	16,211 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073862	82,946	6,127 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141719	355,630	50,400 59.00
60.00	06000	LABORATORY	0.080529	1,924,879	155,009 60.00
65.00	06500	RESPIRATORY THERAPY	0.101394	528,175	53,554 65.00
66.00	06600	PHYSICAL THERAPY	0.190726	60,477	11,535 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.162961	28,646	4,668 67.00
68.00	06800	SPEECH PATHOLOGY	0.286908	10,181	2,921 68.00
69.00	06900	ELECTROCARDIOLOGY	0.061819	510,964	31,587 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160140	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.597440	234,086	139,852 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.678875	233,305	158,385 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157665	1,616,380	254,847 73.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.334066	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	6.685079	0	0 90.01
90.02	09002	PAIN MANAGEMENT	0.179619	0	0 90.02
91.00	09100	EMERGENCY	0.342720	250,710	85,923 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.498106	0	0 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		8,571,627	1,528,919 200.00
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)		8,571,627	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		30,098,019	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,801,087	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)		627,751	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		213.96	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.82	31.00
32.00	Sum of lines 30 and 31		26.43	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.02	33.00
34.00	Disproportionate share adjustment (see instructions)		1,099,221	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000385217	0.000307138	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,302,630	2,078,309	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,722,241	523,848	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,246,089		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	43,872,167		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		43,872,167	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,422,782	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		1,278	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,296,227	59.00
60.00	Primary payer payments		15,661	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,280,566	61.00
62.00	Deductibles billed to program beneficiaries		4,188,968	62.00
63.00	Coinurance billed to program beneficiaries		245,266	63.00
64.00	Allowable bad debts (see instructions)		1,368,340	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		889,421	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,319,511	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,735,753	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)		424,487	70.93
70.94	HRR adjustment amount (see instructions)		-354,760	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		43,805,480	71.00
71.01	Sequestration adjustment (see instructions)		876,110	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		42,004,470	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)		924,900	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,781,340	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
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 DSH PAYMENT PERCENTAGE		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/28/2018 10:56 am	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	6.61	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	19.82	0.00			19.82	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	26.43	0.00			19.82	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	213.96	0.00			213.96	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	11.02	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	6.61	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,090	0			1,090	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,376	0			1,376	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	61	0			61	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	48	0			48	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	7,857	0			7,857	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	149	0			149	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	10,581	0			10,581	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	53,136	0			53,136	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	247	0			247	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	53,383	0			53,383	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	19.82	0.00			19.82	27.00



CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0185		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH Date/Time Prepared: 5/28/2018 10:56 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	11.02		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		11.02		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		11.02		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet DSH Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.63		29.00
30.00	Line 28 or 29 as applicable	5.63		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		1,628	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,540,225	2.00
3.00	OPPS payments		17,558,749	3.00
4.00	Outlier payment (see instructions)		12,298	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,628	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		10,328	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)		10,328	14.00
<b>Customary charges</b>				
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)		10,328	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		8,700	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)		1,628	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)		17,571,047	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		209,059	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,200,807	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)		14,162,809	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,162,809	30.00
31.00	Primary payer payments		13,666	31.00
32.00	Subtotal (line 30 minus line 31)		14,149,143	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		636,672	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		413,837	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		618,607	36.00
37.00	Subtotal (see instructions)		14,562,980	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)		14,562,980	40.00
40.01	Sequestration adjustment (see instructions)		291,260	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14,186,369	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		85,351	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		67,080	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 10:56 am
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,507	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,507	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		15,900	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)		15,900	14.00
<b>Customary charges</b>				
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)		15,900	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,393	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)		2,507	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,118	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		-611	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		-611	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		-611	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		-611	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		-611	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		62	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-673	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/28/2018 10:56 am
	Title XVIII	Skilled Nursing Facility	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0185

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 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		41,754,007		14,141,549	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	08/10/2017	250,463	08/10/2017	44,820	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)		250,463		44,820	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)		42,004,470		14,186,369	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		924,900		85,351	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		42,929,370		14,271,720	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: 14-0185  
Component CCN: 14-5102

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2018 10:56 am  
PPS

Title XVIII

Skilled Nursing  
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		6,645,623		62	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)		0		0	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)		6,645,623		62	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		22,253		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		673	6.02
7.00	Total Medicare program liability (see instructions)		6,667,876		-611	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: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 Component CCN: 14-5102	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		7,654,908	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		7,654,908	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		873,660	7.00
8.00	Allowable bad debts (see instructions)		34,934	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		788	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		22,707	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		6,803,955	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		6,803,955	15.00
15.01	Sequestration adjustment (see instructions)		136,079	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		6,645,623	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		22,253	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		12,500	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2018 10:56 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services	3,412,177			1.00
2.00	Medical and other services		0		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,412,177	0		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	3,412,177	0		7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges	3,813,520			8.00
9.00	Ancillary service charges	8,571,627	11,166,683		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	12,385,147	11,166,683		12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	12,385,147	11,166,683		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	8,972,970	11,166,683		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	3,412,177	0		21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0	0		24.00
25.00	Capital exception payments (see instructions)	0	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,412,177	0		29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,412,177	0		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,412,177	0		36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0		37.00
38.00	Subtotal (line 36 ± line 37)	3,412,177	0		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,412,177	0		40.00
41.00	Interim payments	1,701,303	1,148,846		41.00
42.00	Balance due provider/program (line 40 minus line 41)	1,710,874	-1,148,846		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0		43.00
<b>OVERRIDES</b>					
109.00	Override Ancillary service charges (line 9)	0	0		109.00

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

Provider CCN: 14-0185

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

Worksheet G

Date/Time Prepared:  
5/28/2018 10:56 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	42,878,831	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	41,241,002	0	0	0	4.00
5.00	Other receivable	890,028	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,705,873	0	0	0	6.00
7.00	Inventory	2,545,967	0	0	0	7.00
8.00	Prepaid expenses	368,089	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	82,218,044	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,930,000	0	0	0	12.00
13.00	Land improvements	2,433,114	0	0	0	13.00
14.00	Accumulated depreciation	-442,417	0	0	0	14.00
15.00	Buildings	27,681,176	0	0	0	15.00
16.00	Accumulated depreciation	-2,643,632	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	11,709,761	0	0	0	19.00
20.00	Accumulated depreciation	-3,198,086	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	37,184,433	0	0	0	23.00
24.00	Accumulated depreciation	-15,323,509	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)	59,330,840	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	26,062,301	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	14,264,439	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	40,326,740	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	181,875,624	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,878,917	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,993,481	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	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	90,247,292	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	104,119,690	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	41,856,116	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,448,220	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,304,336	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	151,424,026	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	30,451,598				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	30,451,598	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	181,875,624	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0185

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

Worksheet G-1

Date/Time Prepared:  
5/28/2018 10:56 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		39,905,743		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-9,251,099			2.00
3.00	Total (sum of line 1 and line 2)		30,654,644		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	ROUNDING	4		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)		4		0	10.00
11.00	Subtotal (line 3 plus line 10)		30,654,648		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	ROUNDING	0		0		13.00
14.00	TRANSFERS TO BJC	203,050		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)		203,050		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,451,598		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	ROUNDING		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	ROUNDING		0			13.00
14.00	TRANSFERS TO BJC		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: 14-0185

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2018 10:56 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	102,372,233		102,372,233	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,606,566		6,606,566	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)	108,978,799		108,978,799	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,423,458		22,423,458	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,423,458		22,423,458	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	131,402,257		131,402,257	17.00
18.00	Ancillary services	352,360,457	430,167,448	782,527,905	18.00
19.00	Outpatient services	10,846,988	56,094,891	66,941,879	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		3,975,063	3,975,063	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER PATIENT REVENUE	0	61,923	61,923	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	494,609,702	490,299,325	984,909,027	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		234,198,458		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)		234,198,458		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0185

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

Worksheet G-3

Date/Time Prepared:  
5/28/2018 10:56 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	984,909,027	1.00
2.00	Less contractual allowances and discounts on patients' accounts	747,553,535	2.00
3.00	Net patient revenues (line 1 minus line 2)	237,355,492	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	234,198,458	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,157,034	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	278,481	6.00
7.00	Income from investments	2,899,211	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,573,303	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	1,662	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	-212,341	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,123,447	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEDICAID HIT	0	24.00
24.01	MEDICARE HIT	20,475	24.01
24.02	BJC OTHER OPERATING REVENUE	130,360	24.02
24.03	MISC OTHER OPERATING REVENUE	-293,406	24.03
25.00	Total other income (sum of lines 6-24)	5,521,192	25.00
26.00	Total (line 5 plus line 25)	8,678,226	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	17,929,325	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	17,929,325	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-9,251,099	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0185

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

Worksheet H

HHA CCN: 14-7443

Date/Time Prepared: 5/28/2018 10:56 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		9,094	9,094	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	117,976	28,039	959	760	204,657	352,391	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	948,439	225,415	46,344	9,781	0	1,229,979	6.00
7.00	380,569	90,449	38,386	34,907	0	544,311	7.00
8.00	49,318	11,721	2,343	1,960	0	65,342	8.00
9.00	2,329	554	715	5,457	0	9,055	9.00
10.00	0	0	0	1,050	0	1,050	10.00
11.00	0	0	0	0	0	0	11.00
12.00	0	0	0	0	34,219	34,219	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	1,498,631	356,178	88,747	53,915	247,970	2,245,441	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	9,094	-9,094	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-1,092	351,299	3,451	354,750			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,229,979	0	1,229,979			6.00
7.00	0	544,311	0	544,311			7.00
8.00	0	65,342	0	65,342			8.00
9.00	0	9,055	0	9,055			9.00
10.00	0	1,050	0	1,050			10.00
11.00	1,092	1,092	0	1,092			11.00
12.00	0	34,219	-33,414	805			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	0	2,245,441	-39,057	2,206,384			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.  
5/28/2018 10:56 am Y:\Memorial\Belleville\2017 MHB Cost Report\As Filed\MHB17.mcrx



COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2017 To 12/31/2017	Worksheet H-1 Part I Date/Time Prepared: 5/28/2018 10:56 am PPS
			Home Health Agency I	

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	354,750	0	0	0	354,750	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,229,979	0	0	0	1,229,979	6.00	
7.00	Physical Therapy	544,311	0	0	0	544,311	7.00	
8.00	Occupational Therapy	65,342	0	0	0	65,342	8.00	
9.00	Speech Pathology	9,055	0	0	0	9,055	9.00	
10.00	Medical Social Services	1,050	0	0	0	1,050	10.00	
11.00	Home Health Aide	1,092	0	0	0	1,092	11.00	
12.00	Supplies (see instructions)	805	0	0	0	805	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Telemedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	2,206,384	0	0	0	2,206,384	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	354,750					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	235,649	1,465,628				6.00	
7.00	Physical Therapy	104,283	648,594				7.00	
8.00	Occupational Therapy	12,519	77,861				8.00	
9.00	Speech Pathology	1,735	10,790				9.00	
10.00	Medical Social Services	201	1,251				10.00	
11.00	Home Health Aide	209	1,301				11.00	
12.00	Supplies (see instructions)	154	959				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
23.50	Telemedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		2,206,384				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0185

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 14-7443

To 12/31/2017

Part II  
Date/Time Prepared:  
5/28/2018 10:56 am

Home Health  
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-354,750	1,851,634
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	1,229,979	6.00
7.00	Physical Therapy	0	0	0	0	544,311	7.00
8.00	Occupational Therapy	0	0	0	0	65,342	8.00
9.00	Speech Pathology	0	0	0	0	9,055	9.00
10.00	Medical Social Services	0	0	0	0	1,050	10.00
11.00	Home Health Aide	0	0	0	0	1,092	11.00
12.00	Supplies (see instructions)	0	0	0	0	805	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-354,750	1,851,634
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	354,750	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.191588

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

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

Worksheet H-2 Part I

HHA CCN: 14-7443

Date/Time Prepared: 5/28/2018 10:56 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS DEPARTMENT CC	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0	37,774	0	4,343	6,637	0	1.00
1.00 Administrative and General	0	37,774	0	4,343	6,637	0	1.00
2.00 Skilled Nursing Care	1,465,628	0	0	0	53,359	0	2.00
3.00 Physical Therapy	648,594	0	0	0	21,411	0	3.00
4.00 Occupational Therapy	77,861	0	0	0	2,775	0	4.00
5.00 Speech Pathology	10,790	0	0	0	131	0	5.00
6.00 Medical Social Services	1,251	0	0	0	0	0	6.00
7.00 Home Health Aide	1,301	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	959	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	2,206,384	37,774	0	4,343	84,313	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	PATIENT ACCOUNTS	Subtotal	
	5.01	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	6,440	150,810	3,101	0	10,462	219,567	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,518,987	2.00
3.00 Physical Therapy	0	0	0	0	0	670,005	3.00
4.00 Occupational Therapy	0	0	0	0	0	80,636	4.00
5.00 Speech Pathology	0	0	0	0	0	10,921	5.00
6.00 Medical Social Services	0	0	0	0	0	1,251	6.00
7.00 Home Health Aide	0	0	0	0	0	1,301	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	959	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	6,440	150,810	3,101	0	10,462	2,503,627	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2017

Part I  
Date/Time Prepared: 5/28/2018 10:56 am

Home Health Agency I

PPS

Cost Center Description		OTHER	OTHER	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL	PLANT	PLANT CC	LINEN SERVICE		
		5.06	5.07	7.00	7.01	8.00	9.00	
1.00	Administrative and General	47,221	0	73,441	0	0	14,445	1.00
2.00	Skilled Nursing Care	326,678	0	0	0	0	0	2.00
3.00	Physical Therapy	144,093	0	0	0	0	0	3.00
4.00	Occupational Therapy	17,342	0	0	0	0	0	4.00
5.00	Speech Pathology	2,349	0	0	0	0	0	5.00
6.00	Medical Social Services	269	0	0	0	0	0	6.00
7.00	Home Health Aide	280	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	206	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	538,438	0	73,441	0	0	14,445	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		HOUSEKEEPING	DIETARY	DIETARY CC	CAFETERIA	NURSING	CENTRAL	
		CC				ADMINISTRATIVE	SERVICES & SUPPLY	
		9.01	10.00	10.01	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	17,186	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	17,186	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0185

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2017

Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICE & SUPPLY CC	PHARMACY	PHARMACY CC	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SOCIAL SERVICE CC	
		14.01	15.00	15.01	16.00	17.00	17.01	
1.00	Administrative and General	0	0	0	19,291	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	19,291	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	391,151	0	391,151				1.00
2.00	Skilled Nursing Care	1,845,665	0	1,845,665	260,131	2,105,796		2.00
3.00	Physical Therapy	814,098	0	814,098	114,740	928,838		3.00
4.00	Occupational Therapy	97,978	0	97,978	13,809	111,787		4.00
5.00	Speech Pathology	13,270	0	13,270	1,870	15,140		5.00
6.00	Medical Social Services	1,520	0	1,520	214	1,734		6.00
7.00	Home Health Aide	1,581	0	1,581	223	1,804		7.00
8.00	Supplies (see instructions)	1,165	0	1,165	164	1,329		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	3,166,428	0	3,166,428	391,151	3,166,428		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.140941			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185

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

Worksheet H-2 Part II

HHA CCN: 14-7443

Home Health Agency I

Date/Time Prepared: 5/28/2018 10:56 am

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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	EMPLOYEE BENEFITS DEPARTMENT CC (SALARIES)	COMMUNICATIONS (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	1,760	0	9,094	117,976	0	19	1.00
2.00 Skilled Nursing Care	0	0	0	948,439	0	0	2.00
3.00 Physical Therapy	0	0	0	380,569	0	0	3.00
4.00 Occupational Therapy	0	0	0	49,318	0	0	4.00
5.00 Speech Pathology	0	0	0	2,329	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	1,760	0	9,094	1,498,631	0	19	20.00
21.00 Total cost to be allocated	37,774	0	4,343	84,313	0	6,440	21.00
22.00 Unit cost multiplier	21.462500	0.000000	0.477568	0.056260	0.000000	338.947368	22.00
Cost Center Description	DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTS (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.02	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	175	9,600	0	3,975,063	0	219,567	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,518,987	2.00
3.00 Physical Therapy	0	0	0	0	0	670,005	3.00
4.00 Occupational Therapy	0	0	0	0	0	80,636	4.00
5.00 Speech Pathology	0	0	0	0	0	10,921	5.00
6.00 Medical Social Services	0	0	0	0	0	1,251	6.00
7.00 Home Health Aide	0	0	0	0	0	1,301	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	959	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	175	9,600	0	3,975,063	0	2,503,627	20.00
21.00 Total cost to be allocated	150,810	3,101	0	10,462	0	538,438	21.00
22.00 Unit cost multiplier	861.771429	0.323021	0.000000	0.002632	0	0.215063	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7443

To 12/31/2017

Part II  
Date/Time Prepared: 5/28/2018 10:56 am

Home Health Agency I

PPS

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL CC	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	
		(COST)						
		5.07	7.00	7.01	8.00	9.00	9.01	
1.00	Administrative and General	0	1,760	0	0	376	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	1,760	0	0	376	0	20.00
21.00	Total cost to be allocated	0	73,441	0	0	14,445	0	21.00
22.00	Unit cost multiplier	0.000000	41.727841	0.000000	0.000000	38.417553	0.000000	22.00
Cost Center Description		DIETARY (PATIENT MEALS)	DIETARY CC (MEALS SERVED)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	CENTRAL SERVICE & SUPPLY CC (COSTED REQUIS.)	
		10.00	10.01	11.00	13.00	14.00	14.01	
1.00	Administrative and General	0	0	1,407	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	1,407	0	0	0	20.00
21.00	Total cost to be allocated	0	0	17,186	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	12.214641	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0185

HHA CCN: 14-7443

Period:

From 01/01/2017 To 12/31/2017

Worksheet H-2

Part II  
Date/Time Prepared: 5/28/2018 10:56 am

Home Health Agency I

PPS

Cost Center Description	PHARMACY (COSTED REQUISITIONS)	PHARMACY CC (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)	SOCIAL SERVICE CC (TIME SPENT)		
	15.00	15.01	16.00	17.00	17.01		
1.00 Administrative and General	0	0	261	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	0	261	0	0		20.00
21.00 Total cost to be allocated	0	0	19,291	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	73.911877	0.000000	0.000000		22.00



APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0185 HHA CCN: 14-7443		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part I Date/Time Prepared: 5/28/2018 10:56 am	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	2,105,796		2,105,796	6,598	319.16		
2.00	Physical Therapy	3.00	928,838	0	928,838	5,455	170.27		
3.00	Occupational Therapy	4.00	111,787	0	111,787	517	216.22		
4.00	Speech Pathology	5.00	15,140	0	15,140	76	199.21		
5.00	Medical Social Services	6.00	1,734		1,734	8	216.75		
6.00	Home Health Aide	7.00	1,804		1,804	13	138.77		
7.00	Total (sum of lines 1-6)		3,165,099	0	3,165,099	12,667	7.00		
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
		0	1.00	2.00	Part B				
					Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00		4.00		5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		41180	0	2,204		8.00		
8.01	Skilled Nursing Care		44100	0	0		8.01		
8.02	Skilled Nursing Care		99914	0	161		8.02		
9.00	Physical Therapy		41180	0	2,053		9.00		
9.01	Physical Therapy		44100	0	0		9.01		
9.02	Physical Therapy		99914	0	17		9.02		
10.00	Occupational Therapy		41180	0	195		10.00		
10.01	Occupational Therapy		44100	0	0		10.01		
10.02	Occupational Therapy		99914	0	1		10.02		
11.00	Speech Pathology		41180	0	45		11.00		
11.01	Speech Pathology		44100	0	0		11.01		
11.02	Speech Pathology		99914	0	0		11.02		
12.00	Medical Social Services		41180	0	4		12.00		
12.01	Medical Social Services		44100	0	0		12.01		
12.02	Medical Social Services		99914	0	0		12.02		
13.00	Home Health Aide		41180	0	0		13.00		
13.01	Home Health Aide		44100	0	0		13.01		
13.02	Home Health Aide		99914	0	0		13.02		
14.00	Total (sum of lines 8-13)			0	4,680		14.00		
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	1,329	0	1,329	1,292	1.028638		
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		
Cost Center Description		Program Visits			Cost of Services				
		Part B			Part A				
		Part A	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance		Part A		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	2,365		0	754,813	1.00		
2.00	Physical Therapy	0	2,070		0	352,459	2.00		
3.00	Occupational Therapy	0	196		0	42,379	3.00		
4.00	Speech Pathology	0	45		0	8,964	4.00		
5.00	Medical Social Services	0	4		0	867	5.00		
6.00	Home Health Aide	0	0		0	0	6.00		
7.00	Total (sum of lines 1-6)	0	4,680		0	1,159,482	7.00		

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0185

Period: From 01/01/2017

Worksheet H-3

HHA CCN: 14-7443

To 12/31/2017

Part I  
Date/Time Prepared:  
5/28/2018 10:56 am

Title XVIII

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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
<b>Supplies and Drugs Cost Computations</b>								
15.00	Cost of Medical Supplies	0	0	565	0	0	581	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
<b>Cost Per Visit Computation</b>								
1.00	Skilled Nursing Care	754,813						1.00
2.00	Physical Therapy	352,459						2.00
3.00	Occupational Therapy	42,379						3.00
4.00	Speech Pathology	8,964						4.00
5.00	Medical Social Services	867						5.00
6.00	Home Health Aide	0						6.00
7.00	Total (sum of lines 1-6)	1,159,482						7.00
Cost Center Description								
		12.00						
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 14-0185 HHA CCN: 14-7443		Period: From 01/01/2017 To 12/31/2017		Worksheet H-3 Part II Date/Time Prepared: 5/28/2018 10:56 am	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated			
	0	1.00	2.00	3.00	4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy	66.00	0.190726	0	0col. 2, line 2.00			1.00
2.00	Occupational Therapy	67.00	0.162961	0	0col. 2, line 3.00			2.00
3.00	Speech Pathology	68.00	0.286908	0	0col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	71.00	0.597440	0	0col. 2, line 15.00			4.00
5.00	Cost of Drugs	73.00	0.157665	0	0col. 2, line 16.00			5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0185 HHA CCN: 14-7443	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,039,381
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	21,412
13.00	Total PPS Reimbursement - LUPA Episodes		0	35,288
14.00	Total PPS Reimbursement - PEP Episodes		0	14,850
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	9,077
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,120,008
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,120,008
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,120,008
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,120,008
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	1,120,008
31.01	Sequestration adjustment (see instructions)		0	22,400
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	1,097,608
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 14-0185

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

Worksheet H-5

HHA CCN: 14-7443

Date/Time Prepared:  
5/28/2018 10:56 am

Home Health  
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,097,608	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,097,608	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,097,608	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0185	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/28/2018 10:56 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,209,879	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		36,360	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)		141.64	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.61	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.82	8.00
9.00	Sum of lines 7 and 8		26.43	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.50	10.00
11.00	Disproportionate share adjustment (see instructions)		176,543	11.00
12.00	Total prospective capital payments (see instructions)		3,422,782	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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