

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: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/29/2017 1:26 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2017	Time: 1:26 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL ( 14-0187 ) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-411,930	-172,582	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-6,476	100		140,063	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-418,406	-172,482	0	140,063	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: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 9:43 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 211 S 3RD STREET			PO Box:						1.00	
2.00	City: BELLEVILLE			State: IL		Zip Code: 62220-		County: ST. CLAIR		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHABILITATION	14T187	41180	5	07/01/1987	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other		BELLEVILLE HHA	147506	41180		11/01/1991				19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		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.			1,302	791	0	0	3,912	144	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.			120	83	0	0	243		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 9:43 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00	
		V	XVII	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 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.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
				1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
		1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	10.76	0.000000	67.00		
							1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00		
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00		
<b>Inpatient Rehabilitation Facility PPS</b>									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00		
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00		
							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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.					N	87.00		
							V	XIX	
							1.00	2.00	
<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	Y	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00		



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		1.00	2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y			140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 00131		141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:				142.00
143.00	City: SPRINGFIELD	State:		Zip Code: 62707		143.00
						1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00
				1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146.00
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00
		Part A	Part B	Title V	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
		0	1.00	2.00	3.00	4.00
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
168.01	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 9:43 am	
			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)		07/01/2016	06/30/2017	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 9:43 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A	10/18/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	10/03/2017	Y	10/03/2017
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: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 9:43 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<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.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<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.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
<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.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LV COST REPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0187

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/29/2017 9:43 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0187

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 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	170	62,050	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)		170	62,050	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	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)		194	70,810	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		224				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0187

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,208	1,114	22,509			1.00
2.00 HMO and other (see instructions)	4,233	4,434				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	506	326				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)	9,208	1,114	22,509			7.00
8.00 INTENSIVE CARE UNIT	2,496	193	5,620			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		264	1,573			13.00
14.00 Total (see instructions)	11,704	1,571	29,702	14.11	888.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,851	120	4,722	0.00	20.53	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	76			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)				14.11	908.73	27.00
28.00 Observation Bed Days		158	3,350			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			325			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	144	297			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part I Date/Time Prepared: 11/29/2017 9:43 am
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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	2,687	374	7,555	1.00
2.00 HMO and other (see instructions)			967	1,488		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				27		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,687	374	7,555	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	237	10	394	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2017 9:43 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	51,694,520	0	51,694,520	1,953,641.48	26.46
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		167,970	0	167,970	992.00	169.32
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,577,051	0	1,577,051	29,744.00	53.02
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,296,497	591,786	1,888,283	62,875.40	30.03
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		6,155,348	0	6,155,348	142,280.98	43.26
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		755,255	0	755,255	4,341.28	173.97
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		5,408,468	0	5,408,468	111,641.00	48.45
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)		17,232,949	0	17,232,949		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		609,725	0	609,725		
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		30,418	0	30,418		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		2,317,710	0	2,317,710		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	7,775,047	-119,206	7,655,841	356,670.12	21.46

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0187

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2017 9:43 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		3,736,767	0	3,736,767	39,845.82	93.78	28.00
29.00	Maintenance & Repairs	6.00	281,415	0	281,415	9,502.75	29.61	29.00
30.00	Operation of Plant	7.00	1,397,026	0	1,397,026	64,632.70	21.61	30.00
31.00	Laundry & Linen Service	8.00	76,885	0	76,885	6,236.25	12.33	31.00
32.00	Housekeeping	9.00	1,078,464	0	1,078,464	88,931.64	12.13	32.00
33.00	Housekeeping under contract (see instructions)		182,188	0	182,188	5,200.00	35.04	33.00
34.00	Dietary	10.00	916,018	-562,664	353,354	21,491.37	16.44	34.00
35.00	Dietary under contract (see instructions)		349,235	0	349,235	9,360.00	37.31	35.00
36.00	Cafeteria	11.00	0	562,664	562,664	42,100.13	13.36	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,099,688	0	1,099,688	25,932.80	42.41	38.00
39.00	Central Services and Supply	14.00	260,301	0	260,301	17,941.25	14.51	39.00
40.00	Pharmacy	15.00	2,061,277	-472,580	1,588,697	46,722.05	34.00	40.00
41.00	Medical Records & Medical Records Library	16.00	741,021	0	741,021	39,566.55	18.73	41.00
42.00	Social Service	17.00	982,004	0	982,004	30,441.50	32.26	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet S-3 Part III Date/Time Prepared: 11/29/2017 9:43 am		
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART III - HOSPITAL WAGE INDEX SUMMARY									
1.00	Net salaries (see instructions)	54,385,659	0	54,385,659	1,978,303.30	27.49	1.00		
2.00	Excluded area salaries (see instructions)	1,296,497	591,786	1,888,283	62,875.40	30.03	2.00		
3.00	Subtotal salaries (line 1 minus line 2)	53,089,162	-591,786	52,497,376	1,915,427.90	27.41	3.00		
4.00	Subtotal other wages & related costs (see inst.)	12,319,071	0	12,319,071	258,263.26	47.70	4.00		
5.00	Subtotal wage-related costs (see inst.)	19,581,077	0	19,581,077	0.00	37.30	5.00		
6.00	Total (sum of lines 3 thru 5)	84,989,310	-591,786	84,397,524	2,173,691.16	38.83	6.00		
7.00	Total overhead cost (see instructions)	20,937,336	-591,786	20,345,550	804,574.93	25.29	7.00		

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2017 9:43 am
				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		199,841	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)		2,462,952	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)		0	8.02
8.03	Health Insurance (Purchased)		9,768,330	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		81,327	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		830,258	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		4,160,130	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		182,095	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))		39,542	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		148,617	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,873,092	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: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/29/2017 9:43 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	6,155,348	17,873,092	1.00
2.00	Hospital	6,155,348	17,289,728	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	583,364	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/29/2017 9:43 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)		0.247536	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		12,425,309	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		140,728,936	6.00
7.00	Medicaid cost (line 1 times line 6)		34,835,478	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)		22,410,169	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		22,410,169	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)	12,020,800	946,313	12,967,113
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,975,581	946,313	3,921,894
22.00	Payments received from patients for amounts previously written off as charity care	7,992	11,145	19,137
23.00	Cost of charity care (line 21 minus line 22)	2,967,589	935,168	3,902,757
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,150,484	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		412,182	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		634,125	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		5,516,359	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,587,440	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,490,197	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		27,900,366	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/29/2017 9:43 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	11,800,317	11,800,317	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	6,189,532	6,189,532	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	13,728,058	13,728,058	-60	13,727,998	4.00
5.01 00540 NONPATIENT TELEPHONES	209,723	3,686	213,409	-1,709	211,700	5.01
5.02 00550 DATA PROCESSING	24,880	12,714,992	12,739,872	-872,396	11,867,476	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	185,864	-104,709	81,155	-3,750	77,405	5.03
5.04 00570 ADMINISTRATION	890,116	576,358	1,466,474	-5,498	1,460,976	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	926,280	2,477,723	3,404,003	-130	3,403,873	5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	5,538,184	35,048,887	40,587,071	-7,823,598	32,763,473	5.06
6.00 00600 MAINTENANCE & REPAIRS	281,415	1,555,273	1,836,688	-31,368	1,805,320	6.00
7.00 00700 OPERATION OF PLANT	1,397,026	4,883,812	6,280,838	-2,288,817	3,992,021	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	76,885	849,311	926,196	-5,848	920,348	8.00
9.00 00900 HOUSEKEEPING	1,078,464	626,833	1,705,297	-73,066	1,632,231	9.00
10.00 01000 DIETARY	916,018	500,011	1,416,029	-924,127	491,902	10.00
11.00 01100 CAFETERIA	0	0	0	909,058	909,058	11.00
13.00 01300 NURSING ADMINISTRATION	1,099,688	155,951	1,255,639	-78,792	1,176,847	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	260,301	183,376	443,677	-127,424	316,253	14.00
15.00 01500 PHARMACY	2,061,277	6,356,112	8,417,389	-6,571,669	1,845,720	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	741,021	729,720	1,470,741	-18,584	1,452,157	16.00
17.00 01700 SOCIAL SERVICE	982,004	1,025,702	2,007,706	-27,129	1,980,577	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,412,681	1,412,681	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	164,370	164,370	22.00
23.00 02300 PARAMED PRGM	0	0	0	487,867	487,867	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	8,581,841	2,167,095	10,748,936	-1,231,515	9,517,421	30.00
31.00 03100 INTENSIVE CARE UNIT	4,036,057	900,005	4,936,062	-576,228	4,359,834	31.00
41.00 04100 SUBPROVIDER - I&R	1,252,119	164,536	1,416,655	-84,354	1,332,301	41.00
43.00 04300 NURSERY	381,636	487,777	869,413	-239	869,174	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,320,525	10,588,653	14,909,178	-8,925,559	5,983,619	50.00
51.00 05100 RECOVERY ROOM	654,386	61,010	715,396	-59,182	656,214	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	932,262	64,104	996,366	0	996,366	52.00
53.00 05300 ANESTHESIOLOGY	62,217	481,829	544,046	-426,912	117,134	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,279,384	907,174	3,186,558	-699,443	2,487,115	54.00
56.00 05600 RADIOISOTOPE	225,079	264,469	489,548	-12,553	476,995	56.00
57.00 05700 CT SCAN	478,333	205,366	683,699	-107,280	576,419	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,534,047	6,911,522	8,445,569	-6,618,513	1,827,056	59.00
60.00 06000 LABORATORY	2,397,792	3,295,181	5,692,973	-1,304,860	4,388,113	60.00
64.00 06400 INTRAVENOUS THERAPY	151,331	80,974	232,305	-80,494	151,811	64.00
65.00 06500 RESPIRATORY THERAPY	1,235,484	382,712	1,618,196	-372,388	1,245,808	65.00
66.00 06600 PHYSICAL THERAPY	695,245	3,288,394	3,983,639	-597,269	3,386,370	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	217,125	217,125	221,980	439,105	67.00
68.00 06800 SPEECH PATHOLOGY	1,049	165,481	166,530	154,705	321,235	68.00
69.00 06900 ELECTROCARDIOLOGY	539,033	308,993	848,026	-100,637	747,389	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,615,679	10,615,679	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,361,380	7,361,380	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	164	0	164	5,784,057	5,784,221	73.00
74.00 07400 RENAL DIALYSIS	0	504,694	504,694	-10,782	493,912	74.00
76.00 03952 PAIN MANAGEMENT	388,283	228,643	616,926	-201,153	415,773	76.00
76.01 03951 OP CARDIO VASCULAR	335,953	199,222	535,175	-83,284	451,891	76.01
76.02 03953 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03 03950 SLEEP LAB	251,414	44,295	295,709	-40,970	254,739	76.03
76.04 03650 VASCULAR LAB	231,821	6,326	238,147	-2,598	235,549	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	241,345	20,582,387	20,823,732	-2,024,446	18,799,286	90.00
91.00 09100 EMERGENCY	2,988,614	1,483,696	4,472,310	-542,945	3,929,365	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OP	785,582	73,502	859,084	-36,388	822,696	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	51,650,142	135,376,261	187,026,403	2,107,669	189,134,072
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,567	84,372	127,939	-2,830	125,109	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	811	3,889,639	3,890,450	-2,257,580	1,632,870	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	152,741	152,741	193.01
200.00	TOTAL (SUM OF LINES 118-199)	51,694,520	139,350,272	191,044,792	0	191,044,792

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0187

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

Worksheet A  
Date/Time Prepared:  
11/29/2017 9:43 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	-353,874	11,446,443	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-54,123	6,135,409	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,260,563	10,467,435	4.00
5.01	00540	NONPATIENT TELEPHONES	0	211,700	5.01
5.02	00550	DATA PROCESSING	-11,816,665	50,811	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	77,405	5.03
5.04	00570	ADMINISTRATIVE	0	1,460,976	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-24,100	3,379,773	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	8,961	32,772,434	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,805,320	6.00
7.00	00700	OPERATION OF PLANT	0	3,992,021	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-16,375	903,973	8.00
9.00	00900	HOUSEKEEPING	-38	1,632,193	9.00
10.00	01000	DIETARY	-21,079	470,823	10.00
11.00	01100	CAFETERIA	0	909,058	11.00
13.00	01300	NURSING ADMINISTRATION	-2,025	1,174,822	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	316,253	14.00
15.00	01500	PHARMACY	0	1,845,720	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-147,533	1,304,624	16.00
17.00	01700	SOCIAL SERVICE	0	1,980,577	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,412,681	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	164,370	22.00
23.00	02300	PARAMEDICAL PRGM	0	487,867	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-9,998	9,507,423	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,359,834	31.00
41.00	04100	SUBPROVIDER - I&R	0	1,332,301	41.00
43.00	04300	NURSERY	0	869,174	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-4,660	5,978,959	50.00
51.00	05100	RECOVERY ROOM	0	656,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	996,366	52.00
53.00	05300	ANESTHESIOLOGY	0	117,134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,487,115	54.00
56.00	05600	RADIOISOTOPE	0	476,995	56.00
57.00	05700	CT SCAN	-1,020	575,399	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,827,056	59.00
60.00	06000	LABORATORY	-18,924	4,369,189	60.00
64.00	06400	INTRAVENOUS THERAPY	0	151,811	64.00
65.00	06500	RESPIRATORY THERAPY	-16,575	1,229,233	65.00
66.00	06600	PHYSICAL THERAPY	0	3,386,370	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	439,105	67.00
68.00	06800	SPEECH PATHOLOGY	-750	320,485	68.00
69.00	06900	ELECTROCARDIOLOGY	-126,319	621,070	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,615,679	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,361,380	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,784,221	73.00
74.00	07400	RENAL DIALYSIS	0	493,912	74.00
76.00	03952	PAIN MANAGEMENT	0	415,773	76.00
76.01	03951	OP CARDIO VASCULAR	0	451,891	76.01
76.02	03953	ANCILLARY PSYCH	0	0	76.02
76.03	03950	SLEEP LAB	0	254,739	76.03
76.04	03650	VASCULAR LAB	0	235,549	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-322,765	18,476,521	90.00
91.00	09100	EMERGENCY	-515,895	3,413,470	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OTHER OP	0	822,696	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,704,320	172,429,752	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	125,109	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,632,870	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	152,741	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-16,704,320	174,340,472	200.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 9:43 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - SUPPLIES &amp; IMPLANTS</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,954	1.00
2.00	SOCIAL SERVICE	17.00	0	178	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,615,679	3.00
4.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,361,380	4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	16	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
	0		0	18,013,207	
<b>B - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,784,057	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	5,784,057	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>C - COMMUNITY RELATIONS</b>					
1.00	WELLNESS/SENIOR VIP	193.01	119,206	33,535	1.00
	O		119,206	33,535	
<b>D - RENT EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,358,555	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	674,934	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
	O		0	2,033,489	
<b>E - DEPRECIATION EXPENSE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	10,441,762	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,514,598	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



		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
0			0	15,956,360		
<b>F - CAFETERIA</b>						
1.00	CAFETERIA	11.00	562,664	346,394	1.00	
0			562,664	346,394		
<b>G - THERAPY RECLASS</b>						
1.00	OCCUPATIONAL THERAPY	67.00	0	223,268	1.00	
2.00	SPEECH PATHOLOGY	68.00	0	170,822	2.00	
0			0	394,090		
<b>H - INTERNS AND RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,412,681	1.00	
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	164,370	2.00	
0			0	1,577,051		
<b>I - PHARMACY RESIDENCY PROGRAM</b>						
1.00	PARAMED ED PRGM	23.00	472,580	15,287	1.00	
0			472,580	15,287		
500.00	Grand Total: Increases		1,154,450	44,153,470	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 9:43 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - SUPPLIES &amp; IMPLANTS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	60	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	82	0	2.00	
3.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	13,038	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	48	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	281	0	5.00	
6.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0	6.00	
7.00	HOUSEKEEPING	9.00	0	32,192	0	7.00	
8.00	DIETARY	10.00	0	68	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	890	0	9.00	
10.00	PHARMACY	15.00	0	46,868	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	40	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	747,683	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	383,995	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	50,123	0	14.00	
15.00	NURSERY	43.00	0	56	0	15.00	
16.00	OPERATING ROOM	50.00	0	7,467,367	0	16.00	
17.00	RECOVERY ROOM	51.00	0	22,161	0	17.00	
18.00	ANESTHESIOLOGY	53.00	0	312,645	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	157,727	0	19.00	
20.00	RADIOISOTOPE	56.00	0	8,165	0	20.00	
21.00	CT SCAN	57.00	0	97,856	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	5,995,793	0	22.00	
23.00	LABORATORY	60.00	0	1,176,504	0	23.00	
24.00	INTRAVENOUS THERAPY	64.00	0	75,831	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	301,126	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	94,712	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	1,022	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	6,073	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	13,945	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	8,020	0	30.00	
31.00	PAIN MANAGEMENT	76.00	0	178,731	0	31.00	
32.00	OP CARDIOVASCULAR	76.01	0	12,463	0	32.00	
33.00	SLEEP LAB	76.03	0	13,945	0	33.00	
34.00	VASCULAR LAB	76.04	0	1,506	0	34.00	
35.00	CLINIC	90.00	0	370,468	0	35.00	
36.00	EMERGENCY	91.00	0	390,247	0	36.00	
37.00	OTHER OP	93.00	0	31,328	0	37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	48	0	38.00	
0			0	18,013,207			
<b>B - DRUGS CHARGED TO PATIENTS</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	6,935	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	112	0	2.00	
3.00	HOUSEKEEPING	9.00	0	23	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	65	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	27,434	0	5.00	
6.00	PHARMACY	15.00	0	5,671,761	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	5,489	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	1,625	0	8.00	
9.00	SUBPROVIDER - IRF	41.00	0	82	0	9.00	
10.00	OPERATING ROOM	50.00	0	5,633	0	10.00	
11.00	RECOVERY ROOM	51.00	0	99	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	6,298	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	401	0	13.00	
14.00	RADIOISOTOPE	56.00	0	49	0	14.00	
15.00	CT SCAN	57.00	0	256	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	15,877	0	16.00	
17.00	LABORATORY	60.00	0	31	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	304	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	478	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	170	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	491	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	2,762	0	22.00	
23.00	PAIN MANAGEMENT	76.00	0	22	0	23.00	
24.00	OP CARDIOVASCULAR	76.01	0	3	0	24.00	
25.00	VASCULAR LAB	76.04	0	2	0	25.00	
26.00	CLINIC	90.00	0	20,756	0	26.00	
27.00	EMERGENCY	91.00	0	16,584	0	27.00	
28.00	OTHER OP	93.00	0	315	0	28.00	
0			0	5,784,057			

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 9:43 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>C - COMMUNITY RELATIONS</b>							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.06	119,206	33,535	0		1.00
			119,206	33,535			
<b>D - RENT EXPENSE</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	131	10		1.00
2.00	DATA PROCESSING	5.02	0	2,709	10		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	3,750	0		3.00
4.00	ADMINISTRATIVE	5.04	0	2,664	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	130	0		5.00
6.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	52,016	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	425	0		7.00
8.00	OPERATION OF PLANT	7.00	0	2,985	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	7	0		9.00
10.00	HOUSEKEEPING	9.00	0	4,009	0		10.00
11.00	DIETARY	10.00	0	3,189	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	3,567	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,707	0		13.00
14.00	PHARMACY	15.00	0	363,336	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,340	0		15.00
16.00	SOCIAL SERVICE	17.00	0	3,664	0		16.00
17.00	ADULTS & PEDIATRICS	30.00	0	58,388	0		17.00
18.00	INTENSIVE CARE UNIT	31.00	0	20,651	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	11,911	0		19.00
20.00	NURSERY	43.00	0	183	0		20.00
21.00	OPERATING ROOM	50.00	0	7,893	0		21.00
22.00	RECOVERY ROOM	51.00	0	828	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,320	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,014	0		24.00
25.00	RADIOISOTOPE	56.00	0	141	0		25.00
26.00	CT SCAN	57.00	0	827	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	8,443	0		27.00
28.00	LABORATORY	60.00	0	6,818	0		28.00
29.00	INTRAVENOUS THERAPY	64.00	0	9	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	29,318	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	59,270	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	55	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	1,320	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	1,517	0		34.00
35.00	PAIN MANAGEMENT	76.00	0	1,860	0		35.00
36.00	OP CARDIOVASCULAR	76.01	0	1,966	0		36.00
37.00	SLEEP LAB	76.03	0	2,671	0		37.00
38.00	VASCULAR LAB	76.04	0	379	0		38.00
39.00	CLINIC	90.00	0	9,069	0		39.00
40.00	EMERGENCY	91.00	0	30,300	0		40.00
41.00	OTHER OP	93.00	0	3,480	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,312,229	0		42.00
			0	2,033,489			
<b>E - DEPRECIATION EXPENSE</b>							
1.00	NONPATIENT TELEPHONES	5.01	0	1,578	9		1.00
2.00	DATA PROCESSING	5.02	0	869,687	9		2.00
3.00	ADMINISTRATIVE	5.04	0	2,752	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.06	0	7,598,868	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	30,783	0		5.00
6.00	OPERATION OF PLANT	7.00	0	2,285,551	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	5,741	0		7.00
8.00	HOUSEKEEPING	9.00	0	36,842	0		8.00
9.00	DIETARY	10.00	0	11,812	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	74,270	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	127,237	0		11.00
12.00	PHARMACY	15.00	0	1,837	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	13,204	0		13.00
14.00	SOCIAL SERVICE	17.00	0	23,643	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	419,955	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	169,957	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	22,238	0		17.00
18.00	OPERATING ROOM	50.00	0	1,444,666	0		18.00
19.00	RECOVERY ROOM	51.00	0	36,094	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	106,649	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	535,301	0		21.00

RECLASSIFICATIONS

Provider CCN: 14-0187

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 9:43 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
22.00	RADIOISOTOPE	56.00	0	4,198	0			22.00
23.00	CT SCAN	57.00	0	8,341	0			23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	598,400	0			24.00
25.00	LABORATORY	60.00	0	121,507	0			25.00
26.00	INTRAVENOUS THERAPY	64.00	0	4,350	0			26.00
27.00	RESPIRATORY THERAPY	65.00	0	41,466	0			27.00
28.00	PHYSICAL THERAPY	66.00	0	49,027	0			28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	211	0			29.00
30.00	SPEECH PATHOLOGY	68.00	0	8,724	0			30.00
31.00	ELECTROCARDIOLOGY	69.00	0	84,684	0			31.00
32.00	PAIN MANAGEMENT	76.00	0	20,540	0			32.00
33.00	OP CARDIOVASCULAR	76.01	0	68,852	0			33.00
34.00	SLEEP LAB	76.03	0	24,354	0			34.00
35.00	VASCULAR LAB	76.04	0	711	0			35.00
36.00	CLINIC	90.00	0	47,102	0			36.00
37.00	EMERGENCY	91.00	0	105,814	0			37.00
38.00	OTHER OP	93.00	0	1,265	0			38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,846	0			39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	945,303	0			40.00
	O		0	15,956,360				
F - CAFETERIA								
1.00	DIETARY	10.00	562,664	346,394	0			1.00
	O		562,664	346,394				
G - THERAPY RECLASS								
1.00	PHYSICAL THERAPY	66.00	0	394,090	0			1.00
2.00		0.00	0	0	0			2.00
	O		0	394,090				
H - INTERNS AND RESIDENTS								
1.00	CLINIC	90.00	0	1,577,051	0			1.00
2.00		0.00	0	0	0			2.00
	O		0	1,577,051				
I - PHARMACY RESIDENCY PROGRAM								
1.00	PHARMACY	15.00	472,580	15,287	0			1.00
	O		472,580	15,287				
500.00	Grand Total: Decreases		1,154,450	44,153,470				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	22,952,115	0	0	0	0	1.00
2.00	Land Improvements	5,984,789	0	0	0	0	2.00
3.00	Buildings and Fixtures	122,805,618	60,654	0	60,654	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	70,376,464	1,077,875	0	1,077,875	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	222,118,986	1,138,529	0	1,138,529	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,118,986	1,138,529	0	1,138,529	0	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	22,952,115	0				1.00
2.00	Land Improvements	5,984,789	0				2.00
3.00	Buildings and Fixtures	122,866,272	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	71,454,339	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	223,257,515	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	223,257,515	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0187

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/29/2017 9:43 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
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
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: 14-0187

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/29/2017 9:43 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	151,803,176	0	151,803,176	0.679947	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	71,454,339	0	71,454,339	0.320053	0	2.00
3.00	Total (sum of lines 1-2)	223,257,515	0	223,257,515	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	10,441,762	1,358,555	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,514,598	620,811	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,956,360	1,979,366	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-353,874	0	0	0	11,446,443	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,135,409	2.00
3.00	Total (sum of lines 1-2)	-353,874	0	0	0	17,581,852	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0187

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

Worksheet A-8

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-353,874	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-54,123	NEW CAP REL COSTS-MVBLE EQUIP	2.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,479,700			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,582,588			0	12.00
13.00 Laundry and linen service	B	-16,375	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-147,533	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-21,079	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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
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
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00



Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.00	MI SCCELLANEOUS A&P	B	-9,998	ADULTS & PEDIATRICS	30.00	0	33.00
33.01	MI SCCELLANEOUS RESPIRATORY THERAPY	B	-16,575	RESPIRATORY THERAPY	65.00	0	33.01
33.02	MI SCCELLANEOUS LAB	B	-18,924	LABORATORY	60.00	0	33.02
33.03	MI SCCELLANEOUS EMERGENCY ROOM	B	-20,661	EMERGENCY	91.00	0	33.03
33.04	MI SCCELLANEOUS EDUCATION SERVICES	B	-1,380	NURSING ADMINISTRATION	13.00	0	33.04
33.05	MI SCCELLANEOUS BUSINESS OFFICE	B	-24,100	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.05
33.06	MI SCCELLANEOUS CENTRAL STERILE	B	-1,555	OPERATING ROOM	50.00	0	33.06
33.07	MI SCCELLANEOUS ADMINISTRATIVE	B	-663,809	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.07
33.08	MI SCCELLANEOUS AUDIOLOGY	B	-750	SPEECH PATHOLOGY	68.00	0	33.08
33.09	MI SCCELLANEOUS ENVIRONMENTAL SERVICES	B	-38	HOUSEKEEPING	9.00	0	33.09
33.10	THA DUES	A	-22,672	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.10
33.11	CHA DUES	A	-1,148	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.11
33.12	AHA DUES	A	-6,223	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.12
33.13	ADVERTISING	A	-686,927	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.13
33.14	SPECIAL EVENT	A	-21,701	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.14
33.15	RECRUITMENT EXPENSE	A	-6,290	CLINIC	90.00	0	33.15
33.16	RECRUITMENT EXPENSE	A	-3,599	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.16
33.17	LIABILITY INSURANCE	A	-177,148	CLINIC	90.00	0	33.17
33.18	SEASON TICKETS	A	-14,965	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.18
33.19	PROVIDER TAX ADJUSTMENT	A	-10,268,278	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.19
33.20	GIFTS	A	-6,849	OTHER ADMINISTRATIVE & GENERAL	5.06	0	33.20
33.21	SELF INSURANCE	A	-3,240,619	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	MED CLINIC - HSHS MED GROUP	A	-15	CLINIC	90.00	0	33.22
33.23			0		0.00	0	33.23
33.24			0		0.00	0	33.24
33.25			0		0.00	0	33.25
33.26			0		0.00	0	33.26
33.27			0		0.00	0	33.27
33.28			0		0.00	0	33.28
33.29			0		0.00	0	33.29
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,704,320				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: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:  
11/29/2017 9:43 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	ADMINISTRATION - SSC MANAGEMENT	12,208,402	1,925,141
2.00	5.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE CAPITAL ME	3,120,971	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH INSURANCE TRUST FUND	11,369,504	11,374,483
4.00	5.02	DATA PROCESSING	INFORMATION SYSTEMS - SSC MA	0	11,816,665
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			26,698,877	25,116,289

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

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

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

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

6.00	A	HSHA/CCC	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0187

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

Worksheet A-8-1

Date/Time Prepared:  
11/29/2017 9:43 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	10,283,261	0		1.00
2.00	3,120,971	0		2.00
3.00	-4,979	0		3.00
4.00	-11,816,665	0		4.00
5.00	1,582,588			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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0187

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

Worksheet A-8-2

Date/Time Prepared:  
11/29/2017 9:43 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 & GENERAL	1,953,019	1,427,712	525,307	211,500	2,350	1.00
2.00	13.00	NURSING ADMINISTRATION	645	645	0	0	0	2.00
3.00	50.00	OPERATING ROOM	3,105	3,105	0	0	0	3.00
4.00	57.00	CT SCAN	1,020	1,020	0	0	0	4.00
5.00	60.00	LABORATORY	5,125	0	5,125	260,300	41	5.00
6.00	69.00	ELECTROCARDIOLOGY	126,319	126,319	0	0	0	6.00
7.00	90.00	CLINIC	139,312	139,312	0	0	0	7.00
8.00	91.00	EMERGENCY	495,234	495,234	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			2,723,779	2,193,347	530,432		2,391	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 & GENERAL	238,954	11,948	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	57.00	CT SCAN	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	5,131	257	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			244,085	12,205	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	0	238,954	286,353	1,714,065		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	645		2.00
3.00	50.00	OPERATING ROOM	0	0	0	3,105		3.00
4.00	57.00	CT SCAN	0	0	0	1,020		4.00
5.00	60.00	LABORATORY	0	5,131	0	0		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	126,319		6.00
7.00	90.00	CLINIC	0	0	0	139,312		7.00
8.00	91.00	EMERGENCY	0	0	0	495,234		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	244,085	286,353	2,479,700		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	11,446,443	11,446,443				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	6,135,409		6,135,409			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,467,435	0	0	10,467,435		4.00	
5.01 00540 NONPATIENT TELEPHONES	211,700	4,415	1,756	42,466	260,337	5.01	
5.02 00550 DATA PROCESSING	50,811	158,105	967,593	5,038	4,102	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	77,405	14,611	0	37,635	1,666	5.03	
5.04 00570 ADMINITTING	1,460,976	30,485	3,062	180,236	3,333	5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,379,773	0	0	187,559	5,127	5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL	32,772,434	2,470,515	132,951	1,097,267	9,357	5.06	
6.00 00600 MAINTENANCE & REPAIRS	1,805,320	33,738	34,248	56,983	1,025	6.00	
7.00 00700 OPERATION OF PLANT	3,992,021	818,197	268,363	282,878	2,564	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	903,973	204,869	6,387	15,568	641	8.00	
9.00 00900 HOUSEKEEPING	1,632,193	70,829	40,990	218,374	513	9.00	
10.00 01000 DIETARY	470,823	307,211	13,142	71,549	3,333	10.00	
11.00 01100 CAFETERIA	909,058	0	0	113,932	0	11.00	
13.00 01300 NURSING ADMINISTRATION	1,174,822	36,535	82,631	222,671	1,795	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	316,253	145,938	141,561	52,707	2,051	14.00	
15.00 01500 PHARMACY	1,845,720	85,625	2,044	321,689	2,820	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,304,624	70,458	14,690	150,046	5,384	16.00	
17.00 01700 SOCIAL SERVICE	1,980,577	49,949	26,305	198,842	4,102	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,412,681	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	164,370	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	487,867	0	0	95,691	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	9,507,423	1,210,594	467,232	1,737,722	21,022	30.00	
31.00 03100 INTENSIVE CARE UNIT	4,359,834	171,604	189,090	817,245	4,999	31.00	
41.00 04100 SUBPROVIDER - IRF	1,332,301	168,402	24,741	253,537	3,589	41.00	
43.00 04300 NURSERY	869,174	0	0	77,276	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	5,978,959	661,069	1,607,301	874,846	22,945	50.00	
51.00 05100 RECOVERY ROOM	656,214	52,662	40,157	132,504	1,410	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	996,366	0	0	188,770	0	52.00	
53.00 05300 ANESTHESIOLOGY	117,134	14,324	118,655	12,598	1,410	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,487,115	214,391	595,563	461,543	6,409	54.00	
56.00 05600 RADIOISOTOPE	476,995	46,983	4,671	45,575	897	56.00	
57.00 05700 CT SCAN	575,399	55,190	9,280	96,856	1,154	57.00	
59.00 05900 CARDIAC CATHETERIZATION	1,827,056	248,819	665,765	310,623	4,871	59.00	
60.00 06000 LABORATORY	4,369,189	209,251	135,186	485,519	3,974	60.00	
64.00 06400 INTRAVENOUS THERAPY	151,811	0	4,840	30,642	0	64.00	
65.00 06500 RESPIRATORY THERAPY	1,229,233	85,069	46,134	250,168	1,282	65.00	
66.00 06600 PHYSICAL THERAPY	3,386,370	345,600	54,546	140,777	4,999	66.00	
67.00 06700 OCCUPATIONAL THERAPY	439,105	0	235	0	385	67.00	
68.00 06800 SPEECH PATHOLOGY	320,485	11,089	9,706	212	513	68.00	
69.00 06900 ELECTROCARDIOLOGY	621,070	49,983	94,217	109,147	1,154	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,615,679	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,361,380	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	5,784,221	0	0	33	0	73.00	
74.00 07400 RENAL DIALYSIS	493,912	18,554	0	0	385	74.00	
76.00 03952 PAIN MANAGEMENT	415,773	53,050	22,852	78,622	0	76.00	
76.01 03951 OP CARDIO VASCULAR	451,891	37,175	76,603	68,026	0	76.01	
76.02 03953 ANCILLARY PSYCH	0	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	254,739	57,314	27,096	50,908	2,179	76.03	
76.04 03650 VASCULAR LAB	235,549	18,672	791	46,941	641	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	18,476,521	335,691	51,547	48,869	31,789	90.00	
91.00 09100 EMERGENCY	3,413,470	202,392	117,726	605,152	4,615	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OP	822,696	0	1,407	159,069	1,282	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	172,429,752	8,769,358	6,101,064	10,434,311	169,717	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,109	14,442	3,166	8,822	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,632,870	2,662,643	31,179	164	90,620	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	152,741	0	0	24,138	0	193.01	
200.00	Cross Foot Adjustments					200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00   Negative Cost Centers		0	0	0	0	201.00
202.00   TOTAL (sum lines 118-201)	174,340,472	11,446,443	6,135,409	10,467,435	260,337	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.02	5.03	5.04	5.05	5A.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING	1,185,649				5.02	
5.03	00560	PURCHASING RECEIVING AND STORES	0	131,317			5.03	
5.04	00570	ADMINITTING	0	9,200	1,687,292		5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,572,459	5.05	
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	1,185,649	10,446	0	0	37,678,619	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	88	0	0	1,931,402	6.00
7.00	00700	OPERATION OF PLANT	0	15,601	0	0	5,379,624	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	21	0	0	1,131,459	8.00
9.00	00900	HOUSEKEEPING	0	225	0	0	1,963,124	9.00
10.00	01000	DIETARY	0	368	0	0	866,426	10.00
11.00	01100	CAFETERIA	0	920	0	0	1,023,910	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,329	0	0	1,520,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,901	0	0	660,411	14.00
15.00	01500	PHARMACY	0	2	0	0	2,257,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,461	0	0	1,547,663	16.00
17.00	01700	SOCIAL SERVICE	0	131	0	0	2,259,906	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,412,681	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	164,370	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	583,558	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	4,332	113,064	239,417	13,300,806	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,721	34,817	73,726	5,654,036	31.00
41.00	04100	SUBPROVIDER - I&R	0	1,119	14,680	31,086	1,829,455	41.00
43.00	04300	NURSERY	0	0	3,820	8,090	958,360	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	18,889	149,198	315,931	9,629,138	50.00
51.00	05100	RECOVERY ROOM	0	126	16,926	35,842	935,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,360	30,407	1,229,903	52.00
53.00	05300	ANESTHESIOLOGY	0	106	44,471	94,170	402,868	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,919	138,217	292,679	4,205,836	54.00
56.00	05600	RADIOISOTOPE	0	142	14,892	31,535	621,690	56.00
57.00	05700	CT SCAN	0	868	139,862	296,162	1,174,771	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,886	105,716	223,857	3,391,593	59.00
60.00	06000	LABORATORY	0	703	198,382	419,645	5,821,849	60.00
64.00	06400	INTRAVENOUS THERAPY	0	58	2,951	6,248	196,550	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,747	48,118	101,891	1,763,642	65.00
66.00	06600	PHYSICAL THERAPY	0	1,787	58,084	122,996	4,115,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,822	16,563	464,110	67.00
68.00	06800	SPEECH PATHOLOGY	0	172	5,295	11,213	358,685	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,918	52,415	110,990	1,040,894	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	48,241	102,152	10,766,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	62,108	131,516	7,555,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	122,593	259,594	6,166,441	73.00
74.00	07400	RENAL DIALYSIS	0	3	6,152	13,027	532,033	74.00
76.00	03952	PAIN MANAGEMENT	0	293	33,760	71,487	675,837	76.00
76.01	03951	OP CARDIO VASCULAR	0	199	29,739	62,974	726,607	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	249	9,255	19,597	421,337	76.03
76.04	03650	VASCULAR LAB	0	95	12,652	26,790	342,131	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	357	25,895	54,832	19,025,501	90.00
91.00	09100	EMERGENCY	0	1,514	138,282	292,817	4,775,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	6,373	35,525	75,225	1,101,577	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,185,649	102,269	1,687,292	3,572,459	169,565,530	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,185	0	0	177,724	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,828	0	0	4,420,304	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	35	0	0	176,914	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,185,649	131,317	1,687,292	3,572,459	174,340,472	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description		OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	37,678,619					5.06
6.00	00600	532,501	2,463,903				6.00
7.00	00700	1,483,200	230,802	7,093,626			7.00
8.00	00800	311,951	57,791	183,577	1,684,778		8.00
9.00	00900	541,247	19,980	63,468	50,545	2,638,364	9.00
10.00	01000	238,880	86,660	275,283	10,699	14,930	10.00
11.00	01100	282,299	0	0	0	0	11.00
13.00	01300	419,291	10,306	32,738	0	5,474	13.00
14.00	01400	182,080	41,167	130,771	0	11,197	14.00
15.00	01500	622,519	24,154	76,726	14	11,197	15.00
16.00	01600	426,702	19,875	63,135	0	24,261	16.00
17.00	01700	623,072	14,090	44,758	0	2,986	17.00
21.00	02100	389,486	0	0	0	0	21.00
22.00	02200	45,318	0	0	0	0	22.00
23.00	02300	160,891	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,667,125	341,492	1,084,777	683,566	653,992	30.00
31.00	03100	1,558,857	48,407	153,769	145,334	135,862	31.00
41.00	04100	504,394	47,504	150,900	63,001	90,575	41.00
43.00	04300	264,227	0	0	10,733	28,927	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,654,821	186,478	592,364	189,341	753,340	50.00
51.00	05100	258,018	14,855	47,189	11,054	8,958	51.00
52.00	05200	339,093	0	0	0	181,150	52.00
53.00	05300	111,074	4,041	12,835	0	0	53.00
54.00	05400	1,159,578	60,477	192,109	55,323	80,310	54.00
56.00	05600	171,404	13,253	42,100	4,302	14,432	56.00
57.00	05700	323,893	15,568	49,454	24,426	11,260	57.00
59.00	05900	935,086	70,188	222,959	50,564	242,611	59.00
60.00	06000	1,605,125	59,027	187,503	84	29,860	60.00
64.00	06400	54,190	0	0	0	0	64.00
65.00	06500	486,248	23,997	76,227	115	9,953	65.00
66.00	06600	1,134,578	97,489	309,682	87,019	29,860	66.00
67.00	06700	127,958	0	0	0	0	67.00
68.00	06800	98,892	3,128	9,936	353	14,930	68.00
69.00	06900	286,982	14,099	44,788	16,135	26,376	69.00
71.00	07100	2,968,281	0	0	0	0	71.00
72.00	07200	2,082,967	0	0	0	0	72.00
73.00	07300	1,700,131	0	0	0	0	73.00
74.00	07400	146,685	5,234	16,626	1,400	11,197	74.00
76.00	03952	186,333	14,965	47,536	16,514	8,087	76.00
76.01	03951	200,331	10,487	33,312	0	0	76.01
76.02	03953	0	0	0	0	0	76.02
76.03	03950	116,166	16,167	51,357	9,113	29,113	76.03
76.04	03650	94,328	5,267	16,731	7,258	26,376	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	5,245,452	94,694	300,803	29,053	0	90.00
91.00	09100	1,316,768	57,092	181,357	217,890	181,150	91.00
92.00	09200						92.00
93.00	04950	303,712	0	0	942	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		36,362,134	1,708,734	4,694,770	1,684,778	2,638,364	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	49,000	4,074	12,941	0	0	190.00
192.00	19200	1,218,709	751,095	2,385,915	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	48,776	0	0	0	0	193.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		37,678,619	2,463,903	7,093,626	1,684,778	2,638,364	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,492,878					10.00
11.00	01100	0	1,306,209				11.00
13.00	01300	0	24,820	2,013,412			13.00
14.00	01400	0	17,177	0	1,042,803		14.00
15.00	01500	0	44,704	0	0	3,037,214	15.00
16.00	01600	0	38,733	0	0	0	16.00
17.00	01700	0	29,139	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	10,250	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,025,908	298,318	814,924	0	0	30.00
31.00	03100	211,522	107,302	293,102	0	0	31.00
41.00	04100	201,885	40,863	111,602	0	0	41.00
43.00	04300	0	10,788	29,488	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	129,196	352,923	0	0	50.00
51.00	05100	6,599	18,013	49,203	0	0	51.00
52.00	05200	0	29,458	80,488	0	0	52.00
53.00	05300	0	4,080	0	0	0	53.00
54.00	05400	0	78,043	0	0	0	54.00
56.00	05600	0	5,056	0	0	0	56.00
57.00	05700	0	15,485	0	0	0	57.00
59.00	05900	15,690	39,071	0	0	0	59.00
60.00	06000	0	94,006	0	0	0	60.00
64.00	06400	0	5,513	0	0	0	64.00
65.00	06500	0	45,162	0	0	0	65.00
66.00	06600	0	24,541	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	15,983	0	0	0	69.00
71.00	07100	0	0	0	615,791	0	71.00
72.00	07200	0	0	0	427,012	0	72.00
73.00	07300	0	0	0	0	3,037,214	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03952	0	12,440	0	0	0	76.00
76.01	03951	0	7,981	0	0	0	76.01
76.02	03953	0	0	0	0	0	76.02
76.03	03950	261	8,081	0	0	0	76.03
76.04	03650	0	5,513	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	10,211	0	0	0	90.00
91.00	09100	31,013	103,122	281,682	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	24,104	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		1,492,878	1,297,153	2,013,412	1,042,803	3,037,214	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	2,866	0	0	0	190.00
192.00	19200	0	4,040	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	2,150	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,492,878	1,306,209	2,013,412	1,042,803	3,037,214	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Line	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
				16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMI TTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	2,120,369					16.00
17.00	01700 SOCIAL SERVICE	0	2,973,951				17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,802,167			21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	209,688		22.00
23.00	02300 PARAMED PRGM	0	0			754,699	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	650,741	2,615,925	1,222,188	142,205	0	30.00
31.00	03100 INTENSIVE CARE UNIT	152,346	256,083	227,760	26,501	0	31.00
41.00	04100 SUBPROVIDER - I&R	128,236	96,812	0	0	0	41.00
43.00	04300 NURSERY	42,607	0	8,712	1,014	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	116,805	0	97,078	11,295	0	50.00
51.00	05100 RECOVERY ROOM	13,302	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,612	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	28,890	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	144,863	0	42,316	4,924	0	54.00
56.00	05600 RADIOISOTOPE	11,847	0	0	0	0	56.00
57.00	05700 CT SCAN	134,887	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	109,115	0	0	0	0	59.00
60.00	06000 LABORATORY	131,770	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	3,533	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	8,521	0	1,245	145	0	65.00
66.00	06600 PHYSICAL THERAPY	48,011	0	18,669	2,172	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,533	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,533	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	34,086	0	44,805	5,213	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,663	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	45,101	0	0	0	754,699	73.00
74.00	07400 RENAL DIALYSIS	831	0	0	0	0	74.00
76.00	03952 PAIN MANAGEMENT	41,360	0	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	36,372	0	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	10,808	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	8,937	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	33,462	0	18,669	2,172	0	90.00
91.00	09100 EMERGENCY	126,574	5,131	120,725	14,047	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 OTHER OP	43,023	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,120,369	2,973,951	1,802,167	209,688	754,699	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,120,369	2,973,951	1,802,167	209,688	754,699	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/29/2017 9:43 am
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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
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540 NONPATIENT TELEPHONES				5.01
5.02	00550 DATA PROCESSING				5.02
5.03	00560 PURCHASING RECEIVING AND STORES				5.03
5.04	00570 ADMITTING				5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590 OTHER ADMINISTRATIVE & GENERAL				5.06
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD				22.00
23.00	02300 PARAMED ED PRGM				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS	26,501,967	-1,364,393	25,137,574	30.00
31.00	03100 INTENSIVE CARE UNIT	8,970,881	-254,261	8,716,620	31.00
41.00	04100 SUBPROVIDER - I RF	3,265,227	0	3,265,227	41.00
43.00	04300 NURSERY	1,354,856	-9,726	1,345,130	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	14,712,779	-108,373	14,604,406	50.00
51.00	05100 RECOVERY ROOM	1,363,032	0	1,363,032	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,865,704	0	1,865,704	52.00
53.00	05300 ANESTHESIOLOGY	563,788	0	563,788	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,023,779	-47,240	5,976,539	54.00
56.00	05600 RADIOISOTOPE	884,084	0	884,084	56.00
57.00	05700 CT SCAN	1,749,744	0	1,749,744	57.00
59.00	05900 CARDIAC CATHETERIZATION	5,076,877	0	5,076,877	59.00
60.00	06000 LABORATORY	7,929,224	0	7,929,224	60.00
64.00	06400 INTRAVENOUS THERAPY	259,786	0	259,786	64.00
65.00	06500 RESPIRATORY THERAPY	2,415,255	-1,390	2,413,865	65.00
66.00	06600 PHYSICAL THERAPY	5,867,180	-20,841	5,846,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	595,601	0	595,601	67.00
68.00	06800 SPEECH PATHOLOGY	489,457	0	489,457	68.00
69.00	06900 ELECTROCARDIOLOGY	1,529,361	-50,018	1,479,343	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,351,807	0	14,351,807	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,064,983	0	10,064,983	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,703,586	0	11,703,586	73.00
74.00	07400 RENAL DIALYSIS	714,006	0	714,006	74.00
76.00	03952 PAIN MANAGEMENT	1,003,072	0	1,003,072	76.00
76.01	03951 OP CARDIO VASCULAR	1,015,090	0	1,015,090	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	76.02
76.03	03950 SLEEP LAB	662,403	0	662,403	76.03
76.04	03650 VASCULAR LAB	506,541	0	506,541	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	24,760,017	-20,841	24,739,176	90.00
91.00	09100 EMERGENCY	7,412,519	-134,772	7,277,747	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
93.00	04950 OTHER OP	1,473,358	0	1,473,358	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	165,085,964	-2,011,855	163,074,109	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	246,605	0	246,605	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,780,063	0	8,780,063	192.00
193.00	19300 NONPAID WORKERS	0	0	0	193.00
193.01	19301 WELLNESS/SENIOR VIP	227,840	0	227,840	193.01
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	174,340,472	-2,011,855	172,328,617	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,415	1,756	5.01
5.02 00550	DATA PROCESSING	0	158,105	967,593	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	14,611	0	5.03
5.04 00570	ADMITTING	0	30,485	3,062	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	0	2,470,515	132,951	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	33,738	34,248	6.00
7.00 00700	OPERATION OF PLANT	0	818,197	268,363	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	204,869	6,387	8.00
9.00 00900	HOUSEKEEPING	0	70,829	40,990	9.00
10.00 01000	DIETARY	0	307,211	13,142	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	36,535	82,631	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	145,938	141,561	14.00
15.00 01500	PHARMACY	0	85,625	2,044	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	70,458	14,690	16.00
17.00 01700	SOCIAL SERVICE	0	49,949	26,305	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	1,210,594	467,232	30.00
31.00 03100	INTENSIVE CARE UNIT	0	171,604	189,090	31.00
41.00 04100	SUBPROVIDER - IRF	0	168,402	24,741	41.00
43.00 04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	661,069	1,607,301	50.00
51.00 05100	RECOVERY ROOM	0	52,662	40,157	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	14,324	118,655	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	214,391	595,563	54.00
56.00 05600	RADIO SOTOPE	0	46,983	4,671	56.00
57.00 05700	CT SCAN	0	55,190	9,280	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	248,819	665,765	59.00
60.00 06000	LABORATORY	0	209,251	135,186	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	4,840	64.00
65.00 06500	RESPIRATORY THERAPY	0	85,069	46,134	65.00
66.00 06600	PHYSICAL THERAPY	0	345,600	54,546	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	235	67.00
68.00 06800	SPEECH PATHOLOGY	0	11,089	9,706	68.00
69.00 06900	ELECTROCARDIOLOGY	0	49,983	94,217	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	18,554	0	74.00
76.00 03952	PAIN MANAGEMENT	0	53,050	22,852	76.00
76.01 03951	OP CARDIO VASCULAR	0	37,175	76,603	76.01
76.02 03953	ANCILLARY PSYCH	0	0	0	76.02
76.03 03950	SLEEP LAB	0	57,314	27,096	76.03
76.04 03650	VASCULAR LAB	0	18,672	791	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	335,691	51,547	90.00
91.00 09100	EMERGENCY	0	202,392	117,726	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	92.00
93.00 04950	OTHER OP	0	0	1,407	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,769,358	6,101,064	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,442	3,166	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	2,662,643	31,179	192.00
193.00 19300	NONPAID WORKERS	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	193.01
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers		0	0	201.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
202.00	TOTAL (sum lines 118-201)	0	11,446,443	6,135,409	17,581,852	4.00	0

Provider CCN: 14-0187

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 9:43 am

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 9:43 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	6,171					5.01
5.02	00550	DATA PROCESSING	97	1,125,795				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	39	0	14,650			5.03
5.04	00570	ADMINISTRATIVE	79	0	1,026	34,652		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	122	0	0	0	122	5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	222	1,125,795	1,165	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	24	0	10	0	0	6.00
7.00	00700	OPERATION OF PLANT	61	0	1,741	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15	0	2	0	0	8.00
9.00	00900	HOUSEKEEPING	12	0	25	0	0	9.00
10.00	01000	DIETARY	79	0	41	0	0	10.00
11.00	01100	CAFETERIA	0	0	103	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	43	0	260	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49	0	212	0	0	14.00
15.00	01500	PHARMACY	67	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	128	0	275	0	0	16.00
17.00	01700	SOCIAL SERVICE	97	0	15	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	498	0	483	2,340	0	30.00
31.00	03100	INTENSIVE CARE UNIT	118	0	304	721	0	31.00
41.00	04100	SUBPROVIDER - I&R	85	0	125	304	0	41.00
43.00	04300	NURSERY	0	0	0	79	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	544	0	2,107	3,088	0	50.00
51.00	05100	RECOVERY ROOM	33	0	14	350	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	297	0	52.00
53.00	05300	ANESTHESIOLOGY	33	0	12	920	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152	0	1,107	2,860	0	54.00
56.00	05600	RADIOISOTOPE	21	0	16	308	0	56.00
57.00	05700	CT SCAN	27	0	97	2,894	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	115	0	545	2,188	0	59.00
60.00	06000	LABORATORY	94	0	78	3,839	122	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6	61	0	64.00
65.00	06500	RESPIRATORY THERAPY	30	0	195	996	0	65.00
66.00	06600	PHYSICAL THERAPY	118	0	199	1,202	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9	0	0	162	0	67.00
68.00	06800	SPEECH PATHOLOGY	12	0	19	110	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27	0	214	1,085	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	998	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,285	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,537	0	73.00
74.00	07400	RENAL DIALYSIS	9	0	0	127	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	33	699	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	22	615	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	52	0	28	192	0	76.03
76.04	03650	VASCULAR LAB	15	0	11	262	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	754	0	40	536	0	90.00
91.00	09100	EMERGENCY	109	0	169	2,862	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	30	0	711	735	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,019	1,125,795	11,410	34,652	122	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,921	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,152	0	315	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	4	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,171	1,125,795	14,650	34,652	122	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 9:43 am	
Cost Center Description			OTHER ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	3,730,648					5.06
6.00	00600	MAINTENANCE & REPAIRS	52,723	120,743				6.00
7.00	00700	OPERATION OF PLANT	146,853	11,310	1,246,525			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,887	2,832	32,259	277,251		8.00
9.00	00900	HOUSEKEEPING	53,589	979	11,153	8,318	185,895	9.00
10.00	01000	DIETARY	23,652	4,247	48,374	1,761	1,052	10.00
11.00	01100	CAFETERIA	27,951	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	41,514	505	5,753	0	386	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	18,028	2,017	22,980	0	789	14.00
15.00	01500	PHARMACY	61,636	1,184	13,483	2	789	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,248	974	11,094	0	1,709	16.00
17.00	01700	SOCIAL SERVICE	61,691	690	7,865	0	210	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	38,563	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	4,487	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	15,930	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	363,085	16,735	190,622	112,489	46,079	30.00
31.00	03100	INTENSIVE CARE UNIT	154,344	2,372	27,021	23,917	9,573	31.00
41.00	04100	SUBPROVIDER - I&R	49,940	2,328	26,517	10,368	6,382	41.00
43.00	04300	NURSERY	26,161	0	0	1,766	2,038	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	262,856	9,138	104,093	31,158	53,079	50.00
51.00	05100	RECOVERY ROOM	25,547	728	8,292	1,819	631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,574	0	0	0	12,764	52.00
53.00	05300	ANESTHESIOLOGY	10,997	198	2,256	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,811	2,964	33,758	9,104	5,659	54.00
56.00	05600	RADIOISOTOPE	16,971	649	7,398	708	1,017	56.00
57.00	05700	CT SCAN	32,069	763	8,690	4,020	793	57.00
59.00	05900	CARDIAC CATHETERIZATION	92,584	3,440	39,179	8,321	17,094	59.00
60.00	06000	LABORATORY	158,925	2,893	32,949	14	2,104	60.00
64.00	06400	INTRAVENOUS THERAPY	5,365	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	48,144	1,176	13,395	19	701	65.00
66.00	06600	PHYSICAL THERAPY	112,336	4,777	54,419	14,320	2,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,669	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,791	153	1,746	58	1,052	68.00
69.00	06900	ELECTROCARDIOLOGY	28,414	691	7,870	2,655	1,858	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	293,892	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	206,236	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,332	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	14,523	256	2,922	230	789	74.00
76.00	03952	PAIN MANAGEMENT	18,449	733	8,353	2,718	570	76.00
76.01	03951	OP CARDIO VASCULAR	19,835	514	5,854	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	11,502	792	9,025	1,500	2,051	76.03
76.04	03650	VASCULAR LAB	9,339	258	2,940	1,194	1,858	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	519,414	4,640	52,858	4,781	0	90.00
91.00	09100	EMERGENCY	130,374	2,798	31,869	35,856	12,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	30,071	0	0	155	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,600,302	83,734	824,987	277,251	185,895	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,852	200	2,274	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	120,665	36,809	419,264	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	4,829	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,730,648	120,743	1,246,525	277,251	185,895	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 9:43 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	399,559					10.00
11.00	01100	CAFETERIA	0	28,054				11.00
13.00	01300	NURSING ADMINISTRATION	0	533	168,160			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	369	0	331,943		14.00
15.00	01500	PHARMACY	0	960	0	0	165,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	832	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	626	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	220	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	274,579	6,405	68,063	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	56,612	2,305	24,480	0	0	31.00
41.00	04100	SUBPROVIDER - IIRF	54,033	878	9,321	0	0	41.00
43.00	04300	NURSERY	0	232	2,463	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	2,775	29,476	0	0	50.00
51.00	05100	RECOVERY ROOM	1,766	387	4,109	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	633	6,722	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	88	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,676	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	109	0	0	0	56.00
57.00	05700	CT SCAN	0	333	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	4,199	839	0	0	0	59.00
60.00	06000	LABORATORY	0	2,019	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	118	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	970	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	527	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	343	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	196,015	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	135,928	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	165,790	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	267	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	171	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	70	174	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	118	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	219	0	0	0	90.00
91.00	09100	EMERGENCY	8,300	2,215	23,526	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OTHER OP	0	518	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	399,559	27,859	168,160	331,943	165,790	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	87	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	46	0	0	0	193.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	399,559	28,054	168,160	331,943	165,790	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0187

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	142,408					16.00
17.00 01700 SOCIAL SERVICE	0	147,448				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	38,563			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	4,487		22.00
23.00 02300 PARAMED PRGM	0	0			16,150	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	43,707	129,697				30.00
31.00 03100 INTENSIVE CARE UNIT	10,232	12,697				31.00
41.00 04100 SUBPROVIDER - I&R	8,613	4,800				41.00
43.00 04300 NURSERY	2,862	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,845	0				50.00
51.00 05100 RECOVERY ROOM	893	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	377	0				52.00
53.00 05300 ANESTHESIOLOGY	1,940	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,729	0				54.00
56.00 05600 RADIOISOTOPE	796	0				56.00
57.00 05700 CT SCAN	9,059	0				57.00
59.00 05900 CARDIAC CATHETERIZATION	7,328	0				59.00
60.00 06000 LABORATORY	8,850	0				60.00
64.00 06400 INTRAVENOUS THERAPY	237	0				64.00
65.00 06500 RESPIRATORY THERAPY	572	0				65.00
66.00 06600 PHYSICAL THERAPY	3,224	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	237	0				67.00
68.00 06800 SPEECH PATHOLOGY	237	0				68.00
69.00 06900 ELECTROCARDIOLOGY	2,289	0				69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	112	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,029	0				73.00
74.00 07400 RENAL DIALYSIS	56	0				74.00
76.00 03952 PAIN MANAGEMENT	2,778	0				76.00
76.01 03951 OP CARDIO VASCULAR	2,443	0				76.01
76.02 03953 ANCILLARY PSYCH	0	0				76.02
76.03 03950 SLEEP LAB	726	0				76.03
76.04 03650 VASCULAR LAB	600	0				76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	2,247	0				90.00
91.00 09100 EMERGENCY	8,501	254				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OP	2,889	0				93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	142,408	147,448	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00 19300 NONPAID WORKERS	0	0				193.00
193.01 19301 WELLNESS/SENIOR VIP	0	0				193.01
200.00	Cross Foot Adjustments			38,563	4,487	16,150
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	142,408	147,448	38,563	4,487	16,150

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 9:43 am
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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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD			22.00
23.00	02300	PARAMED ED PRGM			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	2,932,608	0	2,932,608
31.00	03100	INTENSIVE CARE UNIT	685,390	0	685,390
41.00	04100	SUBPROVIDER - IRF	366,837	0	366,837
43.00	04300	NURSERY	35,601	0	35,601
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	2,774,529	0	2,774,529
51.00	05100	RECOVERY ROOM	137,388	0	137,388
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,367	0	54,367
53.00	05300	ANESTHESIOLOGY	149,423	0	149,423
54.00	05400	RADIOLOGY-DIAGNOSTIC	991,774	0	991,774
56.00	05600	RADIOISOTOPE	79,647	0	79,647
57.00	05700	CT SCAN	123,215	0	123,215
59.00	05900	CARDIAC CATHETERIZATION	1,090,416	0	1,090,416
60.00	06000	LABORATORY	556,324	0	556,324
64.00	06400	INTRAVENOUS THERAPY	10,627	0	10,627
65.00	06500	RESPIRATORY THERAPY	197,401	0	197,401
66.00	06600	PHYSICAL THERAPY	593,372	0	593,372
67.00	06700	OCCUPATIONAL THERAPY	13,312	0	13,312
68.00	06800	SPEECH PATHOLOGY	33,973	0	33,973
69.00	06900	ELECTROCARDIOLOGY	189,646	0	189,646
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	491,017	0	491,017
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	343,449	0	343,449
73.00	07300	DRUGS CHARGED TO PATIENTS	339,688	0	339,688
74.00	07400	RENAL DIALYSIS	37,466	0	37,466
76.00	03952	PAIN MANAGEMENT	110,502	0	110,502
76.01	03951	OP CARDIO VASCULAR	143,232	0	143,232
76.02	03953	ANCILLARY PSYCH	0	0	0
76.03	03950	SLEEP LAB	110,522	0	110,522
76.04	03650	VASCULAR LAB	36,058	0	36,058
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	972,727	0	972,727
91.00	09100	EMERGENCY	579,715	0	579,715
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	92.00
93.00	04950	OTHER OP	36,516	0	36,516
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,216,742	0	14,216,742
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,917	0	27,917
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,273,114	0	3,273,114
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	4,879	0	4,879
200.00		Cross Foot Adjustments	59,200	0	59,200
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,581,852	0	17,581,852

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	679,235				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		5,514,598			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	51,694,520		4.00
5.01 00540	NONPATIENT TELEPHONES	262	1,578	209,723	2,031	5.01
5.02 00550	DATA PROCESSING	9,382	869,687	24,880	32	1,000 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	867	0	185,864	13	0 5.03
5.04 00570	ADMINISTRATIVE	1,809	2,752	890,116	26	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	926,280	40	0 5.05
5.06 00590	OTHER ADMINISTRATIVE & GENERAL	146,601	119,498	5,418,978	73	1,000 5.06
6.00 00600	MAINTENANCE & REPAIRS	2,002	30,783	281,415	8	0 6.00
7.00 00700	OPERATION OF PLANT	48,552	241,209	1,397,026	20	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	12,157	5,741	76,885	5	0 8.00
9.00 00900	HOUSEKEEPING	4,203	36,842	1,078,464	4	0 9.00
10.00 01000	DIETARY	18,230	11,812	353,354	26	0 10.00
11.00 01100	CAFETERIA	0	0	562,664	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,168	74,270	1,099,688	14	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,660	127,237	260,301	16	0 14.00
15.00 01500	PHARMACY	5,081	1,837	1,588,697	22	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,181	13,204	741,021	42	0 16.00
17.00 01700	SOCIAL SERVICE	2,964	23,643	982,004	32	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM	0	0	472,580	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	71,837	419,955	8,581,841	164	0 30.00
31.00 03100	INTENSIVE CARE UNIT	10,183	169,957	4,036,057	39	0 31.00
41.00 04100	SUBPROVIDER - I&R	9,993	22,238	1,252,119	28	0 41.00
43.00 04300	NURSERY	0	0	381,636	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	39,228	1,444,666	4,320,525	179	0 50.00
51.00 05100	RECOVERY ROOM	3,125	36,094	654,386	11	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	932,262	0	0 52.00
53.00 05300	ANESTHESIOLOGY	850	106,649	62,217	11	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,722	535,301	2,279,384	50	0 54.00
56.00 05600	RADIOISOTOPE	2,788	4,198	225,079	7	0 56.00
57.00 05700	CT SCAN	3,275	8,341	478,333	9	0 57.00
59.00 05900	CARDIAC CATHETERIZATION	14,765	598,400	1,534,047	38	0 59.00
60.00 06000	LABORATORY	12,417	121,507	2,397,792	31	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	4,350	151,331	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	5,048	41,466	1,235,484	10	0 65.00
66.00 06600	PHYSICAL THERAPY	20,508	49,027	695,245	39	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	211	0	3	0 67.00
68.00 06800	SPEECH PATHOLOGY	658	8,724	1,049	4	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,966	84,684	539,033	9	0 69.00
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	164	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,101	0	0	3	0 74.00
76.00 03952	PAIN MANAGEMENT	3,148	20,540	388,283	0	0 76.00
76.01 03951	OP CARDIO VASCULAR	2,206	68,852	335,953	0	0 76.01
76.02 03953	ANCILLARY PSYCH	0	0	0	0	0 76.02
76.03 03950	SLEEP LAB	3,401	24,354	251,414	17	0 76.03
76.04 03650	VASCULAR LAB	1,108	711	231,821	5	0 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	19,920	46,331	241,345	248	0 90.00
91.00 09100	EMERGENCY	12,010	105,814	2,988,614	36	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
93.00 04950	OTHER OP	0	1,265	785,582	10	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	520,376	5,483,728	51,530,936	1,324	1,000 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	857	2,846	43,567	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	158,002	28,024	811	707	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	119,206	0	0 193.01
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,446,443	6,135,409	10,467,435	260,337	1,185,649	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.851963	1.112576	0.202486	128.181684	1,185.649000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0	6,171	1,125,795	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000	3.038405	1,125.795000	205.00

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1

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11/29/2017 9:43 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	363,445					5.03
5.04	00570	ADMITTING	25,464	658,790,624				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	658,790,624			5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL	28,912	0	0	-37,678,619	136,661,853	5.06
6.00	00600	MAINTENANCE & REPAIRS	244	0	0	0	1,931,402	6.00
7.00	00700	OPERATION OF PLANT	43,180	0	0	0	5,379,624	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57	0	0	0	1,131,459	8.00
9.00	00900	HOUSEKEEPING	622	0	0	0	1,963,124	9.00
10.00	01000	DIETARY	1,019	0	0	0	866,426	10.00
11.00	01100	CAFETERIA	2,546	0	0	0	1,023,910	11.00
13.00	01300	NURSING ADMINISTRATION	6,445	0	0	0	1,520,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,260	0	0	0	660,411	14.00
15.00	01500	PHARMACY	6	0	0	0	2,257,900	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,812	0	0	0	1,547,663	16.00
17.00	01700	SOCIAL SERVICE	363	0	0	0	2,259,906	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,412,681	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	164,370	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	583,558	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,990	44,148,452	44,148,452	0	13,300,806	30.00
31.00	03100	INTENSIVE CARE UNIT	7,532	13,594,983	13,594,983	0	5,654,036	31.00
41.00	04100	SUBPROVIDER - I&R	3,096	5,732,189	5,732,189	0	1,829,455	41.00
43.00	04300	NURSERY	0	1,491,711	1,491,711	0	958,360	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	52,279	58,257,561	58,257,561	0	9,629,138	50.00
51.00	05100	RECOVERY ROOM	349	6,609,242	6,609,242	0	935,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,607,067	5,607,067	0	1,229,903	52.00
53.00	05300	ANESTHESIOLOGY	293	17,364,891	17,364,891	0	402,868	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,453	53,969,921	53,969,921	0	4,205,836	54.00
56.00	05600	RADIOISOTOPE	394	5,815,009	5,815,009	0	621,690	56.00
57.00	05700	CT SCAN	2,402	54,612,134	54,612,134	0	1,174,771	57.00
59.00	05900	CARDIAC CATHETERIZATION	13,522	41,279,169	41,279,169	0	3,391,593	59.00
60.00	06000	LABORATORY	1,945	77,412,660	77,412,660	0	5,821,849	60.00
64.00	06400	INTRAVENOUS THERAPY	161	1,152,217	1,152,217	0	196,550	64.00
65.00	06500	RESPIRATORY THERAPY	4,836	18,788,631	18,788,631	0	1,763,642	65.00
66.00	06600	PHYSICAL THERAPY	4,947	22,680,377	22,680,377	0	4,115,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,054,249	3,054,249	0	464,110	67.00
68.00	06800	SPEECH PATHOLOGY	477	2,067,643	2,067,643	0	358,685	68.00
69.00	06900	ELECTROCARDIOLOGY	5,309	20,466,566	20,466,566	0	1,040,894	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,836,810	18,836,810	0	10,766,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	24,251,474	24,251,474	0	7,555,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,869,003	47,869,003	0	6,166,441	73.00
74.00	07400	RENAL DIALYSIS	8	2,402,221	2,402,221	0	532,033	74.00
76.00	03952	PAIN MANAGEMENT	812	13,182,165	13,182,165	0	675,837	76.00
76.01	03951	OP CARDIO VASCULAR	551	11,612,449	11,612,449	0	726,607	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	689	3,613,717	3,613,717	0	421,337	76.03
76.04	03650	VASCULAR LAB	263	4,940,100	4,940,100	0	342,131	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	989	10,111,092	10,111,092	0	19,025,501	90.00
91.00	09100	EMERGENCY	4,189	53,995,401	53,995,401	0	4,775,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	17,639	13,871,520	13,871,520	0	1,101,577	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	283,055	658,790,624	658,790,624	-37,678,619	131,886,911	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,468	0	0	0	177,724	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,826	0	0	0	4,420,304	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	96	0	0	0	176,914	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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To 06/30/2017

Worksheet B-1

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11/29/2017 9:43 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	131,317	1,687,292	3,572,459		37,678,619	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.361312	0.002561	0.005423		0.275707	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,650	34,652	122		3,730,648	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040309	0.000053	0.000000		0.027298	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2017

Worksheet B-1

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11/29/2017 9:43 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	518,312					6.00
7.00	00700	48,552	469,760				7.00
8.00	00800	12,157	12,157	1,098,490			8.00
9.00	00900	4,203	4,203	32,956	42,412		9.00
10.00	01000	18,230	18,230	6,976	240	125,784	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,168	2,168	0	88	0	13.00
14.00	01400	8,660	8,660	0	180	0	14.00
15.00	01500	5,081	5,081	9	180	0	15.00
16.00	01600	4,181	4,181	0	390	0	16.00
17.00	01700	2,964	2,964	0	48	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	71,837	71,837	445,692	10,513	86,439	30.00
31.00	03100	10,183	10,183	94,759	2,184	17,822	31.00
41.00	04100	9,993	9,993	41,077	1,456	17,010	41.00
43.00	04300	0	0	6,998	465	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	39,228	39,228	123,452	12,110	0	50.00
51.00	05100	3,125	3,125	7,207	144	556	51.00
52.00	05200	0	0	0	2,912	0	52.00
53.00	05300	850	850	0	0	0	53.00
54.00	05400	12,722	12,722	36,071	1,291	0	54.00
56.00	05600	2,788	2,788	2,805	232	0	56.00
57.00	05700	3,275	3,275	15,926	181	0	57.00
59.00	05900	14,765	14,765	32,968	3,900	1,322	59.00
60.00	06000	12,417	12,417	55	480	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	5,048	5,048	75	160	0	65.00
66.00	06600	20,508	20,508	56,737	480	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	658	658	230	240	0	68.00
69.00	06900	2,966	2,966	10,520	424	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,101	1,101	913	180	0	74.00
76.00	03952	3,148	3,148	10,767	130	0	76.00
76.01	03951	2,206	2,206	0	0	0	76.01
76.02	03953	0	0	0	0	0	76.02
76.03	03950	3,401	3,401	5,942	468	22	76.03
76.04	03650	1,108	1,108	4,732	424	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	19,920	19,920	18,943	0	0	90.00
91.00	09100	12,010	12,010	142,066	2,912	2,613	91.00
92.00	09200						92.00
93.00	04950	0	0	614	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		359,453	310,901	1,098,490	42,412	125,784	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	857	857	0	0	0	190.00
192.00	19200	158,002	158,002	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		2,463,903	7,093,626	1,684,778	2,638,364	1,492,878	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.753706	15.100532	1.533722	62.207960	11.868584	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	120,743	1,246,525	277,251	185,895	399,559	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.232954	2.653536	0.252393	4.383076	3.176549	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	65,626					11.00
13.00	01300	NURSING ADMINISTRATION	1,247	770,243				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	863	0	17,977,059			14.00
15.00	01500	PHARMACY	2,246	0	0	1,000		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,946	0	0	0	10,202	16.00
17.00	01700	SOCIAL SERVICE	1,464	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	515	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,988	311,754	0	0	3,131	30.00
31.00	03100	INTENSIVE CARE UNIT	5,391	112,128	0	0	733	31.00
41.00	04100	SUBPROVIDER - I&R	2,053	42,694	0	0	617	41.00
43.00	04300	NURSERY	542	11,281	0	0	205	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,491	135,013	0	0	562	50.00
51.00	05100	RECOVERY ROOM	905	18,823	0	0	64	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,480	30,791	0	0	27	52.00
53.00	05300	ANESTHESIOLOGY	205	0	0	0	139	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,921	0	0	0	697	54.00
56.00	05600	RADIOISOTOPE	254	0	0	0	57	56.00
57.00	05700	CT SCAN	778	0	0	0	649	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,963	0	0	0	525	59.00
60.00	06000	LABORATORY	4,723	0	0	0	634	60.00
64.00	06400	INTRAVENOUS THERAPY	277	0	0	0	17	64.00
65.00	06500	RESPIRATORY THERAPY	2,269	0	0	0	41	65.00
66.00	06600	PHYSICAL THERAPY	1,233	0	0	0	231	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	17	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	17	68.00
69.00	06900	ELECTROCARDIOLOGY	803	0	0	0	164	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,615,679	0	8	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	7,361,380	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	217	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	4	74.00
76.00	03952	PAIN MANAGEMENT	625	0	0	0	199	76.00
76.01	03951	OP CARDIO VASCULAR	401	0	0	0	175	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	406	0	0	0	52	76.03
76.04	03650	VASCULAR LAB	277	0	0	0	43	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	513	0	0	0	161	90.00
91.00	09100	EMERGENCY	5,181	107,759	0	0	609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OP	1,211	0	0	0	207	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	65,171	770,243	17,977,059	1,000	10,202	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	144	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	203	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	108	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,306,209	2,013,412	1,042,803	3,037,214	2,120,369	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.903834	2.613996	0.058007	3,037.214000	207.838561	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,054	168,160	331,943	165,790	142,408	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.427483	0.218321	0.018465	165.790000	13.958832	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER (ASSIGNED TIME)			
		17.00	21.00			22.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00540 NONPATIENT TELEPHONES					5.01	
5.02 00550 DATA PROCESSING					5.02	
5.03 00560 PURCHASING RECEIVING AND STORES					5.03	
5.04 00570 ADMITTING					5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5.06	
6.00 00600 MAINTENANCE & REPAIRS					6.00	
7.00 00700 OPERATION OF PLANT					7.00	
8.00 00800 LAUNDRY & LINEN SERVICE					8.00	
9.00 00900 HOUSEKEEPING					9.00	
10.00 01000 DIETARY					10.00	
11.00 01100 CAFETERIA					11.00	
13.00 01300 NURSING ADMINISTRATION					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00	
15.00 01500 PHARMACY					15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00	
17.00 01700 SOCIAL SERVICE	26,664				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,448			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,448		22.00	
23.00 02300 PARAMED PRGM	0			1,000	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	23,454	982	982	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,296	183	183	0	31.00	
41.00 04100 SUBPROVIDER - IRF	868	0	0	0	41.00	
43.00 04300 NURSERY	0	7	7	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	78	78	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	34	34	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	1	1	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	15	15	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	36	36	0	69.00	
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	1,000	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00	
76.00 03952 PAIN MANAGEMENT	0	0	0	0	76.00	
76.01 03951 OP CARDIO VASCULAR	0	0	0	0	76.01	
76.02 03953 ANCILLARY PSYCH	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	0	0	0	0	76.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	15	15	0	90.00	
91.00 09100 EMERGENCY	46	97	97	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
93.00 04950 OTHER OP	0	0	0	0	93.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	26,664	1,448	1,448	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	193.01	
200.00	Cross Foot Adjustments				200.00	
201.00	Negative Cost Centers				201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0187

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 9:43 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT) 17.00	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT) 23.00		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME) 22.00			
		202.00	Cost to be allocated (per Wkst. B, Part I)			2,973,951
203.00	Unit cost multiplier (Wkst. B, Part I)	111.534316	1,244.590470	144.812155	754.699000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	147,448	38,563	4,487	16,150	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.529853	26.631906	3.098757	16.150000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 9:43 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		25,137,574	0	25,137,574	30.00
31.00	03100 INTENSIVE CARE UNIT		8,716,620	0	8,716,620	31.00
41.00	04100 SUBPROVIDER - I RF		3,265,227	0	3,265,227	41.00
43.00	04300 NURSERY		1,345,130	0	1,345,130	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		14,604,406	0	14,604,406	50.00
51.00	05100 RECOVERY ROOM		1,363,032	0	1,363,032	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,865,704	0	1,865,704	52.00
53.00	05300 ANESTHESIOLOGY		563,788	0	563,788	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,976,539	0	5,976,539	54.00
56.00	05600 RADIOISOTOPE		884,084	0	884,084	56.00
57.00	05700 CT SCAN		1,749,744	0	1,749,744	57.00
59.00	05900 CARDIAC CATHETERIZATION		5,076,877	0	5,076,877	59.00
60.00	06000 LABORATORY		7,929,224	0	7,929,224	60.00
64.00	06400 INTRAVENOUS THERAPY		259,786	0	259,786	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,413,865	0	2,413,865	65.00
66.00	06600 PHYSICAL THERAPY	0	5,846,339	0	5,846,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	595,601	0	595,601	67.00
68.00	06800 SPEECH PATHOLOGY	0	489,457	0	489,457	68.00
69.00	06900 ELECTROCARDIOLOGY		1,479,343	0	1,479,343	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,351,807	0	14,351,807	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,064,983	0	10,064,983	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,703,586	0	11,703,586	73.00
74.00	07400 RENAL DIALYSIS		714,006	0	714,006	74.00
76.00	03952 PAIN MANAGEMENT		1,003,072	0	1,003,072	76.00
76.01	03951 OP CARDIO VASCULAR		1,015,090	0	1,015,090	76.01
76.02	03953 ANCILLARY PSYCH		0	0	0	76.02
76.03	03950 SLEEP LAB		662,403	0	662,403	76.03
76.04	03650 VASCULAR LAB		506,541	0	506,541	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		24,739,176	0	24,739,176	90.00
91.00	09100 EMERGENCY		7,277,747	0	7,277,747	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,256,535	0	3,256,535	92.00
93.00	04950 OTHER OP		1,473,358	0	1,473,358	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)		166,330,644	0	166,330,644	200.00
201.00	Less Observation Beds		3,256,535		3,256,535	201.00
202.00	Total (see instructions)		163,074,109	0	163,074,109	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 9:43 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	36,131,555		36,131,555	30.00
31.00	03100	INTENSIVE CARE UNIT	13,594,983		13,594,983	31.00
41.00	04100	SUBPROVIDER - IRF	5,732,189		5,732,189	41.00
43.00	04300	NURSERY	1,491,711		1,491,711	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	26,887,241	31,370,320	58,257,561	0.250687 50.00
51.00	05100	RECOVERY ROOM	2,410,640	4,198,602	6,609,242	0.206231 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,111,437	1,495,630	5,607,067	0.332742 52.00
53.00	05300	ANESTHESIOLOGY	8,321,143	9,043,748	17,364,891	0.032467 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,709,832	45,260,089	53,969,921	0.110738 54.00
56.00	05600	RADIOISOTOPE	2,034,484	3,780,525	5,815,009	0.152035 56.00
57.00	05700	CT SCAN	14,788,355	39,823,779	54,612,134	0.032039 57.00
59.00	05900	CARDIAC CATHETERIZATION	18,922,548	22,356,621	41,279,169	0.122989 59.00
60.00	06000	LABORATORY	35,772,317	41,640,343	77,412,660	0.102428 60.00
64.00	06400	INTRAVENOUS THERAPY	690,421	461,796	1,152,217	0.225466 64.00
65.00	06500	RESPIRATORY THERAPY	16,201,905	2,586,726	18,788,631	0.128475 65.00
66.00	06600	PHYSICAL THERAPY	6,116,265	16,564,112	22,680,377	0.257771 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,021,106	33,143	3,054,249	0.195007 67.00
68.00	06800	SPEECH PATHOLOGY	1,531,166	536,477	2,067,643	0.236722 68.00
69.00	06900	ELECTROCARDIOLOGY	10,323,267	10,143,299	20,466,566	0.072281 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,619,135	7,217,675	18,836,810	0.761902 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,625,260	10,626,214	24,251,474	0.415026 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,267,475	21,601,528	47,869,003	0.244492 73.00
74.00	07400	RENAL DIALYSIS	2,112,864	289,357	2,402,221	0.297227 74.00
76.00	03952	PAIN MANAGEMENT	2,894	13,179,271	13,182,165	0.076093 76.00
76.01	03951	OP CARDIO VASCULAR	129,219	11,483,230	11,612,449	0.087414 76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000 76.02
76.03	03950	SLEEP LAB	274,434	3,339,283	3,613,717	0.183302 76.03
76.04	03650	VASCULAR LAB	2,128,472	2,811,628	4,940,100	0.102537 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	24,777	10,086,315	10,111,092	2.446736 90.00
91.00	09100	EMERGENCY	13,707,415	40,287,986	53,995,401	0.134785 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,952,178	6,064,719	8,016,897	0.406209 92.00
93.00	04950	OTHER OP	2,811	13,868,709	13,871,520	0.106215 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000 95.00
200.00		Subtotal (see instructions)	288,639,499	370,151,125	658,790,624	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	288,639,499	370,151,125	658,790,624	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 9:43 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
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.250687		50.00
51.00	05100 RECOVERY ROOM	0.206231		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.332742		52.00
53.00	05300 ANESTHESIOLOGY	0.032467		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110738		54.00
56.00	05600 RADIOISOTOPE	0.152035		56.00
57.00	05700 CT SCAN	0.032039		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.122989		59.00
60.00	06000 LABORATORY	0.102428		60.00
64.00	06400 INTRAVENOUS THERAPY	0.225466		64.00
65.00	06500 RESPIRATORY THERAPY	0.128475		65.00
66.00	06600 PHYSICAL THERAPY	0.257771		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195007		67.00
68.00	06800 SPEECH PATHOLOGY	0.236722		68.00
69.00	06900 ELECTROCARDIOLOGY	0.072281		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.415026		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244492		73.00
74.00	07400 RENAL DIALYSIS	0.297227		74.00
76.00	03952 PAIN MANAGEMENT	0.076093		76.00
76.01	03951 OP CARDIO VASCULAR	0.087414		76.01
76.02	03953 ANCILLARY PSYCH	0.000000		76.02
76.03	03950 SLEEP LAB	0.183302		76.03
76.04	03650 VASCULAR LAB	0.102537		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	2.446736		90.00
91.00	09100 EMERGENCY	0.134785		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.406209		92.00
93.00	04950 OTHER OP	0.106215		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 9:43 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		25,137,574	0	25,137,574	30.00
31.00	03100 INTENSIVE CARE UNIT		8,716,620	0	8,716,620	31.00
41.00	04100 SUBPROVIDER - I RF		3,265,227	0	3,265,227	41.00
43.00	04300 NURSERY		1,345,130	0	1,345,130	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		14,604,406	0	14,604,406	50.00
51.00	05100 RECOVERY ROOM		1,363,032	0	1,363,032	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,865,704	0	1,865,704	52.00
53.00	05300 ANESTHESIOLOGY		563,788	0	563,788	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,976,539	0	5,976,539	54.00
56.00	05600 RADIOISOTOPE		884,084	0	884,084	56.00
57.00	05700 CT SCAN		1,749,744	0	1,749,744	57.00
59.00	05900 CARDIAC CATHETERIZATION		5,076,877	0	5,076,877	59.00
60.00	06000 LABORATORY		7,929,224	0	7,929,224	60.00
64.00	06400 INTRAVENOUS THERAPY		259,786	0	259,786	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,413,865	0	2,413,865	65.00
66.00	06600 PHYSICAL THERAPY	0	5,846,339	0	5,846,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	595,601	0	595,601	67.00
68.00	06800 SPEECH PATHOLOGY	0	489,457	0	489,457	68.00
69.00	06900 ELECTROCARDIOLOGY		1,479,343	0	1,479,343	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,351,807	0	14,351,807	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,064,983	0	10,064,983	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,703,586	0	11,703,586	73.00
74.00	07400 RENAL DIALYSIS		714,006	0	714,006	74.00
76.00	03952 PAIN MANAGEMENT		1,003,072	0	1,003,072	76.00
76.01	03951 OP CARDIO VASCULAR		1,015,090	0	1,015,090	76.01
76.02	03953 ANCILLARY PSYCH		0	0	0	76.02
76.03	03950 SLEEP LAB		662,403	0	662,403	76.03
76.04	03650 VASCULAR LAB		506,541	0	506,541	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		24,739,176	0	24,739,176	90.00
91.00	09100 EMERGENCY		7,277,747	0	7,277,747	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,256,535	0	3,256,535	92.00
93.00	04950 OTHER OP		1,473,358	0	1,473,358	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)		166,330,644	0	166,330,644	200.00
201.00	Less Observation Beds		3,256,535	0	3,256,535	201.00
202.00	Total (see instructions)		163,074,109	0	163,074,109	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,131,555		36,131,555		30.00
31.00	03100	INTENSIVE CARE UNIT	13,594,983		13,594,983		31.00
41.00	04100	SUBPROVIDER - IRF	5,732,189		5,732,189		41.00
43.00	04300	NURSERY	1,491,711		1,491,711		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,887,241	31,370,320	58,257,561	0.250687	50.00
51.00	05100	RECOVERY ROOM	2,410,640	4,198,602	6,609,242	0.206231	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,111,437	1,495,630	5,607,067	0.332742	52.00
53.00	05300	ANESTHESIOLOGY	8,321,143	9,043,748	17,364,891	0.032467	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,709,832	45,260,089	53,969,921	0.110738	54.00
56.00	05600	RADIOISOTOPE	2,034,484	3,780,525	5,815,009	0.152035	56.00
57.00	05700	CT SCAN	14,788,355	39,823,779	54,612,134	0.032039	57.00
59.00	05900	CARDIAC CATHETERIZATION	18,922,548	22,356,621	41,279,169	0.122989	59.00
60.00	06000	LABORATORY	35,772,317	41,640,343	77,412,660	0.102428	60.00
64.00	06400	INTRAVENOUS THERAPY	690,421	461,796	1,152,217	0.225466	64.00
65.00	06500	RESPIRATORY THERAPY	16,201,905	2,586,726	18,788,631	0.128475	65.00
66.00	06600	PHYSICAL THERAPY	6,116,265	16,564,112	22,680,377	0.257771	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,021,106	33,143	3,054,249	0.195007	67.00
68.00	06800	SPEECH PATHOLOGY	1,531,166	536,477	2,067,643	0.236722	68.00
69.00	06900	ELECTROCARDIOLOGY	10,323,267	10,143,299	20,466,566	0.072281	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,619,135	7,217,675	18,836,810	0.761902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,625,260	10,626,214	24,251,474	0.415026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,267,475	21,601,528	47,869,003	0.244492	73.00
74.00	07400	RENAL DIALYSIS	2,112,864	289,357	2,402,221	0.297227	74.00
76.00	03952	PAIN MANAGEMENT	2,894	13,179,271	13,182,165	0.076093	76.00
76.01	03951	OP CARDIO VASCULAR	129,219	11,483,230	11,612,449	0.087414	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0.000000	76.02
76.03	03950	SLEEP LAB	274,434	3,339,283	3,613,717	0.183302	76.03
76.04	03650	VASCULAR LAB	2,128,472	2,811,628	4,940,100	0.102537	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	24,777	10,086,315	10,111,092	2.446736	90.00
91.00	09100	EMERGENCY	13,707,415	40,287,986	53,995,401	0.134785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,952,178	6,064,719	8,016,897	0.406209	92.00
93.00	04950	OTHER OP	2,811	13,868,709	13,871,520	0.106215	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	288,639,499	370,151,125	658,790,624		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	288,639,499	370,151,125	658,790,624		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 9:43 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03952	PAIN MANAGEMENT	0.000000		76.00
76.01	03951	OP CARDIO VASCULAR	0.000000		76.01
76.02	03953	ANCILLARY PSYCH	0.000000		76.02
76.03	03950	SLEEP LAB	0.000000		76.03
76.04	03650	VASCULAR LAB	0.000000		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	OTHER OP	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
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: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,932,608	0	2,932,608	25,859	113.41	30.00
31.00	INTENSIVE CARE UNIT	685,390		685,390	5,620	121.96	31.00
41.00	SUBPROVIDER - IRF	366,837	0	366,837	4,722	77.69	41.00
43.00	NURSERY	35,601		35,601	1,573	22.63	43.00
200.00	Total (Lines 30-199)	4,020,436		4,020,436	37,774		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,208	1,044,279				
31.00	INTENSIVE CARE UNIT	2,496	304,412				
41.00	SUBPROVIDER - IRF	2,851	221,494				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	14,555	1,570,185				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,774,529	58,257,561	0.047625	9,202,558	438,272	50.00
51.00	05100 RECOVERY ROOM	137,388	6,609,242	0.020787	694,122	14,429	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	54,367	5,607,067	0.009696	0	0	52.00
53.00	05300 ANESTHESIOLOGY	149,423	17,364,891	0.008605	2,742,294	23,597	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	991,774	53,969,921	0.018376	3,563,411	65,481	54.00
56.00	05600 RADIOISOTOPE	79,647	5,815,009	0.013697	954,513	13,074	56.00
57.00	05700 CT SCAN	123,215	54,612,134	0.002256	6,324,611	14,268	57.00
59.00	05900 CARDIAC CATHETERIZATION	1,090,416	41,279,169	0.026416	6,875,347	181,619	59.00
60.00	06000 LABORATORY	556,324	77,412,660	0.007186	14,861,166	106,792	60.00
64.00	06400 INTRAVENOUS THERAPY	10,627	1,152,217	0.009223	240,016	2,214	64.00
65.00	06500 RESPIRATORY THERAPY	197,401	18,788,631	0.010506	7,746,782	81,388	65.00
66.00	06600 PHYSICAL THERAPY	593,372	22,680,377	0.026162	1,524,485	39,884	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,312	3,054,249	0.004359	248,159	1,082	67.00
68.00	06800 SPEECH PATHOLOGY	33,973	2,067,643	0.016431	109,030	1,791	68.00
69.00	06900 ELECTROCARDIOLOGY	189,646	20,466,566	0.009266	4,708,535	43,629	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	491,017	18,836,810	0.026067	4,658,045	121,421	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	343,449	24,251,474	0.014162	5,391,809	76,359	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	339,688	47,869,003	0.007096	9,792,621	69,488	73.00
74.00	07400 RENAL DIALYSIS	37,466	2,402,221	0.015596	1,244,699	19,412	74.00
76.00	03952 PAIN MANAGEMENT	110,502	13,182,165	0.008383	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	143,232	11,612,449	0.012334	49,058	605	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	110,522	3,613,717	0.030584	103,526	3,166	76.03
76.04	03650 VASCULAR LAB	36,058	4,940,100	0.007299	950,318	6,936	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	972,727	10,111,092	0.096204	19,102	1,838	90.00
91.00	09100 EMERGENCY	579,715	53,995,401	0.010736	5,311,070	57,020	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	379,914	8,016,897	0.047389	893,119	42,324	92.00
93.00	04950 OTHER OP	36,516	13,871,520	0.002632	2,099	6	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	10,576,220	601,840,186		88,210,495	1,426,095	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part III Date/Time Prepared: 11/29/2017 9:43 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,859	0.00	9,208	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,620	0.00	2,496	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,722	0.00	2,851	0	0	41.00
43.00	04300	NURSERY	1,573	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	37,774		14,555	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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	754,699	0	754,699
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OTHER OP	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	754,699	0	754,699
200.00		Total (lines 50-199)	0	0	754,699	0	754,699

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0	58,257,561	0.000000	0.000000		9,202,558	50.00
51.00	05100 RECOVERY ROOM	0	6,609,242	0.000000	0.000000		694,122	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,607,067	0.000000	0.000000		0	52.00
53.00	05300 ANESTHESIOLOGY	0	17,364,891	0.000000	0.000000		2,742,294	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	53,969,921	0.000000	0.000000		3,563,411	54.00
56.00	05600 RADIOISOTOPE	0	5,815,009	0.000000	0.000000		954,513	56.00
57.00	05700 CT SCAN	0	54,612,134	0.000000	0.000000		6,324,611	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,279,169	0.000000	0.000000		6,875,347	59.00
60.00	06000 LABORATORY	0	77,412,660	0.000000	0.000000		14,861,166	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,152,217	0.000000	0.000000		240,016	64.00
65.00	06500 RESPIRATORY THERAPY	0	18,788,631	0.000000	0.000000		7,746,782	65.00
66.00	06600 PHYSICAL THERAPY	0	22,680,377	0.000000	0.000000		1,524,485	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,054,249	0.000000	0.000000		248,159	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,067,643	0.000000	0.000000		109,030	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,466,566	0.000000	0.000000		4,708,535	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,836,810	0.000000	0.000000		4,658,045	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	24,251,474	0.000000	0.000000		5,391,809	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	754,699	47,869,003	0.015766	0.015766		9,792,621	73.00
74.00	07400 RENAL DIALYSIS	0	2,402,221	0.000000	0.000000		1,244,699	74.00
76.00	03952 PAIN MANAGEMENT	0	13,182,165	0.000000	0.000000		0	76.00
76.01	03951 OP CARDIO VASCULAR	0	11,612,449	0.000000	0.000000		49,058	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0.000000	0.000000		0	76.02
76.03	03950 SLEEP LAB	0	3,613,717	0.000000	0.000000		103,526	76.03
76.04	03650 VASCULAR LAB	0	4,940,100	0.000000	0.000000		950,318	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0	10,111,092	0.000000	0.000000		19,102	90.00
91.00	09100 EMERGENCY	0	53,995,401	0.000000	0.000000		5,311,070	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,016,897	0.000000	0.000000		893,119	92.00
93.00	04950 OTHER OP	0	13,871,520	0.000000	0.000000		2,099	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES							95.00
200.00	Total (lines 50-199)	754,699	601,840,186				88,210,495	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	6,486,074	0	50.00
51.00	05100 RECOVERY ROOM	0	823,389	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,322	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,011,846	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,427,365	0	54.00
56.00	05600 RADIOISOTOPE	0	1,012,818	0	56.00
57.00	05700 CT SCAN	0	8,423,296	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,090,919	0	59.00
60.00	06000 LABORATORY	0	5,833,053	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	138,272	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	582,634	0	65.00
66.00	06600 PHYSICAL THERAPY	0	625,559	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,419	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	41,093	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,959,789	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,893,422	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,091,018	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	154,390	5,116,313	80,664	73.00
74.00	07400 RENAL DIALYSIS	0	178,640	0	74.00
76.00	03952 PAIN MANAGEMENT	0	3,518,893	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	4,266,927	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	76.02
76.03	03950 SLEEP LAB	0	817,194	0	76.03
76.04	03650 VASCULAR LAB	0	980,652	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	2,914,453	0	90.00
91.00	09100 EMERGENCY	0	6,095,831	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,910,870	0	92.00
93.00	04950 OTHER OP	0	1,030,287	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	154,390	80,278,348	80,664	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 9:43 am
Title XVIII			Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.250687	6,486,074	0	0	1,625,974 50.00
51.00	05100 RECOVERY ROOM	0.206231	823,389	0	0	169,808 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.332742	1,322	0	0	440 52.00
53.00	05300 ANESTHESIOLOGY	0.032467	2,011,846	0	0	65,319 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110738	7,427,365	0	0	822,492 54.00
56.00	05600 RADIOISOTOPE	0.152035	1,012,818	0	0	153,984 56.00
57.00	05700 CT SCAN	0.032039	8,423,296	0	0	269,874 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.122989	11,090,919	0	0	1,364,061 59.00
60.00	06000 LABORATORY	0.102428	5,833,053	0	0	597,468 60.00
64.00	06400 INTRAVENOUS THERAPY	0.225466	138,272	0	0	31,176 64.00
65.00	06500 RESPIRATORY THERAPY	0.128475	582,634	0	0	74,854 65.00
66.00	06600 PHYSICAL THERAPY	0.257771	625,559	0	0	161,251 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195007	6,419	0	0	1,252 67.00
68.00	06800 SPEECH PATHOLOGY	0.236722	41,093	0	0	9,728 68.00
69.00	06900 ELECTROCARDIOLOGY	0.072281	2,959,789	0	0	213,937 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	1,893,422	0	0	1,442,602 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.415026	4,091,018	0	0	1,697,879 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244492	5,116,313	0	107,136	1,250,898 73.00
74.00	07400 RENAL DIALYSIS	0.297227	178,640	0	0	53,097 74.00
76.00	03952 PAIN MANAGEMENT	0.076093	3,518,893	0	0	267,763 76.00
76.01	03951 OP CARDIO VASCULAR	0.087414	4,266,927	0	0	372,989 76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	0	0 76.02
76.03	03950 SLEEP LAB	0.183302	817,194	0	0	149,793 76.03
76.04	03650 VASCULAR LAB	0.102537	980,652	0	0	100,553 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	2.446736	2,914,453	0	0	7,130,897 90.00
91.00	09100 EMERGENCY	0.134785	6,095,831	0	0	821,627 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	1,910,870	0	0	776,213 92.00
93.00	04950 OTHER OP	0.106215	1,030,287	0	0	109,432 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.000000		0	0	
200.00	Subtotal (see instructions)		80,278,348	0	107,136	19,735,361 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		80,278,348	0	107,136	19,735,361 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 9:43 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
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
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
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	26,194	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	76.02
76.03	03950 SLEEP LAB	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OTHER OP	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	26,194	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	26,194	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/29/2017 9:43 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,774,529	58,257,561	0.047625	2,728	130	50.00
51.00	05100	RECOVERY ROOM	137,388	6,609,242	0.020787	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,367	5,607,067	0.009696	0	0	52.00
53.00	05300	ANESTHESIOLOGY	149,423	17,364,891	0.008605	389	3	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	991,774	53,969,921	0.018376	85,207	1,566	54.00
56.00	05600	RADIOISOTOPE	79,647	5,815,009	0.013697	9,238	127	56.00
57.00	05700	CT SCAN	123,215	54,612,134	0.002256	91,920	207	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,090,416	41,279,169	0.026416	0	0	59.00
60.00	06000	LABORATORY	556,324	77,412,660	0.007186	447,989	3,219	60.00
64.00	06400	INTRAVENOUS THERAPY	10,627	1,152,217	0.009223	2,689	25	64.00
65.00	06500	RESPIRATORY THERAPY	197,401	18,788,631	0.010506	297,745	3,128	65.00
66.00	06600	PHYSICAL THERAPY	593,372	22,680,377	0.026162	1,822,937	47,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,312	3,054,249	0.004359	1,523,732	6,642	67.00
68.00	06800	SPEECH PATHOLOGY	33,973	2,067,643	0.016431	437,782	7,193	68.00
69.00	06900	ELECTROCARDIOLOGY	189,646	20,466,566	0.009266	20,640	191	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	491,017	18,836,810	0.026067	316,728	8,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	343,449	24,251,474	0.014162	316	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	339,688	47,869,003	0.007096	837,223	5,941	73.00
74.00	07400	RENAL DIALYSIS	37,466	2,402,221	0.015596	144,186	2,249	74.00
76.00	03952	PAIN MANAGEMENT	110,502	13,182,165	0.008383	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	143,232	11,612,449	0.012334	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0	0	0.000000	0	0	76.02
76.03	03950	SLEEP LAB	110,522	3,613,717	0.030584	2,153	66	76.03
76.04	03650	VASCULAR LAB	36,058	4,940,100	0.007299	34,482	252	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	972,727	10,111,092	0.096204	0	0	90.00
91.00	09100	EMERGENCY	579,715	53,995,401	0.010736	7,682	82	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,016,897	0.000000	0	0	92.00
93.00	04950	OTHER OP	36,516	13,871,520	0.002632	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	10,196,306	601,840,186		6,085,766	86,973	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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
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	754,699	0	754,699	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 OTHER OP	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	754,699	0	754,699	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 9:43 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	58,257,561	0.000000	0.000000	2,728	50.00
51.00 05100 RECOVERY ROOM	0	6,609,242	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,607,067	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	17,364,891	0.000000	0.000000	389	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	53,969,921	0.000000	0.000000	85,207	54.00
56.00 05600 RADIOISOTOPE	0	5,815,009	0.000000	0.000000	9,238	56.00
57.00 05700 CT SCAN	0	54,612,134	0.000000	0.000000	91,920	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	41,279,169	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	77,412,660	0.000000	0.000000	447,989	60.00
64.00 06400 INTRAVENOUS THERAPY	0	1,152,217	0.000000	0.000000	2,689	64.00
65.00 06500 RESPIRATORY THERAPY	0	18,788,631	0.000000	0.000000	297,745	65.00
66.00 06600 PHYSICAL THERAPY	0	22,680,377	0.000000	0.000000	1,822,937	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,054,249	0.000000	0.000000	1,523,732	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,067,643	0.000000	0.000000	437,782	68.00
69.00 06900 ELECTROCARDIOLOGY	0	20,466,566	0.000000	0.000000	20,640	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,836,810	0.000000	0.000000	316,728	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	24,251,474	0.000000	0.000000	316	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	754,699	47,869,003	0.015766	0.015766	837,223	73.00
74.00 07400 RENAL DIALYSIS	0	2,402,221	0.000000	0.000000	144,186	74.00
76.00 03952 PAIN MANAGEMENT	0	13,182,165	0.000000	0.000000	0	76.00
76.01 03951 OP CARDIO VASCULAR	0	11,612,449	0.000000	0.000000	0	76.01
76.02 03953 ANCILLARY PSYCH	0	0	0.000000	0.000000	0	76.02
76.03 03950 SLEEP LAB	0	3,613,717	0.000000	0.000000	2,153	76.03
76.04 03650 VASCULAR LAB	0	4,940,100	0.000000	0.000000	34,482	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	10,111,092	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	53,995,401	0.000000	0.000000	7,682	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,016,897	0.000000	0.000000	0	92.00
93.00 04950 OTHER OP	0	13,871,520	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	754,699	601,840,186			6,085,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 9:43 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	733	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,200	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03952 PAIN MANAGEMENT	0	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 OTHER OP	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	13,200	733	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 9:43 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (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.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.250687	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.206231	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.332742	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.032467	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.110738	733	0	0	81	54.00
56.00 05600 RADIOISOTOPE	0.152035	0	0	0	0	56.00
57.00 05700 CT SCAN	0.032039	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.122989	0	0	0	0	59.00
60.00 06000 LABORATORY	0.102428	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.225466	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.128475	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.257771	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.195007	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.236722	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.072281	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.415026	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.244492	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.297227	0	0	0	0	74.00
76.00 03952 PAIN MANAGEMENT	0.076093	0	0	0	0	76.00
76.01 03951 OP CARDIO VASCULAR	0.087414	0	0	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03 03950 SLEEP LAB	0.183302	0	0	0	0	76.03
76.04 03650 VASCULAR LAB	0.102537	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	2.446736	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.134785	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	0	0	0	0	92.00
93.00 04950 OTHER OP	0.106215	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		733	0	81	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		733	0	81	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 9:43 am
Title XVIII		Subprovider - IRF	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
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
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
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
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03952 PAIN MANAGEMENT	0	0	76.00
76.01 03951 OP CARDIO VASCULAR	0	0	76.01
76.02 03953 ANCILLARY PSYCH	0	0	76.02
76.03 03950 SLEEP LAB	0	0	76.03
76.04 03650 VASCULAR LAB	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 04950 OTHER OP	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	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	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 9:43 am
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		Title XIX		Hospital		Cost		
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	0.250687	0	1,851,196	0	0	50.00
51.00	05100	RECOVERY ROOM	0.206231	0	261,677	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332742	0	181,144	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032467	0	383,672	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110738	0	1,263,402	0	0	54.00
56.00	05600	RADIOISOTOPE	0.152035	0	265,302	0	0	56.00
57.00	05700	CT SCAN	0.032039	0	2,309,671	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.122989	0	303,839	0	0	59.00
60.00	06000	LABORATORY	0.102428	0	2,106,103	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.225466	0	27,156	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.128475	0	115,316	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.257771	0	5,219	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195007	0	814	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.236722	0	46,600	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072281	0	443,690	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	0	355,762	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.415026	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244492	0	782,600	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.297227	0	21,437	0	0	74.00
76.00	03952	PAIN MANAGEMENT	0.076093	0	0	0	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.087414	0	0	0	0	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0.183302	0	131,604	0	0	76.03
76.04	03650	VASCULAR LAB	0.102537	0	0	0	0	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2.446736	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.134785	0	3,907,800	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	0	1,225,104	0	0	92.00
93.00	04950	OTHER OP	0.106215	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	15,989,108	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	15,989,108	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 9:43 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	464,071	0		50.00
51.00 05100 RECOVERY ROOM	53,966	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	60,274	0		52.00
53.00 05300 ANESTHESIOLOGY	12,457	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	139,907	0		54.00
56.00 05600 RADIOISOTOPE	40,335	0		56.00
57.00 05700 CT SCAN	74,000	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	37,369	0		59.00
60.00 06000 LABORATORY	215,724	0		60.00
64.00 06400 INTRAVENOUS THERAPY	6,123	0		64.00
65.00 06500 RESPIRATORY THERAPY	14,815	0		65.00
66.00 06600 PHYSICAL THERAPY	1,345	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	159	0		67.00
68.00 06800 SPEECH PATHOLOGY	11,031	0		68.00
69.00 06900 ELECTROCARDIOLOGY	32,070	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	271,056	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	191,339	0		73.00
74.00 07400 RENAL DIALYSIS	6,372	0		74.00
76.00 03952 PAIN MANAGEMENT	0	0		76.00
76.01 03951 OP CARDIO VASCULAR	0	0		76.01
76.02 03953 ANCILLARY PSYCH	0	0		76.02
76.03 03950 SLEEP LAB	24,123	0		76.03
76.04 03650 VASCULAR LAB	0	0		76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	526,713	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	497,648	0		92.00
93.00 04950 OTHER OP	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	2,680,897	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	2,680,897	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am
Cost Center Description		Title XVIII	Hospital	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)		25,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,859	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)		22,509	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,208	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)		25,137,574	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)		25,137,574	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)		25,137,574	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)		972.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,951,097	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)		8,951,097	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,716,620	5,620	1,551.00	2,496	3,871,296	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)					17,303,392	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,125,785	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,348,691	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,580,485	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,929,176	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,196,609	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,350	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					972.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,256,535	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,932,608	25,137,574	0.116662	3,256,535	379,914	90.00
91.00	Nursing School cost	0	25,137,574	0.000000	3,256,535	0	91.00
92.00	Allied health cost	0	25,137,574	0.000000	3,256,535	0	92.00
93.00	All other Medical Education	0	25,137,574	0.000000	3,256,535	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am
		Title XVIII	Subprovider - IRF	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)		4,722	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,722	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,722	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,851	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)		3,265,227	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)		3,265,227	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)		3,265,227	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)		691.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,971,438	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)		1,971,438	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1	
				Component CCN: 14-T187		Date/Time Prepared: 11/29/2017 9:43 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,465,354		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,436,792		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)					221,494		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					100,173		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					321,667		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,115,125		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<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)					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
<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)							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
<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: 14-0187 Component CCN: 14-T187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	366,837	3,265,227	0.112347	0	0	90.00
91.00	Nursing School cost	0	3,265,227	0.000000	0	0	91.00
92.00	Allied health cost	0	3,265,227	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,265,227	0.000000	0	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am
		Title XIX	Hospital	Cost
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)		25,859	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,859	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)		22,509	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)		1,114	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)		1,573	15.00
16.00	Nursery days (title V or XIX only)		264	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)		25,137,574	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)		25,137,574	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)		25,137,574	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)		972.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,082,919	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)		1,082,919	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 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	NURSERY (title V & XIX only)	1,345,130	1,573	855.14	264	225,757	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,716,620	5,620	1,551.00	193	299,343	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)					1,978,358	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,586,377	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,350	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					972.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,256,535	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 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	2,932,608	25,137,574	0.116662	3,256,535	379,914	90.00
91.00	Nursing School cost	0	25,137,574	0.000000	3,256,535	0	91.00
92.00	Allied health cost	0	25,137,574	0.000000	3,256,535	0	92.00
93.00	All other Medical Education	0	25,137,574	0.000000	3,256,535	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am
		Title XIX	Subprovider - IRF	Cost
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)			4,722 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,722 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,722 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)			120 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)			1,573 15.00
16.00	Nursery days (title V or XIX only)			264 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)			3,265,227 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)			3,265,227 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)			3,265,227 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)			691.49 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			82,979 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)			82,979 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0187 Component CCN: 14-T187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					57,084		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					140,063		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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<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)						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
<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)							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
<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: 14-0187 Component CCN: 14-T187		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 9:43 am	
		Title XIX		Subprovider - IRF		Cost	
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	366,837	3,265,227	0.112347	0	0	90.00
91.00	Nursing School cost	0	3,265,227	0.000000	0	0	91.00
92.00	Allied health cost	0	3,265,227	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,265,227	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 9:43 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		15,376,681	30.00
31.00	03100	INTENSIVE CARE UNIT		5,941,231	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.250687	9,202,558	50.00
51.00	05100	RECOVERY ROOM	0.206231	694,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.332742	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032467	2,742,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.110738	3,563,411	54.00
56.00	05600	RADIOISOTOPE	0.152035	954,513	56.00
57.00	05700	CT SCAN	0.032039	6,324,611	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.122989	6,875,347	59.00
60.00	06000	LABORATORY	0.102428	14,861,166	60.00
64.00	06400	INTRAVENOUS THERAPY	0.225466	240,016	64.00
65.00	06500	RESPIRATORY THERAPY	0.128475	7,746,782	65.00
66.00	06600	PHYSICAL THERAPY	0.257771	1,524,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195007	248,159	67.00
68.00	06800	SPEECH PATHOLOGY	0.236722	109,030	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072281	4,708,535	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	4,658,045	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.415026	5,391,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244492	9,792,621	73.00
74.00	07400	RENAL DIALYSIS	0.297227	1,244,699	74.00
76.00	03952	PAIN MANAGEMENT	0.076093	0	76.00
76.01	03951	OP CARDIO VASCULAR	0.087414	49,058	76.01
76.02	03953	ANCILLARY PSYCH	0.000000	0	76.02
76.03	03950	SLEEP LAB	0.183302	103,526	76.03
76.04	03650	VASCULAR LAB	0.102537	950,318	76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	2.446736	19,102	90.00
91.00	09100	EMERGENCY	0.134785	5,311,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	893,119	92.00
93.00	04950	OTHER OP	0.106215	2,099	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		88,210,495	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		88,210,495	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 9:43 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		3,473,746	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.250687	2,728	684 50.00
51.00	05100 RECOVERY ROOM	0.206231	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.332742	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.032467	389	13 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110738	85,207	9,436 54.00
56.00	05600 RADIOISOTOPE	0.152035	9,238	1,404 56.00
57.00	05700 CT SCAN	0.032039	91,920	2,945 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.122989	0	0 59.00
60.00	06000 LABORATORY	0.102428	447,989	45,887 60.00
64.00	06400 INTRAVENOUS THERAPY	0.225466	2,689	606 64.00
65.00	06500 RESPIRATORY THERAPY	0.128475	297,745	38,253 65.00
66.00	06600 PHYSICAL THERAPY	0.257771	1,822,937	469,900 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195007	1,523,732	297,138 67.00
68.00	06800 SPEECH PATHOLOGY	0.236722	437,782	103,633 68.00
69.00	06900 ELECTROCARDIOLOGY	0.072281	20,640	1,492 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	316,728	241,316 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.415026	316	131 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244492	837,223	204,694 73.00
74.00	07400 RENAL DIALYSIS	0.297227	144,186	42,856 74.00
76.00	03952 PAIN MANAGEMENT	0.076093	0	0 76.00
76.01	03951 OP CARDIO VASCULAR	0.087414	0	0 76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0 76.02
76.03	03950 SLEEP LAB	0.183302	2,153	395 76.03
76.04	03650 VASCULAR LAB	0.102537	34,482	3,536 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	2.446736	0	0 90.00
91.00	09100 EMERGENCY	0.134785	7,682	1,035 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	0	0 92.00
93.00	04950 OTHER OP	0.106215	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,085,766	1,465,354 200.00
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)		6,085,766	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 9:43 am
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,481,852		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.250687	1,197,518	300,202	50.00
51.00	05100 RECOVERY ROOM	0.206231	179,200	36,957	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.332742	372,141	123,827	52.00
53.00	05300 ANESTHESIOLOGY	0.032467	364,657	11,839	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110738	379,968	42,077	54.00
56.00	05600 RADIOISOTOPE	0.152035	78,603	11,950	56.00
57.00	05700 CT SCAN	0.032039	693,914	22,232	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.122989	463,078	56,954	59.00
60.00	06000 LABORATORY	0.102428	2,031,883	208,122	60.00
64.00	06400 INTRAVENOUS THERAPY	0.225466	22,199	5,005	64.00
65.00	06500 RESPIRATORY THERAPY	0.128475	395,785	50,848	65.00
66.00	06600 PHYSICAL THERAPY	0.257771	80,208	20,675	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195007	14,549	2,837	67.00
68.00	06800 SPEECH PATHOLOGY	0.236722	70,566	16,705	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072281	369,241	26,689	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	842,984	642,271	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.415026	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244492	1,310,651	320,444	73.00
74.00	07400 RENAL DIALYSIS	0.297227	64,699	19,230	74.00
76.00	03952 PAIN MANAGEMENT	0.076093	0	0	76.00
76.01	03951 OP CARDIO VASCULAR	0.087414	0	0	76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0	76.02
76.03	03950 SLEEP LAB	0.183302	15,848	2,905	76.03
76.04	03650 VASCULAR LAB	0.102537	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.446736	0	0	90.00
91.00	09100 EMERGENCY	0.134785	254,273	34,272	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	54,939	22,317	92.00
93.00	04950 OTHER OP	0.106215	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		9,256,904	1,978,358	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)		9,256,904		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 9:43 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		146,321	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.250687	4,668	1,170 50.00
51.00	05100 RECOVERY ROOM	0.206231	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.332742	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.032467	103	3 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.110738	1,085	120 54.00
56.00	05600 RADIOISOTOPE	0.152035	0	0 56.00
57.00	05700 CT SCAN	0.032039	8,693	279 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.122989	0	0 59.00
60.00	06000 LABORATORY	0.102428	17,290	1,771 60.00
64.00	06400 INTRAVENOUS THERAPY	0.225466	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.128475	12,759	1,639 65.00
66.00	06600 PHYSICAL THERAPY	0.257771	82,402	21,241 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195007	65,884	12,848 67.00
68.00	06800 SPEECH PATHOLOGY	0.236722	12,655	2,996 68.00
69.00	06900 ELECTROCARDIOLOGY	0.072281	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.761902	8,577	6,535 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.415026	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244492	32,442	7,932 73.00
74.00	07400 RENAL DIALYSIS	0.297227	1,849	550 74.00
76.00	03952 PAIN MANAGEMENT	0.076093	0	0 76.00
76.01	03951 OP CARDIO VASCULAR	0.087414	0	0 76.01
76.02	03953 ANCILLARY PSYCH	0.000000	0	0 76.02
76.03	03950 SLEEP LAB	0.183302	0	0 76.03
76.04	03650 VASCULAR LAB	0.102537	0	0 76.04
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	2.446736	0	0 90.00
91.00	09100 EMERGENCY	0.134785	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.406209	0	0 92.00
93.00	04950 OTHER OP	0.106215	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		248,407	57,084 200.00
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)		248,407	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 9:43 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)		5,243,481	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,717,440	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)		285,759	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		8,155,482	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		184.61	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)		8.67	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.11	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)		8.67	12.00
13.00	Total allowable FTE count for the prior year.		8.67	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67	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		8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.046964	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.041918	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.041918	21.00
22.00	IME payment adjustment (see instructions)		519,835	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		184,640	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		5.44	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)		519,835	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		184,640	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.28	31.00
32.00	Sum of lines 30 and 31		25.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.43	33.00
34.00	Disproportionate share adjustment (see instructions)		598,706	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 9:43 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)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,357,191	1,467,512	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		341,152	1,097,618	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,438,770		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
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		25,803,991		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			25,988,631	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,016,116	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).			392,455	52.00
53.00	Nursing and Allied Health Managed Care payment			49,560	53.00
54.00	Special add-on payments for new technologies			1,036	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)			154,390	58.00
59.00	Total (sum of amounts on lines 49 through 58)			28,602,188	59.00
60.00	Primary payer payments			15,575	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			28,586,613	61.00
62.00	Deductibles billed to program beneficiaries			2,380,412	62.00
63.00	Coinurance billed to program beneficiaries			54,516	63.00
64.00	Allowable bad debts (see instructions)			331,247	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			215,311	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			167,245	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			26,366,996	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 DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-110,697	70.93
70.94	HRR adjustment amount (see instructions)			-174,456	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 9:43 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			277,206	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			25,804,637	71.00
71.01	Sequestration adjustment (see instructions)			516,093	71.01
72.00	Interim payments			25,700,474	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-411,930	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			320,561	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	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	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2017 9:43 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	5,243,481	5,243,481		5,243,481	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,717,440		17,717,440	17,717,440	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	285,759	20,109	265,650	285,759	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,155,482	1,748,414	6,407,068	8,155,482	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.041918	0.041918	0.041918		5.00
6.00	IME payment adjustment (see instructions)	22.00	519,835	118,712	401,123	519,835	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	184,640	39,584	145,056	184,640	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	519,835	118,712	401,123	519,835	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	184,640	39,584	145,056	184,640	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1043	0.1043	0.1043		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	598,706	136,724	461,982	598,706	11.00
11.01	Uncompensated care payments	36.00	1,438,770	341,152	1,097,618	1,438,770	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,803,991	5,860,178	19,943,813	25,803,991	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,988,631	5,899,762	20,088,869	25,988,631	15.00
16.00	Payment for inpatient program capital	50.00	2,016,116	453,584	1,562,532	2,016,116	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			6,353,346	21,652,437	28,005,783	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/29/2017 9:43 am
Title XVIII		Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,840,684	417,413	1,423,271	1,840,684	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	18,973	690	18,283	18,973	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0315	0.0315	0.0315		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	57,982	13,149	44,833	57,982	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0535	0.0535	0.0535		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	98,477	22,332	76,145	98,477	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,016,116	453,584	1,562,532	2,016,116	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-110,697	62,703	-173,400	-110,697	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-174,456	-30,936	-143,520	-174,456	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		63,851	213,355	277,206	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 9:43 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		26,194	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,654,697	2.00
3.00	PPS payments		12,848,636	3.00
4.00	Outlier payment (see instructions)		273,909	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		80,664	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,194	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		107,136	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)		107,136	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)		107,136	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		80,942	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		26,194	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		13,203,209	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,376,036	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)		10,853,367	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		231,175	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)		11,084,542	30.00
31.00	Primary payer payments		2,400	31.00
32.00	Subtotal (line 30 minus line 31)		11,082,142	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)		301,626	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		196,057	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		107,105	36.00
37.00	Subtotal (see instructions)		11,278,199	37.00
38.00	MSP-LCC reconciliation amount from PS&R		288	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,277,911	40.00
40.01	Sequestration adjustment (see instructions)		225,558	40.01
41.00	Interim payments		11,224,935	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-172,582	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)		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: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 9:43 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		81	2.00
3.00	PPS payments		106	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		106	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		21	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)		85	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)		85	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		85	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)		157	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		102	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		187	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		187	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
41.00	Interim payments		83	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		100	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)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0187

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 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		25,517,527		11,037,619	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	02/16/2017	182,947	02/16/2017	187,316	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		182,947		187,316	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)		25,700,474		11,224,935	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		411,930		172,582	6.02	
7.00	Total Medicare program liability (see instructions)		25,288,544		11,052,353	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: 14-0187  
Component CCN: 14-T187

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2017 9:43 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,867,093		83	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,867,093		83	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		100	6.01
6.02	SETTLEMENT TO PROGRAM		6,476		0	6.02
7.00	Total Medicare program liability (see instructions)		3,860,617		183	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: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/29/2017 9:43 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		7,555	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		11,704	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		4,233	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		28,129	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		658,790,624	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		12,967,113	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/29/2017 9:43 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,787,928 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0504 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			166,290 3.00
4.00	Outlier Payments			17,084 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.936986 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			3,971,302 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,971,302 17.00
18.00	Primary payer payments			2,612 18.00
19.00	Subtotal (line 17 less line 18).			3,968,690 19.00
20.00	Deductibles			37,716 20.00
21.00	Subtotal (line 19 minus line 20)			3,930,974 21.00
22.00	Coinsurance			5,481 22.00
23.00	Subtotal (line 21 minus line 22)			3,925,493 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,095 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			712 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,926,205 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			13,200 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,939,405 32.00
32.01	Sequestration adjustment (see instructions)			78,788 32.01
33.00	Interim payments			3,867,093 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-6,476 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			17,084 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2017 9:43 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		3,586,377		1.00
2.00	Medical and other services			2,680,897	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		3,586,377	2,680,897	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)		3,586,377	2,680,897	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		9,256,904	15,989,108	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)		9,256,904	15,989,108	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)		9,256,904	15,989,108	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		5,670,527	13,308,211	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)		3,586,377	2,680,897	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)		3,586,377	2,680,897	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)		3,586,377	2,680,897	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)		3,586,377	2,680,897	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-3,586,377	-2,680,897	37.00
38.00	Subtotal (line 36 ± line 37)		0	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)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0187 Component CCN: 14-T187	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2017 9:43 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	140,063		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)	140,063	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)	140,063	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	248,407	0	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)	248,407	0	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)	248,407	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	108,344	0	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)	140,063	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)	140,063	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)	140,063	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)	140,063	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	140,063	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)	140,063	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	140,063	0	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/29/2017 9:43 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.11	6.00
7.00	Enter the lesser of line 5 or line 6			14.11	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.11	0.00	14.11	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.11	0.00	14.11	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	14.11	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.76	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.42	4.08		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.10	1.36		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	11.10	1.36		17.00
18.00	Per resident amount	89,080.85	89,080.85		18.00
19.00	Approved amount for resident costs	988,797	121,150	1,109,947	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,109,947	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	14,555	4,739		26.00
27.00	Total Inpatient Days (see instructions)	33,148	33,148		27.00
28.00	Ratio of inpatient days to total inpatient days	0.439091	0.142965		28.00
29.00	Program direct GME amount	487,368	158,684		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		22,422		30.00
31.00	Net Program direct GME amount			623,630	31.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/29/2017 9:43 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,402,221	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		33,562,577	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		18,187	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		33,544,390	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		19,761,636	42.00
43.00	Primary payer payments (see instructions)		2,400	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,759,236	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		53,303,626	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.629308	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.370692	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		623,630	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		392,455	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		231,175	50.00

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

Provider CCN: 14-0187

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

Worksheet G

Date/Time Prepared:  
11/29/2017 9:43 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	7,487,776	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	130,018,982	0	0	0	4.00
5.00	Other receivable	172,872	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-102,081,040	0	0	0	6.00
7.00	Inventory	3,014,190	0	0	0	7.00
8.00	Prepaid expenses	1,015,139	0	0	0	8.00
9.00	Other current assets	839,391	0	0	0	9.00
10.00	Due from other funds	1,887,462	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,354,772	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	22,952,115	0	0	0	12.00
13.00	Land improvements	5,984,789	0	0	0	13.00
14.00	Accumulated depreciation	-5,816,035	0	0	0	14.00
15.00	Buildings	45,469,166	0	0	0	15.00
16.00	Accumulated depreciation	-48,423,672	0	0	0	16.00
17.00	Leasehold improvements	73,174	0	0	0	17.00
18.00	Accumulated depreciation	-20,123	0	0	0	18.00
19.00	Fixed equipment	77,323,932	0	0	0	19.00
20.00	Accumulated depreciation	-62,301,348	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	71,454,339	0	0	0	25.00
26.00	Accumulated depreciation	-57,524,142	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)	49,172,195	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,710,840	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	225,576,036	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	230,286,876	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	321,813,843	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	33,110,637	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,534,928	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	10,527,931	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	49,173,496	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	279,969,549	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	144,409,843	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	424,379,392	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	473,552,888	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-151,739,045	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-151,739,045	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	321,813,843	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0187

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

Worksheet G-1

Date/Time Prepared:  
11/29/2017 9:43 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		-120,927,401		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-30,811,644				2.00
3.00	Total (sum of line 1 and line 2)		-151,739,045		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-151,739,045		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-151,739,045		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0187

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2017 9:43 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	48,080,787		48,080,787	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,764,731		5,764,731	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	53,845,518		53,845,518	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,618,692		14,618,692	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)	14,618,692		14,618,692	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	68,464,210		68,464,210	17.00
18.00	Ancillary services	217,284,985	304,533,892	521,818,877	18.00
19.00	Outpatient services	12,808,264	65,562,973	78,371,237	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	2,251,854	134,166	2,386,020	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	300,809,313	370,231,031	671,040,344	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		191,044,792		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)		191,044,792		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0187

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

Worksheet G-3

Date/Time Prepared:  
11/29/2017 9:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	671,040,344	1.00
2.00	Less contractual allowances and discounts on patients' accounts	520,080,112	2.00
3.00	Net patient revenues (line 1 minus line 2)	150,960,232	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	191,044,792	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-40,084,560	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	303,741	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	5,316,843	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	118,069	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,266,028	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	1,268,235	24.00
25.00	Total other income (sum of lines 6-24)	9,272,916	25.00
26.00	Total (line 5 plus line 25)	-30,811,644	26.00
27.00		0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-30,811,644	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0187	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/29/2017 9:43 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		1,840,684	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		18,973	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)		78.77	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		3.15	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)		57,982	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.28	8.00
9.00	Sum of lines 7 and 8		25.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.35	10.00
11.00	Disproportionate share adjustment (see instructions)		98,477	11.00
12.00	Total prospective capital payments (see instructions)		2,016,116	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