

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: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/29/2017 12:35 pm
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**PART I - COST REPORT STATUS**

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

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

Date: 11/29/2017 Time: 12:35 pm

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT EVANSVILLE ( 15-0100 ) 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	716,454	46,252	-18,431	0	1.00
2.00 Subprovider - IPF	0	3,025	2		0	2.00
3.00 Subprovider - IRF	0	38,976	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	758,455	46,255	-18,431	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:09 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 3700 WASHINGTON AVE				2.00 PO Box:							
2.00 City: EVANSVILLE				State: IN		Zip Code: 47750		County: VANDERBURGH			
		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. VINCENT EVANSVILLE		150100	21780	1	07/01/1966	N	P	0	3.00
4.00 Subprovider - IPF		ST. VINCENT EVANSVILLE - STRESS CTR		15S100	21780	4	07/01/1987	N	P	0	4.00
5.00 Subprovider - IRF		ST. VINCENT EVANSVILLE - REHAB UNIT		15T100	21780	5	07/01/1999	N	P	0	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2016	06/30/2017		20.00	
21.00 Type of Control (see instructions)							1			21.00	
Inpatient PPS Information											
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y	Y		22.01	
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.							N	N		22.02	
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.							N	N		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				1,716	1,076	3,205	876	11,980	91		
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.				69	119	94	59	401			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:09 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		N			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)		N					60.00	
		Y/N		IME		Direct GME			
		1.00		2.00		3.00		4.00	
								5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)			0.00		0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)			0.00		0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).			0.00		0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)			0.00		0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				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.			Y		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	N	0
<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	N	0
				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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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		N	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
						1.00	
						2.00	
						3.00	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	820,474		0		0	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					
119.00	DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00			
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:09 am	
		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	15H056			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: ST VINCENT SOUTHWEST INDIANA	Contractor's Name: WPS		Contractor's Number: 8101		141.00	
142.00	Street: 3700 WASHINGTON AVE	PO Box:				142.00	
143.00	City: EVANSVILLE	State: IN		Zip Code: 47750-0002		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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			N		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)			0.25		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/29/2017 10:09 am
			Beginning 1.00	Ending 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)		10/01/2015	09/30/2016 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	0 171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 10:09 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/03/2017	Y	10/03/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 10:09 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				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.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
			Y/N	Date
			1.00	2.00
<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.	JILL	HILL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519	JILL.HILL@ASCENSION.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/29/2017 10:09 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.	REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	294	107,310	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)		294	107,310	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,630	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	9	3,285	0.00	0	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					0	13.00
14.00 Total (see instructions)	43.00	405	147,825	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		443				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: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part I Date/Time Prepared: 11/29/2017 10:09 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,437	2,361	47,893			1.00
2.00 HMO and other (see instructions)	7,383	15,476				2.00
3.00 HMO IPF Subprovider	217	0				3.00
4.00 HMO IRF Subprovider	435	673				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)	19,437	2,361	47,893			7.00
8.00 INTENSIVE CARE UNIT	6,171	140	12,783			8.00
8.02 NICU	0	617	5,703			8.02
9.00 CORONARY CARE UNIT	1,072	16	1,241			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		243	2,686			13.00
14.00 Total (see instructions)	26,680	3,377	70,306	6.00	1,850.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,394	704	4,296	0.00	19.89	16.00
17.00 SUBPROVIDER - IRF	2,351	69	5,121	0.00	30.39	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.00	1,901.14	27.00
28.00 Observation Bed Days		0	7,228			28.00
29.00 Ambulance Trips	70					29.00
30.00 Employee discount days (see instruction)			1,072			30.00
31.00 Employee discount days - IRF			15			31.00
32.00 Labor & delivery days (see instructions)	0	91	1,176			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: 15-0100

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	5,969	190	15,992	1.00
2.00 HMO and other (see instructions)				1,460	2,952		2.00
3.00 HMO IPF Subprovider					99		3.00
4.00 HMO IRF Subprovider					53		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
8.02 NICU							8.02
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	5,969		190	15,992	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	133		36	702	16.00
17.00 SUBPROVIDER - IRF	0.00	0	172		50	373	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet S-3 Part II Date/Time Prepared: 11/29/2017 10:09 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	134,302,992	0	134,302,992	4,540,271.00	29.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		1,779,825	0	1,779,825	20,555.00	86.59	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	363,776	0	363,776	14,746.00	24.67	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		39,656,666	380,951	40,037,617	1,183,516.00	33.83	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		1,737,184	0	1,737,184	28,235.00	61.53	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		40,704,711	0	40,704,711	993,009.00	40.99	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		28,354,629	0	28,354,629			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		11,282,983	0	11,282,983			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		120,497	0	120,497			25.00
25.50	Home office wage-related		6,357,595	0	6,357,595			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	728,286	0	728,286	17,404.00	41.85	26.00
27.00	Administrative & General	5.00	8,638,351	-399,837	8,238,514	367,159.00	22.44	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2017 10:09 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.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	794,379	0	794,379	36,844.00	21.56	30.00
31.00	Laundry & Linen Service	8.00	608,452	0	608,452	45,995.00	13.23	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,629,474	0	3,629,474	107,866.00	33.65	33.00
34.00	Dietary	10.00	10,883	-6,477	4,406	150.00	29.37	34.00
35.00	Dietary under contract (see instructions)		3,055,106	0	3,055,106	91,342.00	33.45	35.00
36.00	Cafeteria	11.00	0	6,477	6,477	220.00	29.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,836,987	0	1,836,987	47,672.00	38.53	38.00
39.00	Central Services and Supply	14.00	1,350,524	0	1,350,524	71,054.00	19.01	39.00
40.00	Pharmacy	15.00	4,043,733	18,886	4,062,619	98,128.00	41.40	40.00
41.00	Medical Records & Medical Records Library	16.00	1,937,149	0	1,937,149	104,067.00	18.61	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2017 10:09 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	138,843,971	0	138,843,971	4,704,178.00	29.52	1.00
2.00	Excluded area salaries (see instructions)	39,656,666	380,951	40,037,617	1,183,516.00	33.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,187,305	-380,951	98,806,354	3,520,662.00	28.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	42,441,895	0	42,441,895	1,021,244.00	41.56	4.00
5.00	Subtotal wage-related costs (see inst.)	34,712,224	0	34,712,224	0.00	35.13	5.00
6.00	Total (sum of lines 3 thru 5)	176,341,424	-380,951	175,960,473	4,541,906.00	38.74	6.00
7.00	Total overhead cost (see instructions)	26,633,324	-380,951	26,252,373	987,901.00	26.57	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2017 10:09 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		5,897,624	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)		2,346,916	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		54,013	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)		20,637,075	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		652,148	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		259,640	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		13,684	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,083,199	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		556,776	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		7,712,671	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		46,274	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		498,089	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		39,758,109	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00			0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/29/2017 10:09 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		1,737,184	39,758,109 1.00
2.00	Hospital		1,737,184	28,354,629 2.00
3.00	Subprovider - IPF		0	332,889 3.00
4.00	Subprovider - IRF		0	547,817 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	10,522,774 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/29/2017 10:09 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)		0.219656	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		19,029,492	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		283,896,875	6.00	
7.00	Medicaid cost (line 1 times line 6)		62,359,652	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)		43,330,160	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)		43,330,160	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)	36,748,112	7,359,054	44,107,166	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,071,943	7,359,054	15,430,997	21.00
22.00	Payments received from patients for amounts previously written off as charity care	287,932	113,602	401,534	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,784,011	7,245,452	15,029,463	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,487,890	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		751,298	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,155,843	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		14,332,047	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,552,665	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		18,582,128	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		61,912,288	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A

Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		14,814,761	14,814,761	96,574	14,911,335	1.00
2.00	00200		9,243,992	9,243,992	0	9,243,992	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	728,286	33,361,530	34,089,816	-30,767	34,059,049	4.00
5.00	00500	8,638,351	24,220,506	32,858,857	-1,645,755	31,213,102	5.00
7.00	00700	794,379	13,371,182	14,165,561	0	14,165,561	7.00
8.00	00800	608,452	519,802	1,128,254	0	1,128,254	8.00
9.00	00900	0	4,525,268	4,525,268	0	4,525,268	9.00
10.00	01000	10,883	5,160,474	5,171,357	-3,077,915	2,093,442	10.00
11.00	01100	0	0	0	3,077,915	3,077,915	11.00
13.00	01300	1,836,987	233,858	2,070,845	0	2,070,845	13.00
14.00	01400	1,350,524	-160,345	1,190,179	0	1,190,179	14.00
15.00	01500	4,043,733	307,654	4,351,387	18,886	4,370,273	15.00
16.00	01600	1,937,149	119,649	2,056,798	0	2,056,798	16.00
21.00	02100	363,776	62,226	426,002	0	426,002	21.00
23.00	02300	18,886	13,470	32,356	-18,886	13,470	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	20,505,078	1,850,703	22,355,781	-906,460	21,449,321	30.00
31.00	03100	7,475,940	1,461,634	8,937,574	0	8,937,574	31.00
31.02	03102	3,050,437	288,061	3,338,498	0	3,338,498	31.02
32.00	03200	1,002,699	269,547	1,272,246	0	1,272,246	32.00
40.00	04000	1,215,701	1,168,178	2,383,879	0	2,383,879	40.00
41.00	04100	2,000,610	260,958	2,261,568	0	2,261,568	41.00
43.00	04300	0	0	0	906,460	906,460	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,642,473	49,703,886	56,346,359	0	56,346,359	50.00
51.00	05100	1,474,169	61,925	1,536,094	0	1,536,094	51.00
52.00	05200	2,305,836	236,275	2,542,111	0	2,542,111	52.00
53.00	05300	32,669	3,828,697	3,861,366	0	3,861,366	53.00
54.00	05400	4,259,003	1,483,549	5,742,552	0	5,742,552	54.00
54.02	05402	556,950	58,270	615,220	0	615,220	54.02
54.03	05403	669,875	1,319,440	1,989,315	0	1,989,315	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	918,234	178,605	1,096,839	0	1,096,839	57.00
58.00	05800	460,574	58,375	518,949	0	518,949	58.00
59.00	05900	1,125,420	1,210,927	2,336,347	0	2,336,347	59.00
60.00	06000	1,701,269	12,130,741	13,832,010	0	13,832,010	60.00
63.00	06300	11,358	1,521,213	1,532,571	0	1,532,571	63.00
64.00	06400	1,894,725	1,655,396	3,550,121	0	3,550,121	64.00
65.00	06500	2,672,611	534,822	3,207,433	0	3,207,433	65.00
66.00	06600	2,843,292	218,479	3,061,771	0	3,061,771	66.00
67.00	06700	1,435,837	25,427	1,461,264	0	1,461,264	67.00
68.00	06800	444,022	18,007	462,029	0	462,029	68.00
69.00	06900	919,623	228,004	1,147,627	0	1,147,627	69.00
69.02	06902	491,166	19,583	510,749	0	510,749	69.02
69.03	06903	129,062	18,850	147,912	0	147,912	69.03
70.00	07000	521,590	115,938	637,528	0	637,528	70.00
71.00	07100	0	7,539,625	7,539,625	0	7,539,625	71.00
72.00	07200	0	14,184,448	14,184,448	0	14,184,448	72.00
73.00	07300	0	19,819,080	19,819,080	0	19,819,080	73.00
74.00	07400	961,138	191,343	1,152,481	0	1,152,481	74.00
76.00	03951	123,280	12,454	135,734	0	135,734	76.00
76.01	03950	742,905	107,524	850,429	0	850,429	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	449,193	553,021	1,002,214	0	1,002,214	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	6,415,155	5,416,161	11,831,316	0	11,831,316	91.00
91.01	09101	1,125,923	917,444	2,043,367	0	2,043,367	91.01
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	2,740,170	2,109,791	4,849,961	0	4,849,961	95.00
97.00	09700	972,300	1,863,656	2,835,956	0	2,835,956	97.00
98.00	09850	22,906,803	64,269,936	87,176,739	1,579,948	88,756,687	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	123,528,496	302,704,000	426,232,496	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,986,329	2,945,583	5,931,912	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	APOTHECARY	516,361	5,080,456	5,596,817	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	1,280,636	830,140	2,110,776	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	99,903	33,839	133,742	0	194.04
194.06	07956	MOB	27	364,170	364,197	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	885	660,651	661,536	0	194.08
194.09	07959	CONV CARE	5,603,075	2,544,388	8,147,463	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	287,280	-152,145	135,135	0	194.17
200.00		TOTAL (SUM OF LINES 118-199)	134,302,992	315,011,082	449,314,074	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A  
Date/Time Prepared:  
11/29/2017 10:09 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	CAP REL COSTS-BLDG & FIXT	-4,937,626	9,973,709	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	62,359	9,306,351	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-12,684,914	21,374,135	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	79,076,674	110,289,776	5.00
7.00	00700	OPERATION OF PLANT	-1,010,781	13,154,780	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-174,413	953,841	8.00
9.00	00900	HOUSEKEEPING	-341,210	4,184,058	9.00
10.00	01000	DIETARY	-42	2,093,400	10.00
11.00	01100	CAFETERIA	-1,853,405	1,224,510	11.00
13.00	01300	NURSING ADMINISTRATION	-48,452	2,022,393	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-349	1,189,830	14.00
15.00	01500	PHARMACY	-81,351	4,288,922	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-304	2,056,494	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-243	425,759	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-13,470	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-90,910	21,358,411	30.00
31.00	03100	INTENSIVE CARE UNIT	-689	8,936,885	31.00
31.02	03102	NICU	-1,032	3,337,466	31.02
32.00	03200	CORONARY CARE UNIT	-61	1,272,185	32.00
40.00	04000	SUBPROVIDER - IPF	-16,031	2,367,848	40.00
41.00	04100	SUBPROVIDER - IRF	-241,543	2,020,025	41.00
43.00	04300	NURSERY	0	906,460	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-599,604	55,746,755	50.00
51.00	05100	RECOVERY ROOM	-139	1,535,955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,400	2,540,711	52.00
53.00	05300	ANESTHESIOLOGY	-3,822,914	38,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,068,524	4,674,028	54.00
54.02	05402	ULTRASOUND	-2,635	612,585	54.02
54.03	05403	NUCLEAR MEDICINE	-12,298	1,977,017	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-9,046	1,087,793	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	518,949	58.00
59.00	05900	CARDIAC CATHETERIZATION	-67,982	2,268,365	59.00
60.00	06000	LABORATORY	-631,711	13,200,299	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,640	1,529,931	63.00
64.00	06400	INTRAVENOUS THERAPY	-517,543	3,032,578	64.00
65.00	06500	RESPIRATORY THERAPY	578	3,208,011	65.00
66.00	06600	PHYSICAL THERAPY	-17,457	3,044,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,461,264	67.00
68.00	06800	SPEECH PATHOLOGY	-3,333	458,696	68.00
69.00	06900	ELECTROCARDIOLOGY	-93,156	1,054,471	69.00
69.02	06902	CARDIAC REHAB	-70,483	440,266	69.02
69.03	06903	DIABETIC EDUCATION	-3,035	144,877	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-32,995	604,533	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,539,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,184,448	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,819,080	73.00
74.00	07400	RENAL DIALYSIS	-314,976	837,505	74.00
76.00	03951	ECT	0	135,734	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-118,104	732,325	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-40,907	961,307	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	0	0	90.04
91.00	09100	EMERGENCY	-4,300,380	7,530,936	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	260	2,043,627	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-28,408	4,821,553	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	-13	2,835,943	97.00
98.00	09850	HOME OFFICE	-88,756,687	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
106.00	10600	HEART ACQUISITION	0	0	106.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

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

Worksheet A  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-42,873,325	383,359,171	118.00
	NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,931,912	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 APOTHECARY	0	5,596,817	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	2,110,776	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954 MARKETING	0	133,742	194.04
194.06	07956 MOB	0	364,197	194.06
194.07	07957 SENIOR PARTNERS	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	661,536	194.08
194.09	07959 CONV CARE	0	8,147,463	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	135,135	194.17
200.00	TOTAL (SUM OF LINES 118-199)	-42,873,325	406,440,749	200.00



RECLASSIFICATIONS

Provider CCN: 15-0100

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

Worksheet A-6

Date/Time Prepared:  
11/29/2017 10:09 am

		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>B - CAFETERIA</b>					
1.00	CAFETERIA	11.00	6,477	3,071,438	1.00
	TOTALS		6,477	3,071,438	
<b>C - NURSERY</b>					
1.00	NURSERY	43.00	857,827	48,633	1.00
	TOTALS		857,827	48,633	
<b>D - RECLASS HOME OFFICE EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	96,574	1.00
2.00	HOME OFFICE	98.00	0	30,767	2.00
3.00	HOME OFFICE	98.00	399,837	1,245,918	3.00
	TOTALS		399,837	1,373,259	
<b>E - RECLASS PHARMACY RESIDENTS SALARY</b>					
1.00	PHARMACY	15.00	18,886	0	1.00
	TOTALS		18,886	0	
500.00	Grand Total: Increases		1,283,027	4,493,330	500.00

RECLASSIFICATIONS

Provider CCN: 15-0100

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>B - CAFETERIA</b>							
1.00	DIETARY	10.00	6,477	3,071,438	0		1.00
	TOTALS		6,477	3,071,438			
<b>C - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	857,827	48,633	0		1.00
	TOTALS		857,827	48,633			
<b>D - RECLASS HOME OFFICE EXPENSE</b>							
1.00	HOME OFFICE	98.00	0	96,574	10		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	30,767	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	399,837	1,245,918	0		3.00
	TOTALS		399,837	1,373,259			
<b>E - RECLASS PHARMACY RESIDENTS SALARY</b>							
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	18,886	0	0		1.00
	TOTALS		18,886	0			
500.00	Grand Total: Decreases		1,283,027	4,493,330			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 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	7,736,792	0	0	0	0	1.00
2.00	Land Improvements	8,348,761	164,167	0	164,167	0	2.00
3.00	Buildings and Fixtures	182,849,484	1,889,174	0	1,889,174	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	143,234,046	0	0	0	2,089,250	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	342,169,083	2,053,341	0	2,053,341	2,089,250	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	342,169,083	2,053,341	0	2,053,341	2,089,250	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	7,736,792	0				1.00
2.00	Land Improvements	8,512,928	0				2.00
3.00	Buildings and Fixtures	184,738,658	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	141,144,796	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	342,133,174	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	342,133,174	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,005,404	5,053,699	4,573,822	775	181,061	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,294,823	1,876,325	0	69,481	0	2.00
3.00	Total (sum of lines 1-2)	12,300,227	6,930,024	4,573,822	70,256	181,061	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	14,814,761				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,363	9,243,992				2.00
3.00	Total (sum of lines 1-2)	3,363	24,058,753				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	200,988,378	0	200,988,378	0.587457	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	141,144,796	0	141,144,796	0.412543	0	2.00
3.00	Total (sum of lines 1-2)	342,133,174	0	342,133,174	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,641,600	5,150,273	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,294,823	1,876,325	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,936,423	7,026,598	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.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	775	181,061	0	9,973,709	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	69,481	0	65,722	9,306,351	2.00
3.00	Total (sum of lines 1-2)	0	70,256	181,061	65,722	19,280,060	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0100

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

Worksheet A-8

Date/Time Prepared:  
11/29/2017 10:09 am

Line #	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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-4,549,457	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-11,518	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,339,719			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	352,994			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,603,389	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-61,492	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-304	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		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME - OTHER A&G	B	-30,030	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	MISC INCOME - PLANT	B	-6,082	OPERATION OF PLANT	7.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0100

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

Worksheet A-8

Date/Time Prepared:  
11/29/2017 10:09 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.02	MI SC INCOME - LAUNDRY	B	-174,268	LAUNDRY & LINEN SERVICE	8.00	0 33.02
33.03	MI SC INCOME - HOUSEKEEPING	B	-417	HOUSEKEEPING	9.00	0 33.03
33.04	MI SC INCOME - NURSING ADMIN	B	-26,813	NURSING ADMINISTRATION	13.00	0 33.04
33.05	MI SC INCOME - I&R	B	-243	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.05
33.06	MI SC INCOME - ADULTS & PEDS	B	-75,298	ADULTS & PEDIATRICS	30.00	0 33.06
33.07	MI SC INCOME - NICU	B	-643	NICU	31.02	0 33.07
33.08			0		0.00	0 33.08
33.09	MI SC INCOME - IPF	B	-12,192	SUBPROVIDER - IPF	40.00	0 33.09
33.10			0		0.00	0 33.10
33.11	MI SC INCOME - L&D	B	-1,400	DELIVERY ROOM & LABOR ROOM	52.00	0 33.11
33.12	MI SC INCOME - RADIOLOGY	B	-56,207	RADIOLOGY-DIAGNOSTIC	54.00	0 33.12
33.13	MI SC INCOME - ULTRASOUND	B	-2,755	ULTRASOUND	54.02	0 33.13
33.14			0		0.00	0 33.14
33.15	MI SC INCOME - LAB	B	-290,736	LABORATORY	60.00	0 33.15
33.16			0		0.00	0 33.16
33.17	MI SC INCOME - PT	B	-6,610	PHYSICAL THERAPY	66.00	0 33.17
33.18	MI SC INCOME - CARDIAC REHAB	B	-70,394	CARDIAC REHAB	69.02	0 33.18
33.19	MI SC INCOME - DIABETIC EDUCATION	B	-3,035	DIABETIC EDUCATION	69.03	0 33.19
33.20	MI SC INCOME - RENAL	B	-314,976	RENAL DIALYSIS	74.00	0 33.20
33.21	MI SC INCOME - MOBILE CLINIC	B	-7,481	MOBILE OUTREACH CLINIC	76.01	0 33.21
33.22	MI SC INCOME - CLINIC	B	-8,830	CLINIC	90.00	0 33.22
33.23	MI SC INCOME - ER	B	-111,829	EMERGENCY	91.00	0 33.23
33.24			0		0.00	0 33.24
33.25	MI SC INCOME - AMBULANCE	B	-23,276	AMBULANCE SERVICES	95.00	0 33.25
33.26			0		0.00	0 33.26
33.27	ADVERTISING - OTHER A&G	A	-141,688	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28	ADVERTISING - NURSING ADMIN	A	-15,413	NURSING ADMINISTRATION	13.00	0 33.28
33.29	ADVERTISING - A&P	A	-14,979	ADULTS & PEDIATRICS	30.00	0 33.29
33.30	ADVERTISING - PSYCH	A	-3,755	SUBPROVIDER - IPF	40.00	0 33.30
33.31	ADVERTISING - OR	A	-9,771	OPERATING ROOM	50.00	0 33.31
33.32	ADVERTISING - RADIOLOGY	A	-1,063	RADIOLOGY-DIAGNOSTIC	54.00	0 33.32
33.33	ADVERTISING - MOBILE OUTREACH CLINIC	A	-9,313	MOBILE OUTREACH CLINIC	76.01	0 33.33
33.34	ADVERTISING - ER	A	-600	EMERGENCY	91.00	0 33.34
33.35	VARIOUS N/A EXP - EMPLOYEE BENEFITS	A	-885	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.35
33.36	VARIOUS N/A EXP- A&G	A	-438,279	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37	VARIOUS N/A EXP - PLANT OPS	A	-50	OPERATION OF PLANT	7.00	0 33.37
33.38	VARIOUS N/A EXP - LAUNDRY	A	-145	LAUNDRY & LINEN SERVICE	8.00	0 33.38
33.39	VARIOUS N/A EXP - DIETARY	A	-42	DIETARY	10.00	0 33.39
33.40	VARIOUS N/A EXP - NURSING ADMIN	A	-6,226	NURSING ADMINISTRATION	13.00	0 33.40
33.41	VARIOUS N/A EXP - CS & SUPPLY	A	-349	CENTRAL SERVICES & SUPPLY	14.00	0 33.41
33.42	VARIOUS N/A EXP - PHARMACY	A	-273	PHARMACY	15.00	0 33.42
33.43	VARIOUS N/A EXP - A&P	A	-628	ADULTS & PEDIATRICS	30.00	0 33.43
33.44	VARIOUS N/A EXP - ICU	A	-689	INTENSIVE CARE UNIT	31.00	0 33.44
33.45	VARIOUS N/A EXP - NICU	A	-389	NICU	31.02	0 33.45
33.46	VARIOUS N/A EXP - CCU	A	-61	CORONARY CARE UNIT	32.00	0 33.46
33.47	VARIOUS N/A EXP - PSYCH	A	-84	SUBPROVIDER - IPF	40.00	0 33.47
33.48	VARIOUS N/A EXP - REHAB	A	-423	SUBPROVIDER - IRF	41.00	0 33.48
33.49	VARIOUS N/A EXP - OR	A	-1,925	OPERATING ROOM	50.00	0 33.49
33.50	VARIOUS N/A EXP - RECOVERY ROOM	A	-139	RECOVERY ROOM	51.00	0 33.50
33.51	VARIOUS N/A EXP - RADIOLOGY	A	-1,388	RADIOLOGY-DIAGNOSTIC	54.00	0 33.51
33.52	VARIOUS N/A EXP - CARDIAC CATH LAB	A	-31,139	CARDIAC CATHETERIZATION	59.00	0 33.52
33.53	VARIOUS N/A EXP - IV THERAPY	A	-434	INTRAVENOUS THERAPY	64.00	0 33.53
33.54	VARIOUS N/A EXP - RT	A	578	RESPIRATORY THERAPY	65.00	0 33.54
33.55	VARIOUS N/A EXP - PT	A	-10,847	PHYSICAL THERAPY	66.00	0 33.55
33.56	VARIOUS N/A EXP - ST	A	-3,333	SPEECH PATHOLOGY	68.00	0 33.56
33.57	VARIOUS N/A EXP - CARDIAC REHAB	A	-89	CARDIAC REHAB	69.02	0 33.57
33.58	VARIOUS N/A EXP - EEG	A	-5,795	ELECTROENCEPHALOGRAPHY	70.00	0 33.58
33.59	VARIOUS N/A EXP - MOBILE OUTREACH	A	-391	MOBILE OUTREACH CLINIC	76.01	0 33.59
33.60	VARIOUS N/A EXP - CLINIC	A	-154	CLINIC	90.00	0 33.60
33.61			0		0.00	0 33.61

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.62 VARIOUS N/A EXP - ER	A	-2,076	EMERGENCY	91.00	0 33.62
33.63 VARIOUS N/A EXP - DIAG TREAT CENTER	A	-318	DIAGNOSTIC TREATMENT CENTER	91.01	0 33.63
33.64 VARIOUS N/A EXP - AMBULANCE	A	-1,553	AMBULANCE SERVICES	95.00	0 33.64
33.65 PV LAB BENEFITS	A	-97,069	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.65
33.66 PROVIDER ASSESSMENT	A	-16,208,521	ADMINISTRATIVE & GENERAL	5.00	0 33.66
33.67 PROFESSIONAL LIABILITY	A	-369,267	ADMINISTRATIVE & GENERAL	5.00	0 33.67
33.68 LOBBYING	A	-6,816	ADMINISTRATIVE & GENERAL	5.00	0 33.68
33.69		0		0.00	0 33.69
33.70 PATIENT PHONES	A	-4,610	ADMINISTRATIVE & GENERAL	5.00	0 33.70
33.71 PATIENT PHONES	A	-5	ADULTS & PEDIATRICS	30.00	0 33.71
33.72 PATIENT PHONES	A	-5	RADIOLOGY-DIAGNOSTIC	54.00	0 33.72
33.73 PATIENT PHONES	A	-1	LABORATORY	60.00	0 33.73
33.74 PATIENT PHONES	A	-367	AMBULANCE SERVICES	95.00	0 33.74
33.75 PATIENT PHONES	A	-13	DURABLE MEDICAL EQUIP-SOLD	97.00	0 33.75
33.76 PENSION	A	5,378,822	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.76
33.77 SELF-INSURANCE	A	-12,392,609	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.77
33.78 PHARMACY RESIDENCY STARTUP COSTS	A	-18,886	PHARMACY	15.00	0 33.78
33.79 PHARMACY RESIDENCY STARTUP COSTS	A	-13,470	PARAMED ED PRGM-(SPECIFY)	23.00	0 33.79
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-42,873,325			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: 15-0100  
 Period: From 07/01/2016 To 06/30/2017  
 Worksheet A-8-1  
 Date/Time Prepared: 11/29/2017 10:09 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ST VINCENT SW IN HOME OFFICE	0	363,804	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	ST VINCENT SW IN HOME OFFICE	0	4,432,886	2.00
3.00	7.00	OPERATION OF PLANT	ST VINCENT SW IN HOME OFFICE	0	1,082,955	3.00
4.00	9.00	HOUSEKEEPING	ST VINCENT SW IN HOME OFFICE	0	340,793	4.00
4.01	11.00	CAFETERIA	ST VINCENT SW IN HOME OFFICE	0	250,016	4.01
4.02	98.00	HOME OFFICE	ST VINCENT SW IN HOME OFFICE	0	88,756,687	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	ST VINCENT SW IN HOME OFFICE	96,287,403	0	4.05
4.06	0.00			0	0	4.06
4.07	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION BOND AMORTIZATION	4,549,457	4,573,822	4.07
4.08	0.00			0	0	4.08
4.09	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACKS	1,938,379	1,938,379	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	SVH CHARGEBACKS	2,512,999	2,512,999	4.10
4.11	16.00	MEDICAL RECORDS & LIBRARY	SVH CHARGEBACKS	1,714,205	1,714,205	4.11
4.12	194.09	CONV CARE	SVH CHARGEBACKS	103,834	103,834	4.12
4.13	0.00			0	0	4.13
4.14	7.00	OPERATION OF PLANT	MEDEXCEL	4,593,696	4,515,390	4.14
4.15	50.00	OPERATING ROOM	MEDEXCEL	42,012	41,296	4.15
4.16	54.02	ULTRASOUND	MEDEXCEL	7,020	6,900	4.16
4.18	91.01	DIAGNOSTIC TREATMENT CENTER	MEDEXCEL	33,906	33,328	4.18
4.19	2.00	CAP REL COSTS-MVBLE EQUIP	MEDEXCEL	62,359	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
4.22	4.00	EMPLOYEE BENEFITS DEPARTMENT	AH COSTS	0	824,982	4.22
5.00	0			111,845,270	111,492,276	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>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	B	0.00	SV SW INDIANA	100.00	6.00
7.00	B	0.00	ASCENSION	100.00	7.00
8.00	B	0.00	ST VINCENT HLTH	100.00	8.00
9.00	A	0.00	MEDEXCEL	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: 15-0100

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

Worksheet A-8-1

Date/Time Prepared:  
11/29/2017 10:09 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	-363,804	9	1.00
2.00	-4,432,886	0	2.00
3.00	-1,082,955	0	3.00
4.00	-340,793	0	4.00
4.01	-250,016	0	4.01
4.02	-88,756,687	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	96,287,403	0	4.05
4.06	0	0	4.06
4.07	-24,365	11	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	78,306	0	4.14
4.15	716	0	4.15
4.16	120	0	4.16
4.18	578	0	4.18
4.19	62,359	14	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	-824,982	0	4.22
5.00	352,994		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	SYSTEM HOME OFF	6.00
7.00	ADMINISTRATION	7.00
8.00	CASHIERING/AR	8.00
9.00	TECHNOLOGY MGMT	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: 15-0100

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

Worksheet A-8-2

Date/Time Prepared: 11/29/2017 10:09 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	241,120	241,120	0	0	0
5.00	50.00 OPERATING ROOM	588,624	588,624	0	0	0
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
7.00	53.00 ANESTHESIOLOGY	3,822,914	3,822,914	0	0	0
8.00	54.00 RADIOLOGY-DIAGNOSTIC	1,009,861	1,009,861	0	0	0
9.00	54.03 NUCLEAR MEDICINE	12,298	12,298	0	0	0
10.00	57.00 CT SCAN	9,046	9,046	0	0	0
11.00	59.00 CARDIAC CATHETERIZATION	36,843	36,843	0	0	0
12.00	60.00 LABORATORY	340,974	340,974	0	0	0
13.00	63.00 BLOOD STORING, PROCESSING & TRANS.	2,640	2,640	0	0	0
14.00	64.00 INTRAVENOUS THERAPY	517,109	517,109	0	0	0
15.00	69.00 ELECTROCARDIOLOGY	93,156	93,156	0	0	0
16.00	70.00 ELECTROENCEPHALOGRAPHY	27,200	27,200	0	0	0
17.00	76.01 MOBILE OUTREACH CLINIC	100,919	100,919	0	0	0
18.00	90.00 CLINIC	31,923	31,923	0	0	0
19.00	90.01 OUTPATIENT PSYCH	0	0	0	0	0
20.00	90.04 BARIATRICS	0	0	0	0	0
21.00	91.00 EMERGENCY	4,185,875	4,185,875	0	0	0
22.00	95.00 AMBULANCE SERVICES	3,212	3,212	0	0	0
23.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	315,305	315,305	0	0	0
24.00	15.00 PHARMACY	700	700	0	0	0
200.00		11,339,719	11,339,719	0	0	0

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0
5.00	50.00 OPERATING ROOM	0	0	0	0	0
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
9.00	54.03 NUCLEAR MEDICINE	0	0	0	0	0
10.00	57.00 CT SCAN	0	0	0	0	0
11.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0
12.00	60.00 LABORATORY	0	0	0	0	0
13.00	63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
14.00	64.00 INTRAVENOUS THERAPY	0	0	0	0	0
15.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
16.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
17.00	76.01 MOBILE OUTREACH CLINIC	0	0	0	0	0
18.00	90.00 CLINIC	0	0	0	0	0
19.00	90.01 OUTPATIENT PSYCH	0	0	0	0	0
20.00	90.04 BARIATRICS	0	0	0	0	0
21.00	91.00 EMERGENCY	0	0	0	0	0
22.00	95.00 AMBULANCE SERVICES	0	0	0	0	0
23.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0
24.00	15.00 PHARMACY	0	0	0	0	0
200.00		0	0	0	0	0

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment
1.00	2.00	15.00	16.00	17.00	18.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	0	0	0	241,120
5.00	50.00 OPERATING ROOM	0	0	0	588,624
6.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0
7.00	53.00 ANESTHESIOLOGY	0	0	0	3,822,914
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	1,009,861
9.00	54.03 NUCLEAR MEDICINE	0	0	0	12,298
10.00	57.00 CT SCAN	0	0	0	9,046
11.00	59.00 CARDIAC CATHETERIZATION	0	0	0	36,843

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0100

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

Worksheet A-8-2

Date/Time Prepared:  
11/29/2017 10:09 am

	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		
12.00	60.00	LABORATORY	0	0	0	340,974		12.00
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,640		13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	0	517,109		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	93,156		15.00
16.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	27,200		16.00
17.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	100,919		17.00
18.00	90.00	CLINIC	0	0	0	31,923		18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	0		19.00
20.00	90.04	BARIATRICS	0	0	0	0		20.00
21.00	91.00	EMERGENCY	0	0	0	4,185,875		21.00
22.00	95.00	AMBULANCE SERVICES	0	0	0	3,212		22.00
23.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	315,305		23.00
24.00	15.00	PHARMACY	0	0	0	700		24.00
200.00			0	0	0	11,339,719		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	9,973,709	9,973,709				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,306,351		9,306,351			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	21,374,135	7,911	0	21,382,046		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	110,289,776	801,925	1,596,299	1,597,530	114,285,530	5.00
7.00 00700 OPERATION OF PLANT	13,154,780	912,998	853,813	154,038	15,075,629	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	953,841	87,502	26,043	117,985	1,185,371	8.00
9.00 00900 HOUSEKEEPING	4,184,058	194,522	2,581	0	4,381,161	9.00
10.00 01000 DIETARY	2,093,400	254,910	70,723	854	2,419,887	10.00
11.00 01100 CAFETERIA	1,224,510	0	0	1,256	1,225,766	11.00
13.00 01300 NURSING ADMINISTRATION	2,022,393	377,061	54,360	356,210	2,810,024	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,189,830	181,581	117,520	261,880	1,750,811	14.00
15.00 01500 PHARMACY	4,288,922	63,860	222,476	787,782	5,363,040	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,056,494	61,203	608	375,633	2,493,938	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	425,759	0	312	70,540	496,611	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	21,358,411	1,762,991	166,627	3,809,766	27,097,795	30.00
31.00 03100 INTENSIVE CARE UNIT	8,936,885	431,554	127,070	1,449,660	10,945,169	31.00
31.02 03102 NICU	3,337,466	129,247	109,909	591,510	4,168,132	31.02
32.00 03200 CORONARY CARE UNIT	1,272,185	57,466	86,752	194,433	1,610,836	32.00
40.00 04000 SUBPROVIDER - I PF	2,367,848	117,823	0	235,737	2,721,408	40.00
41.00 04100 SUBPROVIDER - I RF	2,020,025	359,558	36,248	387,938	2,803,769	41.00
43.00 04300 NURSERY	906,460	0	0	166,341	1,072,801	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	55,746,755	447,132	1,844,777	1,288,042	59,326,706	50.00
51.00 05100 RECOVERY ROOM	1,535,955	95,383	15,629	285,856	1,932,823	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,540,711	246,429	43,293	447,125	3,277,558	52.00
53.00 05300 ANESTHESIOLOGY	38,452	0	43,164	6,335	87,951	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,674,028	219,356	1,264,846	825,863	6,984,093	54.00
54.02 05402 ULTRASOUND	612,585	19,040	3,893	107,998	743,516	54.02
54.03 05403 NUCLEAR MEDICINE	1,977,017	71,720	8,518	129,895	2,187,150	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	1,087,793	52,833	243,922	178,055	1,562,603	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	518,949	65,570	72,569	89,310	746,398	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,268,365	130,601	455,009	218,230	3,072,205	59.00
60.00 06000 LABORATORY	13,200,299	146,658	51,156	329,893	13,728,006	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,529,931	6,313	285	2,202	1,538,731	63.00
64.00 06400 INTRAVENOUS THERAPY	3,032,578	110,716	294,749	367,406	3,805,449	64.00
65.00 06500 RESPIRATORY THERAPY	3,208,011	29,323	57,230	518,246	3,812,810	65.00
66.00 06600 PHYSICAL THERAPY	3,044,314	60,317	8,069	551,343	3,664,043	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,461,264	0	0	278,423	1,739,687	67.00
68.00 06800 SPEECH PATHOLOGY	458,696	0	12,099	86,100	556,895	68.00
69.00 06900 ELECTROCARDIOLOGY	1,054,471	46,612	134,745	178,324	1,414,152	69.00
69.02 06902 CARDIAC REHAB	440,266	78,196	269	95,242	613,973	69.02
69.03 06903 DIABETIC EDUCATION	144,877	47,182	825	25,026	217,910	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	604,533	72,952	50,578	101,142	829,205	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,539,625	0	0	0	7,539,625	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	14,184,448	0	0	0	14,184,448	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	19,819,080	0	0	0	19,819,080	73.00
74.00 07400 RENAL DIALYSIS	837,505	2,983	30,074	186,374	1,056,936	74.00
76.00 03951 ECT	135,734	0	0	23,905	159,639	76.00
76.01 03950 MOBILE OUTREACH CLINIC	732,325	0	214,546	144,057	1,090,928	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	961,307	10,406	1,861	87,103	1,060,677	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDIATRIC CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	7,530,936	244,912	437,477	1,243,963	9,457,288	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	2,043,627	120,257	129,207	218,328	2,511,419	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	4,821,553	0	178,040	531,346	5,530,939	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	2,835,943	0	1,382	188,539	3,025,864	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	383,359,171	8,127,003	9,069,553	19,292,764	379,186,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,931,912	265,347	66,635	579,079	6,842,973	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	179,912	0	0	179,912	194.00
194.01 07951 APOTHECARY	5,596,817	1,853	0	100,128	5,698,798	194.01
194.02 07952 OCCUPATIONAL MEDICINE	2,110,776	402,312	0	248,328	2,761,416	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	133,742	0	0	19,372	153,114	194.04
194.06 07956 MOB	364,197	0	0	5	364,202	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	661,536	9,276	0	172	670,984	194.08
194.09 07959 CONV CARE	8,147,463	0	170,163	1,086,492	9,404,118	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	11,169	0	0	11,169	194.11
194.14 07964 FREE STANDING CATH LAB	0	10,548	0	0	10,548	194.14
194.15 07965 FAMILY PRACTICE	0	30,423	0	0	30,423	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	135,135	935,866	0	55,706	1,126,707	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	406,440,749	9,973,709	9,306,351	21,382,046	406,440,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/29/2017 10:09 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	114,285,530				5.00
7.00	00700	OPERATION OF PLANT	5,897,300	20,972,929			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	463,695	161,839	1,810,905		8.00
9.00	00900	HOUSEKEEPING	1,713,827	359,778	0	6,454,766	9.00
10.00	01000	DIETARY	946,614	476,478	0	150,384	3,993,363
11.00	01100	CAFETERIA	479,496	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,099,228	697,392	0	220,108	0
14.00	01400	CENTRAL SERVICES & SUPPLY	684,884	335,843	0	105,998	0
15.00	01500	PHARMACY	2,097,919	118,112	0	37,278	0
16.00	01600	MEDICAL RECORDS & LIBRARY	975,581	113,197	0	35,727	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	194,265	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	10,600,143	3,260,736	708,789	1,029,141	2,744,833
31.00	03100	INTENSIVE CARE UNIT	4,281,542	798,179	175,929	251,918	534,652
31.02	03102	NICU	1,630,494	239,049	54,273	75,448	0
32.00	03200	CORONARY CARE UNIT	630,128	106,286	50,340	33,546	50,250
40.00	04000	SUBPROVIDER - I PF	1,064,563	217,920	0	68,779	251,006
41.00	04100	SUBPROVIDER - I RF	1,096,781	665,021	80,139	209,891	298,525
43.00	04300	NURSERY	419,659	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	23,207,441	881,716	187,560	278,284	1,300
51.00	05100	RECOVERY ROOM	756,084	399,155	59,047	125,980	1,523
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,282,118	455,782	68,979	143,852	48,262
53.00	05300	ANESTHESIOLOGY	34,405	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,732,044	972,466	30,532	306,926	22,366
54.02	05402	ULTRASOUND	290,849	77,624	0	24,499	0
54.03	05403	NUCLEAR MEDICINE	855,572	718,107	2,557	226,646	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	611,261	194,550	31,077	61,403	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	291,977	214,492	4,589	67,697	0
59.00	05900	CARDIAC CATHETERIZATION	1,201,788	459,850	20,310	145,136	0
60.00	06000	LABORATORY	5,370,135	850,795	0	268,525	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	601,922	11,676	0	3,685	0
64.00	06400	INTRAVENOUS THERAPY	1,488,619	388,327	0	122,562	37,599
65.00	06500	RESPIRATORY THERAPY	1,491,499	54,235	0	17,117	0
66.00	06600	PHYSICAL THERAPY	1,433,304	332,152	5,015	104,833	0
67.00	06700	OCCUPATIONAL THERAPY	680,533	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	217,847	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	553,189	231,817	10,816	73,165	0
69.02	06902	CARDIAC REHAB	240,175	560,298	10,964	176,839	0
69.03	06903	DIABETIC EDUCATION	85,242	87,266	0	27,543	0
70.00	07000	ELECTROENCEPHALOGRAPHY	324,369	134,929	5,949	42,586	2,768
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,949,358	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,548,687	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,752,848	0	0	0	0
74.00	07400	RENAL DIALYSIS	413,453	5,518	2,600	1,741	0
76.00	03951	ECT	62,448	0	0	0	0
76.01	03950	MOBILE OUTREACH CLINIC	426,750	77,417	0	24,434	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	414,917	19,246	20,944	6,074	0
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARITRICS	0	0	0	0	0
91.00	09100	EMERGENCY	3,699,511	452,976	229,458	142,967	186
91.01	09101	DIAGNOSTIC TREATMENT CENTER	982,419	222,421	51,038	70,200	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	2,163,598	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,183,661	146,228	0	46,152	0
98.00	09850	HOME OFFICE	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,624,142	15,498,873	1,810,905	4,727,064	3,993,270

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,676,841	490,771	0	154,895	93
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	70,378	332,755	0	105,023	0
194.01	07951	APOTHECARY	2,229,262	57,662	0	18,199	0
194.02	07952	OCCUPATIONAL MEDICINE	1,080,213	942,919	0	297,601	0
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	59,895	0	0	0	0
194.06	07956	MOB	142,469	230,744	0	72,827	0
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	262,476	17,156	0	5,415	0
194.09	07959	CONV CARE	3,678,712	642,140	0	202,670	0
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	4,369	20,658	0	6,520	0
194.14	07964	FREE STANDING CATH LAB	4,126	19,510	0	6,158	0
194.15	07965	FAMILY PRACTICE	11,901	156,849	0	49,504	0
194.17	07967	FOUNDATION/UNUSED SPACE	440,746	2,562,892	0	808,890	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	114,285,530	20,972,929	1,810,905	6,454,766	3,993,363



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/29/2017 10:09 am
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,705,262					11.00
13.00	01300		4,850,068				13.00
14.00	01400	34,752	0	2,912,288			14.00
15.00	01500	47,994	0	0	7,664,343		15.00
16.00	01600	50,898	0	0	0	3,669,341	16.00
21.00	02100	7,212	0	0	0	0	21.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	361,080	1,573,077	0	0	139,296	30.00
31.00	03100	130,037	616,147	0	0	53,001	31.00
31.02	03102	44,525	241,262	0	0	19,653	31.02
32.00	03200	15,346	107,640	0	0	6,440	32.00
40.00	04000	20,235	0	0	0	15,843	40.00
41.00	04100	30,914	241,262	0	0	11,158	41.00
43.00	04300	14,002	0	0	0	4,699	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	105,954	165,868	0	0	652,815	50.00
51.00	05100	19,499	192,082	0	0	67,523	51.00
52.00	05200	35,150	241,262	0	0	26,408	52.00
53.00	05300	921	0	0	0	45,716	53.00
54.00	05400	60,586	0	0	0	162,759	54.00
54.02	05402	8,620	0	0	0	40,150	54.02
54.03	05403	9,530	0	0	0	84,509	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	13,546	0	0	0	127,511	57.00
58.00	05800	6,279	0	0	0	43,946	58.00
59.00	05900	14,368	123,647	0	0	207,541	59.00
60.00	06000	41,548	0	0	0	230,415	60.00
63.00	06300	148	0	0	0	16,985	63.00
64.00	06400	27,712	118,775	0	0	46,792	64.00
65.00	06500	42,092	0	0	0	30,943	65.00
66.00	06600	44,071	0	0	0	40,177	66.00
67.00	06700	21,561	0	0	0	25,031	67.00
68.00	06800	6,034	0	0	0	9,135	68.00
69.00	06900	16,214	168,188	0	0	138,894	69.00
69.02	06902	7,527	73,075	0	0	2,974	69.02
69.03	06903	2,231	0	0	0	0	69.03
70.00	07000	8,874	0	0	0	23,614	70.00
71.00	07100	0	0	1,010,747	0	259,151	71.00
72.00	07200	0	0	1,901,541	0	291,784	72.00
73.00	07300	0	0	0	7,664,343	395,002	73.00
74.00	07400	12,797	119,239	0	0	8,413	74.00
76.00	03951	2,087	0	0	0	6,484	76.00
76.01	03950	14,715	0	0	0	1,872	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	8,323	0	0	0	12,344	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	0	0	0	0	0	90.04
91.00	09100	112,054	504,795	0	0	302,267	91.00
91.01	09101	17,534	122,487	0	0	61,268	91.01
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	60,873	241,262	0	0	39,357	95.00
97.00	09700	23,835	0	0	0	17,471	97.00
98.00	09850	0	0	0	0	0	98.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,524,994	4,850,068	2,912,288	7,664,343	3,669,341	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	77,653	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	5,549	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	19,013	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	1,355	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	9	0	0	0	0	194.08
194.09	07959 CONV CARE	71,139	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	5,550	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,705,262	4,850,068	2,912,288	7,664,343	3,669,341	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:  
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	698,088					21.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	698,088	0	48,212,978	-698,088	47,514,890	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	17,786,574	0	17,786,574	31.00
31.02 03102 NICU	0	0	6,472,836	0	6,472,836	31.02
32.00 03200 CORONARY CARE UNIT	0	0	2,610,812	0	2,610,812	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	4,359,754	0	4,359,754	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	5,437,460	0	5,437,460	41.00
43.00 04300 NURSERY	0	0	1,511,161	0	1,511,161	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	84,807,644	0	84,807,644	50.00
51.00 05100 RECOVERY ROOM	0	0	3,553,716	0	3,553,716	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	5,579,371	0	5,579,371	52.00
53.00 05300 ANESTHESIOLOGY	0	0	168,993	0	168,993	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	11,271,772	0	11,271,772	54.00
54.02 05402 ULTRASOUND	0	0	1,185,258	0	1,185,258	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	4,084,071	0	4,084,071	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	2,601,951	0	2,601,951	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,375,378	0	1,375,378	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	5,244,845	0	5,244,845	59.00
60.00 06000 LABORATORY	0	0	20,489,424	0	20,489,424	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,173,147	0	2,173,147	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	6,035,835	0	6,035,835	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	5,448,696	0	5,448,696	65.00
66.00 06600 PHYSICAL THERAPY	0	0	5,623,595	0	5,623,595	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,466,812	0	2,466,812	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	789,911	0	789,911	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,606,435	0	2,606,435	69.00
69.02 06902 CARDIAC REHAB	0	0	1,685,825	0	1,685,825	69.02
69.03 06903 DIABETIC EDUCATION	0	0	420,192	0	420,192	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,372,294	0	1,372,294	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,758,881	0	11,758,881	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	21,926,460	0	21,926,460	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	35,631,273	0	35,631,273	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,620,697	0	1,620,697	74.00
76.00 03951 ECT	0	0	230,658	0	230,658	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	1,636,116	0	1,636,116	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	1,542,525	0	1,542,525	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	14,901,502	0	14,901,502	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	4,038,786	0	4,038,786	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	8,036,029	0	8,036,029	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	4,443,211	0	4,443,211	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	698,088	0	361,142,878	-698,088	360,444,790	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	10,243,226	0	10,243,226	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	688,068	0	688,068	194.00
194.01	07951	APOTHECARY	0	0	8,009,470	0	8,009,470	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	5,101,162	0	5,101,162	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	214,364	0	214,364	194.04
194.06	07956	MOB	0	0	810,242	0	810,242	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	956,040	0	956,040	194.08
194.09	07959	CONV CARE	0	0	13,998,779	0	13,998,779	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	42,716	0	42,716	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	40,342	0	40,342	194.14
194.15	07965	FAMILY PRACTICE	0	0	248,677	0	248,677	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	4,944,785	0	4,944,785	194.17
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)	698,088	0	406,440,749	-698,088	405,742,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:  
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To 06/30/2017

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,911	0	7,911	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	801,925	1,596,299	2,398,224	593
7.00 00700	OPERATION OF PLANT	0	912,998	853,813	1,766,811	57
8.00 00800	LAUNDRY & LINEN SERVICE	0	87,502	26,043	113,545	44
9.00 00900	HOUSEKEEPING	0	194,522	2,581	197,103	0
10.00 01000	DIETARY	0	254,910	70,723	325,633	0
11.00 01100	CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	377,061	54,360	431,421	132
14.00 01400	CENTRAL SERVICES & SUPPLY	0	181,581	117,520	299,101	97
15.00 01500	PHARMACY	0	63,860	222,476	286,336	293
16.00 01600	MEDICAL RECORDS & LIBRARY	0	61,203	608	61,811	139
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	312	312	26
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,762,991	166,627	1,929,618	1,392
31.00 03100	INTENSIVE CARE UNIT	0	431,554	127,070	558,624	538
31.02 03102	NICU	0	129,247	109,909	239,156	220
32.00 03200	CORONARY CARE UNIT	0	57,466	86,752	144,218	72
40.00 04000	SUBPROVIDER - IPF	0	117,823	0	117,823	88
41.00 04100	SUBPROVIDER - IRF	0	359,558	36,248	395,806	144
43.00 04300	NURSERY	0	0	0	0	62
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	447,132	1,844,777	2,291,909	478
51.00 05100	RECOVERY ROOM	0	95,383	15,629	111,012	106
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	246,429	43,293	289,722	166
53.00 05300	ANESTHESIOLOGY	0	0	43,164	43,164	2
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	219,356	1,264,846	1,484,202	307
54.02 05402	ULTRASOUND	0	19,040	3,893	22,933	40
54.03 05403	NUCLEAR MEDICINE	0	71,720	8,518	80,238	48
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	52,833	243,922	296,755	66
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	65,570	72,569	138,139	33
59.00 05900	CARDIAC CATHETERIZATION	0	130,601	455,009	585,610	81
60.00 06000	LABORATORY	0	146,658	51,156	197,814	122
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	6,313	285	6,598	1
64.00 06400	INTRAVENOUS THERAPY	0	110,716	294,749	405,465	136
65.00 06500	RESPIRATORY THERAPY	0	29,323	57,230	86,553	192
66.00 06600	PHYSICAL THERAPY	0	60,317	8,069	68,386	205
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	103
68.00 06800	SPEECH PATHOLOGY	0	0	12,099	12,099	32
69.00 06900	ELECTROCARDIOLOGY	0	46,612	134,745	181,357	66
69.02 06902	CARDIAC REHAB	0	78,196	269	78,465	35
69.03 06903	DIABETIC EDUCATION	0	47,182	825	48,007	9
70.00 07000	ELECTROENCEPHALOGRAPHY	0	72,952	50,578	123,530	38
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	2,983	30,074	33,057	69
76.00 03951	ECT	0	0	0	0	9
76.01 03950	MOBILE OUTREACH CLINIC	0	0	214,546	214,546	53
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	10,406	1,861	12,267	32
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02 09002	PEDS CLINIC	0	0	0	0	0
90.04 09004	BARITRICS	0	0	0	0	0
91.00 09100	EMERGENCY	0	244,912	437,477	682,389	462
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	120,257	129,207	249,464	81
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	0	0	178,040	178,040	197
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,382	1,382	70
98.00 09850	HOME OFFICE	0	0	0	0	0
99.00 09900	CMHC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
101.00 10100 HOME HEALTH AGENCY	0	1.00	2.00	2A	4.00	0 101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0 106.00
118.00		8,127,003	9,069,553	17,196,556	7,136	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	265,347	66,635	331,982	215	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	179,912	0	179,912	0	194.00
194.01 07951 APOTHECARY	0	1,853	0	1,853	37	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	402,312	0	402,312	92	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	0	0	7	194.04
194.06 07956 MOB	0	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	9,276	0	9,276	0	194.08
194.09 07959 CONV CARE	0	0	170,163	170,163	403	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	11,169	0	11,169	0	194.11
194.14 07964 FREE STANDING CATH LAB	0	10,548	0	10,548	0	194.14
194.15 07965 FAMILY PRACTICE	0	30,423	0	30,423	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	0	935,866	0	935,866	21	194.17
200.00				0		200.00
201.00				0		201.00
202.00		9,973,709	9,306,351	19,280,060	7,911	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/29/2017 10:09 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,398,817				5.00
7.00	00700	OPERATION OF PLANT	123,786	1,890,654			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,733	14,589	137,911		8.00
9.00	00900	HOUSEKEEPING	35,974	32,433	0	265,510	9.00
10.00	01000	DIETARY	19,870	42,953	0	6,186	394,642
11.00	01100	CAFETERIA	10,065	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	23,073	62,868	0	9,054	0
14.00	01400	CENTRAL SERVICES & SUPPLY	14,376	30,275	0	4,360	0
15.00	01500	PHARMACY	44,036	10,647	0	1,533	0
16.00	01600	MEDICAL RECORDS & LIBRARY	20,478	10,204	0	1,470	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,078	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	222,500	293,947	53,977	42,331	271,255
31.00	03100	INTENSIVE CARE UNIT	89,871	71,954	13,398	10,362	52,837
31.02	03102	NICU	34,225	21,550	4,133	3,103	0
32.00	03200	CORONARY CARE UNIT	13,227	9,581	3,834	1,380	4,966
40.00	04000	SUBPROVIDER - I PF	22,345	19,645	0	2,829	24,806
41.00	04100	SUBPROVIDER - I RF	23,022	59,950	6,103	8,634	29,502
43.00	04300	NURSERY	8,809	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	487,057	79,484	14,284	11,447	129
51.00	05100	RECOVERY ROOM	15,870	35,983	4,497	5,182	151
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,912	41,088	5,253	5,917	4,769
53.00	05300	ANESTHESIOLOGY	722	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,346	87,665	2,325	12,625	2,210
54.02	05402	ULTRASOUND	6,105	6,998	0	1,008	0
54.03	05403	NUCLEAR MEDICINE	17,959	64,735	195	9,323	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	12,831	17,538	2,367	2,526	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,129	19,336	349	2,785	0
59.00	05900	CARDIAC CATHETERIZATION	25,226	41,454	1,547	5,970	0
60.00	06000	LABORATORY	112,721	76,697	0	11,045	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	12,635	1,053	0	152	0
64.00	06400	INTRAVENOUS THERAPY	31,247	35,007	0	5,041	3,716
65.00	06500	RESPIRATORY THERAPY	31,307	4,889	0	704	0
66.00	06600	PHYSICAL THERAPY	30,085	29,943	382	4,312	0
67.00	06700	OCCUPATIONAL THERAPY	14,285	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	4,573	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	11,612	20,898	824	3,010	0
69.02	06902	CARDIAC REHAB	5,041	50,509	835	7,274	0
69.03	06903	DIABETIC EDUCATION	1,789	7,867	0	1,133	0
70.00	07000	ELECTROENCEPHALOGRAPHY	6,809	12,163	453	1,752	274
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	61,908	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,469	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	162,734	0	0	0	0
74.00	07400	RENAL DIALYSIS	8,679	497	198	72	0
76.00	03951	ECT	1,311	0	0	0	0
76.01	03950	MOBILE OUTREACH CLINIC	8,958	6,979	0	1,005	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	8,709	1,735	1,595	250	0
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARIATRICS	0	0	0	0	0
91.00	09100	EMERGENCY	77,654	40,835	17,475	5,881	18
91.01	09101	DIAGNOSTIC TREATMENT CENTER	20,621	20,051	3,887	2,888	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	45,415	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	24,845	13,182	0	1,898	0
98.00	09850	HOME OFFICE	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,175,032	1,397,182	137,911	194,442	394,633

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

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Part II  
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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	56,188	44,242	0	6,371	9	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	1,477	29,997	0	4,320	0	194.00
194.01 07951 APOTHECARY	46,793	5,198	0	749	0	194.01
194.02 07952 OCCUPATIONAL MEDICINE	22,674	85,002	0	12,242	0	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	1,257	0	0	0	0	194.04
194.06 07956 MOB	2,990	20,801	0	2,996	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	5,509	1,547	0	223	0	194.08
194.09 07959 CONV CARE	77,217	57,887	0	8,337	0	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	92	1,862	0	268	0	194.11
194.14 07964 FREE STANDING CATH LAB	87	1,759	0	253	0	194.14
194.15 07965 FAMILY PRACTICE	250	14,139	0	2,036	0	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	9,251	231,038	0	33,273	0	194.17
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)	2,398,817	1,890,654	137,911	265,510	394,642	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/29/2017 10:09 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	10,065					11.00
13.00	01300	NURSING ADMINISTRATION	138	526,686				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	205	0	348,414			14.00
15.00	01500	PHARMACY	283	0	0	343,128		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	300	0	0	0	94,402	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	43	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,133	170,825	0	0	3,613	30.00
31.00	03100	INTENSIVE CARE UNIT	768	66,910	0	0	1,375	31.00
31.02	03102	NICU	263	26,200	0	0	510	31.02
32.00	03200	CORONARY CARE UNIT	91	11,689	0	0	167	32.00
40.00	04000	SUBPROVIDER - IPF	119	0	0	0	411	40.00
41.00	04100	SUBPROVIDER - IRF	182	26,200	0	0	289	41.00
43.00	04300	NURSERY	83	0	0	0	122	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	625	18,012	0	0	16,155	50.00
51.00	05100	RECOVERY ROOM	115	20,859	0	0	1,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207	26,200	0	0	685	52.00
53.00	05300	ANESTHESIOLOGY	5	0	0	0	1,186	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	358	0	0	0	4,222	54.00
54.02	05402	ULTRASOUND	51	0	0	0	1,041	54.02
54.03	05403	NUCLEAR MEDICINE	56	0	0	0	2,192	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	80	0	0	0	3,308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37	0	0	0	1,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	85	13,427	0	0	5,383	59.00
60.00	06000	LABORATORY	245	0	0	0	5,977	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1	0	0	0	441	63.00
64.00	06400	INTRAVENOUS THERAPY	164	12,898	0	0	1,214	64.00
65.00	06500	RESPIRATORY THERAPY	248	0	0	0	803	65.00
66.00	06600	PHYSICAL THERAPY	260	0	0	0	1,042	66.00
67.00	06700	OCCUPATIONAL THERAPY	127	0	0	0	649	67.00
68.00	06800	SPEECH PATHOLOGY	36	0	0	0	237	68.00
69.00	06900	ELECTROCARDIOLOGY	96	18,264	0	0	3,603	69.00
69.02	06902	CARDIAC REHAB	44	7,935	0	0	77	69.02
69.03	06903	DIABETIC EDUCATION	13	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	52	0	0	0	613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	120,921	0	6,722	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	227,493	0	7,569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	343,128	10,246	73.00
74.00	07400	RENAL DIALYSIS	76	12,949	0	0	218	74.00
76.00	03951	ECT	12	0	0	0	168	76.00
76.01	03950	MOBILE OUTREACH CLINIC	87	0	0	0	49	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	49	0	0	0	320	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	661	54,817	0	0	7,841	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	103	13,301	0	0	1,589	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	359	26,200	0	0	1,021	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	141	0	0	0	453	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,001	526,686	348,414	343,128	94,402	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	458	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	33	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	112	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	8	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	420	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	33	0	0	0	0	194.17
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)	10,065	526,686	348,414	343,128	94,402	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:  
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To 06/30/2017

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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,459				21.00
23.00 02300	PARAMED PRGM-(SPECIFY)		0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS		2,991,591	0	2,991,591	30.00
31.00 03100	INTENSIVE CARE UNIT		866,637	0	866,637	31.00
31.02 03102	NICU		329,360	0	329,360	31.02
32.00 03200	CORONARY CARE UNIT		189,225	0	189,225	32.00
40.00 04000	SUBPROVIDER - I PF		188,066	0	188,066	40.00
41.00 04100	SUBPROVIDER - I RF		549,832	0	549,832	41.00
43.00 04300	NURSERY		9,076	0	9,076	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM		2,919,580	0	2,919,580	50.00
51.00 05100	RECOVERY ROOM		195,526	0	195,526	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		400,919	0	400,919	52.00
53.00 05300	ANESTHESIOLOGY		45,079	0	45,079	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,651,260	0	1,651,260	54.00
54.02 05402	ULTRASOUND		38,176	0	38,176	54.02
54.03 05403	NUCLEAR MEDICINE		174,746	0	174,746	54.03
56.00 05600	RADIOISOTOPE		0	0	0	56.00
57.00 05700	CT SCAN		335,471	0	335,471	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		167,948	0	167,948	58.00
59.00 05900	CARDIAC CATHETERIZATION		678,783	0	678,783	59.00
60.00 06000	LABORATORY		404,621	0	404,621	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		20,881	0	20,881	63.00
64.00 06400	INTRAVENOUS THERAPY		494,888	0	494,888	64.00
65.00 06500	RESPIRATORY THERAPY		124,696	0	124,696	65.00
66.00 06600	PHYSICAL THERAPY		134,615	0	134,615	66.00
67.00 06700	OCCUPATIONAL THERAPY		15,164	0	15,164	67.00
68.00 06800	SPEECH PATHOLOGY		16,977	0	16,977	68.00
69.00 06900	ELECTROCARDIOLOGY		239,730	0	239,730	69.00
69.02 06902	CARDIAC REHAB		150,215	0	150,215	69.02
69.03 06903	DIABETIC EDUCATION		58,818	0	58,818	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		145,684	0	145,684	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		189,551	0	189,551	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		351,531	0	351,531	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		516,108	0	516,108	73.00
74.00 07400	RENAL DIALYSIS		55,815	0	55,815	74.00
76.00 03951	ECT		1,500	0	1,500	76.00
76.01 03950	MOBILE OUTREACH CLINIC		231,677	0	231,677	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		24,957	0	24,957	90.00
90.01 09001	OUTPATIENT PSYCH		0	0	0	90.01
90.02 09002	PEDS CLINIC		0	0	0	90.02
90.04 09004	BARITRICS		0	0	0	90.04
91.00 09100	EMERGENCY		888,033	0	888,033	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		311,985	0	311,985	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES		251,232	0	251,232	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		41,971	0	41,971	97.00
98.00 09850	HOME OFFICE		0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

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To 06/30/2017

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Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	16,401,924	0	16,401,924	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			439,465	0	439,465	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			215,706	0	215,706	194.00
194.01	07951	APOTHECARY			54,663	0	54,663	194.01
194.02	07952	OCCUPATIONAL MEDICINE			522,434	0	522,434	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			1,272	0	1,272	194.04
194.06	07956	MOB			26,787	0	26,787	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			16,555	0	16,555	194.08
194.09	07959	CONV CARE			314,427	0	314,427	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			0	0	0	194.10
194.11	07961	ST ELIZABETH			13,391	0	13,391	194.11
194.14	07964	FREE STANDING CATH LAB			12,647	0	12,647	194.14
194.15	07965	FAMILY PRACTICE			46,848	0	46,848	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			1,209,482	0	1,209,482	194.17
200.00		Cross Foot Adjustments	4,459	0	4,459	0	4,459	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,459	0	19,280,060	0	19,280,060	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	979,567					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,054,198				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	110,268,065			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	78,761	1,381,520	8,238,513	-114,285,530	292,155,219	5.00
7.00 00700	OPERATION OF PLANT	89,670	738,934	794,379	0	15,075,629	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	22,539	608,452	0	1,185,371	8.00
9.00 00900	HOUSEKEEPING	19,105	2,234	0	0	4,381,161	9.00
10.00 01000	DIETARY	25,036	61,207	4,406	0	2,419,887	10.00
11.00 01100	CAFETERIA	0	0	6,477	0	1,225,766	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	47,046	1,836,987	0	2,810,024	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,834	101,708	1,350,524	0	1,750,811	14.00
15.00 01500	PHARMACY	6,272	192,542	4,062,619	0	5,363,040	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	526	1,937,149	0	2,493,938	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	270	363,776	0	496,611	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	173,152	144,208	19,647,251	0	27,097,795	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	109,973	7,475,940	0	10,945,169	31.00
31.02 03102	NICU	12,694	95,121	3,050,437	0	4,168,132	31.02
32.00 03200	CORONARY CARE UNIT	5,644	75,080	1,002,699	0	1,610,836	32.00
40.00 04000	SUBPROVIDER - I/PF	11,572	0	1,215,701	0	2,721,408	40.00
41.00 04100	SUBPROVIDER - I/RF	35,314	31,371	2,000,610	0	2,803,769	41.00
43.00 04300	NURSERY	0	0	857,827	0	1,072,801	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	43,915	1,596,566	6,642,473	0	59,326,706	50.00
51.00 05100	RECOVERY ROOM	9,368	13,526	1,474,169	0	1,932,823	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	37,468	2,305,836	0	3,277,558	52.00
53.00 05300	ANESTHESIOLOGY	0	37,356	32,669	0	87,951	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	1,094,663	4,259,003	0	6,984,093	54.00
54.02 05402	ULTRASOUND	1,870	3,369	556,950	0	743,516	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	7,372	669,875	0	2,187,150	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	211,103	918,234	0	1,562,603	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,440	62,805	460,574	0	746,398	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	393,788	1,125,420	0	3,072,205	59.00
60.00 06000	LABORATORY	14,404	44,273	1,701,269	0	13,728,006	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	247	11,358	0	1,538,731	63.00
64.00 06400	INTRAVENOUS THERAPY	10,874	255,091	1,894,725	0	3,805,449	64.00
65.00 06500	RESPIRATORY THERAPY	2,880	49,530	2,672,611	0	3,812,810	65.00
66.00 06600	PHYSICAL THERAPY	5,924	6,983	2,843,292	0	3,664,043	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,435,837	0	1,739,687	67.00
68.00 06800	SPEECH PATHOLOGY	0	10,471	444,022	0	556,895	68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	116,615	919,623	0	1,414,152	69.00
69.02 06902	CARDIAC REHAB	7,680	233	491,166	0	613,973	69.02
69.03 06903	DIABETIC EDUCATION	4,634	714	129,062	0	217,910	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	43,773	521,590	0	829,205	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,539,625	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,184,448	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	19,819,080	73.00
74.00 07400	RENAL DIALYSIS	293	26,028	961,138	0	1,056,936	74.00
76.00 03951	ECT	0	0	123,280	0	159,639	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	185,679	742,905	0	1,090,928	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	1,611	449,193	0	1,060,677	90.00
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	24,054	378,615	6,415,155	0	9,457,288	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	111,822	1,125,923	0	2,511,419	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	154,085	2,740,170	0	5,530,939	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	1,196	972,300	0	3,025,864	97.00
98.00 09850	HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	798,193	7,849,261	99,493,569	-114,285,530	264,900,855	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	57,669	2,986,329	0	6,842,973	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	0	0	179,912	194.00
194.01	07951	APOTHECARY	182	0	516,361	0	5,698,798	194.01
194.02	07952	OCCUPATIONAL MEDICINE	39,513	0	1,280,636	0	2,761,416	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	99,903	0	153,114	194.04
194.06	07956	MOB	0	0	27	0	364,202	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	885	0	670,984	194.08
194.09	07959	CONV CARE	0	147,268	5,603,075	0	9,404,118	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	11,169	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	10,548	194.14
194.15	07965	FAMILY PRACTICE	2,988	0	0	0	30,423	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	91,916	0	287,280	0	1,126,707	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,973,709	9,306,351	21,382,046		114,285,530	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.181753	1.155466	0.193910		0.391181	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,911		2,398,817	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000072		0.008211	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	1,113,707				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	3,683,313			8.00	
9.00	00900	HOUSEKEEPING	19,105	0	1,086,008		9.00	
10.00	01000	DIETARY	25,302	0	25,302	214,968	10.00	
11.00	01100	CAFETERIA	0	0	0	3,486,596	11.00	
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	14.00	
15.00	01500	PHARMACY	6,272	0	6,272	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	173,152	1,441,648	173,152	147,758	738,270	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	357,834	42,385	28,781	265,874	31.00
31.02	03102	NICU	12,694	110,390	12,694	0	91,037	31.02
32.00	03200	CORONARY CARE UNIT	5,644	102,389	5,644	2,705	31,377	32.00
40.00	04000	SUBPROVIDER - I PF	11,572	0	11,572	13,512	41,373	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	163,000	35,314	16,070	63,207	41.00
43.00	04300	NURSERY	0	0	0	0	28,628	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	46,821	381,490	46,821	70	216,634	50.00
51.00	05100	RECOVERY ROOM	21,196	120,100	21,196	82	39,867	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	140,300	24,203	2,598	71,867	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,884	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,640	62,100	51,640	1,204	123,874	54.00
54.02	05402	ULTRASOUND	4,122	0	4,122	0	17,624	54.02
54.03	05403	NUCLEAR MEDICINE	38,133	5,200	38,133	0	19,486	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	63,210	10,331	0	27,697	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,390	9,333	11,390	0	12,838	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,419	41,310	24,419	0	29,377	59.00
60.00	06000	LABORATORY	45,179	0	45,179	0	84,950	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	303	63.00
64.00	06400	INTRAVENOUS THERAPY	20,621	0	20,621	2,024	56,661	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	86,061	65.00
66.00	06600	PHYSICAL THERAPY	17,638	10,200	17,638	0	90,107	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	44,084	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	12,338	68.00
69.00	06900	ELECTROCARDIOLOGY	12,310	22,000	12,310	0	33,151	69.00
69.02	06902	CARDIAC REHAB	29,753	22,300	29,753	0	15,390	69.02
69.03	06903	DIABETIC EDUCATION	4,634	0	4,634	0	4,562	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	12,100	7,165	149	18,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	5,289	293	0	26,165	74.00
76.00	03951	ECT	0	0	0	0	4,267	76.00
76.01	03950	MOBILE OUTREACH CLINIC	4,111	0	4,111	0	30,086	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,022	42,600	1,022	0	17,018	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	466,710	24,054	10	229,106	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	103,810	11,811	0	35,850	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	124,461	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	7,765	0	7,765	0	48,734	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	823,023	3,683,313	795,324	214,963	3,118,018 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	0	26,061	5	158,770 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	17,670	0	0 194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	11,345 194.01
194.02	07952	OCCUPATIONAL MEDICINE	50,071	0	50,071	0	38,875 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	0	0	0	0	2,770 194.04
194.06	07956	MOB	12,253	0	12,253	0	1 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	18 194.08
194.09	07959	CONV CARE	34,099	0	34,099	0	145,451 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	0 194.14
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	11,348 194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,972,929	1,810,905	6,454,766	3,993,363	1,705,262 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.831640	0.491651	5.943571	18.576546	0.489091 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,890,654	137,911	265,510	394,642	10,065 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.697622	0.037442	0.244483	1.835817	0.002887 205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	41,814					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	21,724,073				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,640,949,680		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	13,562	0	0	62,297,099	100	30.00
31.00 03100 INTENSIVE CARE UNIT	5,312	0	0	23,703,384	0	31.00
31.02 03102 NICU	2,080	0	0	8,789,275	0	31.02
32.00 03200 CORONARY CARE UNIT	928	0	0	2,879,931	0	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	7,085,528	0	40.00
41.00 04100 SUBPROVIDER - I/RF	2,080	0	0	4,990,000	0	41.00
43.00 04300 NURSERY	0	0	0	2,101,482	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,430	0	0	291,876,964	0	50.00
51.00 05100 RECOVERY ROOM	1,656	0	0	30,198,091	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,080	0	0	11,810,217	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	20,445,309	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	72,790,459	0	54.00
54.02 05402 ULTRASOUND	0	0	0	17,956,294	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	37,794,860	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57,026,491	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,653,745	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,066	0	0	92,818,026	0	59.00
60.00 06000 LABORATORY	0	0	0	103,047,717	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,596,356	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,024	0	0	20,926,675	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,838,502	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,968,153	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	11,194,764	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,085,484	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,450	0	0	62,117,393	0	69.00
69.02 06902 CARDIAC REHAB	630	0	0	1,329,916	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,560,821	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,539,625	0	115,899,259	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,184,448	0	130,493,776	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	176,655,463	0	73.00
74.00 07400 RENAL DIALYSIS	1,028	0	0	3,762,411	0	74.00
76.00 03951 ECT	0	0	0	2,899,953	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	837,262	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	5,520,770	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	4,352	0	0	135,182,187	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	1,056	0	0	27,400,821	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	2,080	0	0	17,601,442	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	7,813,400	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			(DIRECT NRSNG HRS)					
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,814	21,724,073	1,000	1,640,949,680	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,850,068	2,912,288	7,664,343	3,669,341	698,088	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	115.991486	0.134058	7,664.343000	0.002236	6,980.880000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	526,686	348,414	343,128	94,402	4,459	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.595925	0.016038	343.128000	0.000058	44.590000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1  
Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT PSYCH	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARIATRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

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

Worksheet B-1

Date/Time Prepared:  
11/29/2017 10:09 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
106.00	10600 HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 APOTHECARY	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	194.03
194.04	07954 MARKETING	0	194.04
194.06	07956 MOB	0	194.06
194.07	07957 SENIOR PARTNERS	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	194.08
194.09	07959 CONV CARE	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	194.10
194.11	07961 ST ELIZABETH	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	194.14
194.15	07965 FAMILY PRACTICE	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	194.17
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 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	47,514,890		47,514,890	0	47,514,890	30.00
31.00	03100	INTENSIVE CARE UNIT	17,786,574		17,786,574	0	17,786,574	31.00
31.02	03102	NICU	6,472,836		6,472,836	0	6,472,836	31.02
32.00	03200	CORONARY CARE UNIT	2,610,812		2,610,812	0	2,610,812	32.00
40.00	04000	SUBPROVIDER - IPF	4,359,754		4,359,754	0	4,359,754	40.00
41.00	04100	SUBPROVIDER - IRF	5,437,460		5,437,460	0	5,437,460	41.00
43.00	04300	NURSERY	1,511,161		1,511,161	0	1,511,161	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	84,807,644		84,807,644	0	84,807,644	50.00
51.00	05100	RECOVERY ROOM	3,553,716		3,553,716	0	3,553,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,579,371		5,579,371	0	5,579,371	52.00
53.00	05300	ANESTHESIOLOGY	168,993		168,993	0	168,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,271,772		11,271,772	0	11,271,772	54.00
54.02	05402	ULTRASOUND	1,185,258		1,185,258	0	1,185,258	54.02
54.03	05403	NUCLEAR MEDICINE	4,084,071		4,084,071	0	4,084,071	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,601,951		2,601,951	0	2,601,951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,375,378		1,375,378	0	1,375,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,244,845		5,244,845	0	5,244,845	59.00
60.00	06000	LABORATORY	20,489,424		20,489,424	0	20,489,424	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,173,147		2,173,147	0	2,173,147	63.00
64.00	06400	INTRAVENOUS THERAPY	6,035,835		6,035,835	0	6,035,835	64.00
65.00	06500	RESPIRATORY THERAPY	5,448,696	0	5,448,696	0	5,448,696	65.00
66.00	06600	PHYSICAL THERAPY	5,623,595	0	5,623,595	0	5,623,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,466,812	0	2,466,812	0	2,466,812	67.00
68.00	06800	SPEECH PATHOLOGY	789,911	0	789,911	0	789,911	68.00
69.00	06900	ELECTROCARDIOLOGY	2,606,435		2,606,435	0	2,606,435	69.00
69.02	06902	CARDIAC REHAB	1,685,825		1,685,825	0	1,685,825	69.02
69.03	06903	DIABETIC EDUCATION	420,192		420,192	0	420,192	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,372,294		1,372,294	0	1,372,294	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,758,881		11,758,881	0	11,758,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,926,460		21,926,460	0	21,926,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,631,273		35,631,273	0	35,631,273	73.00
74.00	07400	RENAL DIALYSIS	1,620,697		1,620,697	0	1,620,697	74.00
76.00	03951	ECT	230,658		230,658	0	230,658	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,636,116		1,636,116	0	1,636,116	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,542,525		1,542,525	0	1,542,525	90.00
90.01	09001	OUTPATIENT PSYCH	0		0	0	0	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARiatricS	0		0	0	0	90.04
91.00	09100	EMERGENCY	14,901,502		14,901,502	0	14,901,502	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	4,038,786		4,038,786	0	4,038,786	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,230,608		6,230,608	0	6,230,608	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	8,036,029		8,036,029	0	8,036,029	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,443,211		4,443,211	0	4,443,211	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	366,675,398	0	366,675,398	0	366,675,398	200.00
201.00		Less Observation Beds	6,230,608		6,230,608	0	6,230,608	201.00
202.00		Total (see instructions)	360,444,790	0	360,444,790	0	360,444,790	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 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	50,760,701		50,760,701		30.00
31.00	03100	INTENSIVE CARE UNIT	23,703,384		23,703,384		31.00
31.02	03102	NICU	8,789,275		8,789,275		31.02
32.00	03200	CORONARY CARE UNIT	2,879,931		2,879,931		32.00
40.00	04000	SUBPROVIDER - I/PF	7,085,528		7,085,528		40.00
41.00	04100	SUBPROVIDER - I/RF	4,990,000		4,990,000		41.00
43.00	04300	NURSERY	2,101,482		2,101,482		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	102,399,682	189,477,282	291,876,964	0.290560	50.00
51.00	05100	RECOVERY ROOM	12,822,708	17,375,383	30,198,091	0.117680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,219,318	590,899	11,810,217	0.472419	52.00
53.00	05300	ANESTHESIOLOGY	11,711,044	8,734,265	20,445,309	0.008266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,992,060	54,798,399	72,790,459	0.154852	54.00
54.02	05402	ULTRASOUND	7,403,390	10,552,904	17,956,294	0.066008	54.02
54.03	05403	NUCLEAR MEDICINE	8,343,609	29,451,251	37,794,860	0.108059	54.03
56.00	05600	RADIOLOGY	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,368,047	37,658,444	57,026,491	0.045627	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,403,035	15,250,710	19,653,745	0.069980	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,832,328	38,985,698	92,818,026	0.056507	59.00
60.00	06000	LABORATORY	37,740,475	65,307,242	103,047,717	0.198834	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,633,412	1,962,944	7,596,356	0.286078	63.00
64.00	06400	INTRAVENOUS THERAPY	7,162,980	13,763,695	20,926,675	0.288428	64.00
65.00	06500	RESPIRATORY THERAPY	11,595,883	2,242,619	13,838,502	0.393735	65.00
66.00	06600	PHYSICAL THERAPY	11,232,804	6,735,349	17,968,153	0.312976	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,659,864	534,900	11,194,764	0.220354	67.00
68.00	06800	SPEECH PATHOLOGY	3,817,688	267,796	4,085,484	0.193346	68.00
69.00	06900	ELECTROCARDIOLOGY	23,049,188	39,068,205	62,117,393	0.041960	69.00
69.02	06902	CARDIAC REHAB	2,265	1,327,651	1,329,916	1.267618	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,561,957	6,998,864	10,560,821	0.129942	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,369,839	53,529,420	115,899,259	0.101458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,601,554	51,892,222	130,493,776	0.168027	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,539,445	89,116,018	176,655,463	0.201699	73.00
74.00	07400	RENAL DIALYSIS	3,521,611	240,800	3,762,411	0.430760	74.00
76.00	03951	ECT	1,175,563	1,724,390	2,899,953	0.079539	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	837,262	837,262	1.954127	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	44,413	5,476,357	5,520,770	0.279404	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	36,885,017	98,297,170	135,182,187	0.110233	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,436,766	15,964,055	27,400,821	0.147397	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,861,761	8,674,637	11,536,398	0.540083	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	17,601,442	17,601,442	0.456555	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	164,573	7,648,827	7,813,400	0.568665	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	748,862,580	892,087,100	1,640,949,680		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	748,862,580	892,087,100	1,640,949,680		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:09 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.290560		50.00
51.00	05100	RECOVERY ROOM	0.117680		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472419		52.00
53.00	05300	ANESTHESIOLOGY	0.008266		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154852		54.00
54.02	05402	ULTRASOUND	0.066008		54.02
54.03	05403	NUCLEAR MEDICINE	0.108059		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.045627		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069980		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056507		59.00
60.00	06000	LABORATORY	0.198834		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286078		63.00
64.00	06400	INTRAVENOUS THERAPY	0.288428		64.00
65.00	06500	RESPIRATORY THERAPY	0.393735		65.00
66.00	06600	PHYSICAL THERAPY	0.312976		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220354		67.00
68.00	06800	SPEECH PATHOLOGY	0.193346		68.00
69.00	06900	ELECTROCARDIOLOGY	0.041960		69.00
69.02	06902	CARDIAC REHAB	1.267618		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129942		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.168027		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201699		73.00
74.00	07400	RENAL DIALYSIS	0.430760		74.00
76.00	03951	ECT	0.079539		76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.954127		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.279404		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.110233		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.147397		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.540083		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.456555		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.568665		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 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	47,514,890		47,514,890	0	47,514,890	30.00
31.00	03100	INTENSIVE CARE UNIT	17,786,574		17,786,574	0	17,786,574	31.00
31.02	03102	NICU	6,472,836		6,472,836	0	6,472,836	31.02
32.00	03200	CORONARY CARE UNIT	2,610,812		2,610,812	0	2,610,812	32.00
40.00	04000	SUBPROVIDER - IPF	4,359,754		4,359,754	0	4,359,754	40.00
41.00	04100	SUBPROVIDER - IRF	5,437,460		5,437,460	0	5,437,460	41.00
43.00	04300	NURSERY	1,511,161		1,511,161	0	1,511,161	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	84,807,644		84,807,644	0	84,807,644	50.00
51.00	05100	RECOVERY ROOM	3,553,716		3,553,716	0	3,553,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,579,371		5,579,371	0	5,579,371	52.00
53.00	05300	ANESTHESIOLOGY	168,993		168,993	0	168,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,271,772		11,271,772	0	11,271,772	54.00
54.02	05402	ULTRASOUND	1,185,258		1,185,258	0	1,185,258	54.02
54.03	05403	NUCLEAR MEDICINE	4,084,071		4,084,071	0	4,084,071	54.03
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	2,601,951		2,601,951	0	2,601,951	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,375,378		1,375,378	0	1,375,378	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,244,845		5,244,845	0	5,244,845	59.00
60.00	06000	LABORATORY	20,489,424		20,489,424	0	20,489,424	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,173,147		2,173,147	0	2,173,147	63.00
64.00	06400	INTRAVENOUS THERAPY	6,035,835		6,035,835	0	6,035,835	64.00
65.00	06500	RESPIRATORY THERAPY	5,448,696	0	5,448,696	0	5,448,696	65.00
66.00	06600	PHYSICAL THERAPY	5,623,595	0	5,623,595	0	5,623,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,466,812	0	2,466,812	0	2,466,812	67.00
68.00	06800	SPEECH PATHOLOGY	789,911	0	789,911	0	789,911	68.00
69.00	06900	ELECTROCARDIOLOGY	2,606,435		2,606,435	0	2,606,435	69.00
69.02	06902	CARDIAC REHAB	1,685,825		1,685,825	0	1,685,825	69.02
69.03	06903	DIABETIC EDUCATION	420,192		420,192	0	420,192	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,372,294		1,372,294	0	1,372,294	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,758,881		11,758,881	0	11,758,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,926,460		21,926,460	0	21,926,460	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,631,273		35,631,273	0	35,631,273	73.00
74.00	07400	RENAL DIALYSIS	1,620,697		1,620,697	0	1,620,697	74.00
76.00	03951	ECT	230,658		230,658	0	230,658	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1,636,116		1,636,116	0	1,636,116	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,542,525		1,542,525	0	1,542,525	90.00
90.01	09001	OUTPATIENT PSYCH	0		0	0	0	90.01
90.02	09002	PEDS CLINIC	0		0	0	0	90.02
90.04	09004	BARITRICS	0		0	0	0	90.04
91.00	09100	EMERGENCY	14,901,502		14,901,502	0	14,901,502	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	4,038,786		4,038,786	0	4,038,786	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	6,230,608		6,230,608	0	6,230,608	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	8,036,029		8,036,029	0	8,036,029	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	4,443,211		4,443,211	0	4,443,211	97.00
98.00	09850	HOME OFFICE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
200.00		Subtotal (see instructions)	366,675,398	0	366,675,398	0	366,675,398	200.00
201.00		Less Observation Beds	6,230,608		6,230,608	0	6,230,608	201.00
202.00		Total (see instructions)	360,444,790	0	360,444,790	0	360,444,790	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	50,760,701		50,760,701		30.00
31.00	03100	INTENSIVE CARE UNIT	23,703,384		23,703,384		31.00
31.02	03102	NICU	8,789,275		8,789,275		31.02
32.00	03200	CORONARY CARE UNIT	2,879,931		2,879,931		32.00
40.00	04000	SUBPROVIDER - I/PF	7,085,528		7,085,528		40.00
41.00	04100	SUBPROVIDER - I/RF	4,990,000		4,990,000		41.00
43.00	04300	NURSERY	2,101,482		2,101,482		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	102,399,682	189,477,282	291,876,964	0.290560	50.00
51.00	05100	RECOVERY ROOM	12,822,708	17,375,383	30,198,091	0.117680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,219,318	590,899	11,810,217	0.472419	52.00
53.00	05300	ANESTHESIOLOGY	11,711,044	8,734,265	20,445,309	0.008266	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,992,060	54,798,399	72,790,459	0.154852	54.00
54.02	05402	ULTRASOUND	7,403,390	10,552,904	17,956,294	0.066008	54.02
54.03	05403	NUCLEAR MEDICINE	8,343,609	29,451,251	37,794,860	0.108059	54.03
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,368,047	37,658,444	57,026,491	0.045627	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,403,035	15,250,710	19,653,745	0.069980	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,832,328	38,985,698	92,818,026	0.056507	59.00
60.00	06000	LABORATORY	37,740,475	65,307,242	103,047,717	0.198834	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,633,412	1,962,944	7,596,356	0.286078	63.00
64.00	06400	INTRAVENOUS THERAPY	7,162,980	13,763,695	20,926,675	0.288428	64.00
65.00	06500	RESPIRATORY THERAPY	11,595,883	2,242,619	13,838,502	0.393735	65.00
66.00	06600	PHYSICAL THERAPY	11,232,804	6,735,349	17,968,153	0.312976	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,659,864	534,900	11,194,764	0.220354	67.00
68.00	06800	SPEECH PATHOLOGY	3,817,688	267,796	4,085,484	0.193346	68.00
69.00	06900	ELECTROCARDIOLOGY	23,049,188	39,068,205	62,117,393	0.041960	69.00
69.02	06902	CARDIAC REHAB	2,265	1,327,651	1,329,916	1.267618	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	3,561,957	6,998,864	10,560,821	0.129942	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,369,839	53,529,420	115,899,259	0.101458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	78,601,554	51,892,222	130,493,776	0.168027	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,539,445	89,116,018	176,655,463	0.201699	73.00
74.00	07400	RENAL DIALYSIS	3,521,611	240,800	3,762,411	0.430760	74.00
76.00	03951	ECT	1,175,563	1,724,390	2,899,953	0.079539	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	837,262	837,262	1.954127	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	44,413	5,476,357	5,520,770	0.279404	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	36,885,017	98,297,170	135,182,187	0.110233	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,436,766	15,964,055	27,400,821	0.147397	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,861,761	8,674,637	11,536,398	0.540083	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	17,601,442	17,601,442	0.456555	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	164,573	7,648,827	7,813,400	0.568665	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	748,862,580	892,087,100	1,640,949,680		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	748,862,580	892,087,100	1,640,949,680		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/29/2017 10:09 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.02	06902	CARDIAC REHAB	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	ECT	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION			106.00
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: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/29/2017 10:09 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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,991,591	0	2,991,591	55,121	54.27	30.00
31.00	INTENSIVE CARE UNIT	866,637		866,637	12,783	67.80	31.00
31.02	NICU	329,360		329,360	5,703	57.75	31.02
32.00	CORONARY CARE UNIT	189,225		189,225	1,241	152.48	32.00
40.00	SUBPROVIDER - IPF	188,066	0	188,066	4,296	43.78	40.00
41.00	SUBPROVIDER - IRF	549,832	0	549,832	5,121	107.37	41.00
43.00	NURSERY	9,076		9,076	2,686	3.38	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	5,123,787		5,123,787	86,951		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	19,437	1,054,846	30.00
31.00	INTENSIVE CARE UNIT	6,171	418,394	31.00
31.02	NICU	0	0	31.02
32.00	CORONARY CARE UNIT	1,072	163,459	32.00
40.00	SUBPROVIDER - IPF	1,394	61,029	40.00
41.00	SUBPROVIDER - IRF	2,351	252,427	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (Lines 30-199)	30,425	1,950,155	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/29/2017 10:09 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	2,919,580	291,876,964	0.010003	44,945,123	449,586	50.00
51.00	05100	RECOVERY ROOM	195,526	30,198,091	0.006475	6,879,228	44,543	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	400,919	11,810,217	0.033947	22,182	753	52.00
53.00	05300	ANESTHESIOLOGY	45,079	20,445,309	0.002205	5,871,794	12,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,651,260	72,790,459	0.022685	6,522,405	147,961	54.00
54.02	05402	ULTRASOUND	38,176	17,956,294	0.002126	3,512,969	7,469	54.02
54.03	05403	NUCLEAR MEDICINE	174,746	37,794,860	0.004624	4,174,591	19,303	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	335,471	57,026,491	0.005883	7,960,080	46,829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	167,948	19,653,745	0.008545	1,716,182	14,665	58.00
59.00	05900	CARDIAC CATHETERIZATION	678,783	92,818,026	0.007313	24,253,020	177,362	59.00
60.00	06000	LABORATORY	404,621	103,047,717	0.003927	16,520,359	64,875	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,881	7,596,356	0.002749	2,096,892	5,764	63.00
64.00	06400	INTRAVENOUS THERAPY	494,888	20,926,675	0.023649	3,256,197	77,006	64.00
65.00	06500	RESPIRATORY THERAPY	124,696	13,838,502	0.009011	4,301,877	38,764	65.00
66.00	06600	PHYSICAL THERAPY	134,615	17,968,153	0.007492	3,779,574	28,317	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,164	11,194,764	0.001355	3,170,198	4,296	67.00
68.00	06800	SPEECH PATHOLOGY	16,977	4,085,484	0.004155	878,552	3,650	68.00
69.00	06900	ELECTROCARDIOLOGY	239,730	62,117,393	0.003859	10,902,263	42,072	69.00
69.02	06902	CARDIAC REHAB	150,215	1,329,916	0.112951	1,144	129	69.02
69.03	06903	DIABETIC EDUCATION	58,818	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	145,684	10,560,821	0.013795	531,200	7,328	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	189,551	115,899,259	0.001635	30,967,254	50,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	351,531	130,493,776	0.002694	30,009,126	80,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,108	176,655,463	0.002922	31,278,261	91,395	73.00
74.00	07400	RENAL DIALYSIS	55,815	3,762,411	0.014835	1,771,840	26,285	74.00
76.00	03951	ECT	1,500	2,899,953	0.000517	4,660	2	76.00
76.01	03950	MOBILE OUTREACH CLINIC	231,677	837,262	0.276708	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	24,957	5,520,770	0.004521	7,632	35	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARiatricS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	888,033	135,182,187	0.006569	13,765,787	90,427	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	311,985	27,400,821	0.011386	3,397,517	38,684	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	392,285	11,536,398	0.034004	1,170,948	39,817	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	41,971	7,813,400	0.005372	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	11,419,190	1,523,037,937		263,668,855	1,611,740	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/29/2017 10:09 am
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
31.02	03102	NICU	0	0	0	0	0		31.02	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		32.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	55,121	0.00	19,437	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	12,783	0.00	6,171	0	0		31.00	
31.02	03102	NICU	5,703	0.00	0	0	0		31.02	
32.00	03200	CORONARY CARE UNIT	1,241	0.00	1,072	0	0		32.00	
40.00	04000	SUBPROVIDER - IPF	4,296	0.00	1,394	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	5,121	0.00	2,351	0	0		41.00	
43.00	04300	NURSERY	2,686	0.00	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0		45.00	
200.00		Total (lines 30-199)	86,951		30,425	0	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	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	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 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 Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	291,876,964	0.000000	0.000000	44,945,123	50.00
51.00	05100 RECOVERY ROOM	0	30,198,091	0.000000	0.000000	6,879,228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,810,217	0.000000	0.000000	22,182	52.00
53.00	05300 ANESTHESIOLOGY	0	20,445,309	0.000000	0.000000	5,871,794	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,790,459	0.000000	0.000000	6,522,405	54.00
54.02	05402 ULTRASOUND	0	17,956,294	0.000000	0.000000	3,512,969	54.02
54.03	05403 NUCLEAR MEDICINE	0	37,794,860	0.000000	0.000000	4,174,591	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	57,026,491	0.000000	0.000000	7,960,080	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,653,745	0.000000	0.000000	1,716,182	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	92,818,026	0.000000	0.000000	24,253,020	59.00
60.00	06000 LABORATORY	0	103,047,717	0.000000	0.000000	16,520,359	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	7,596,356	0.000000	0.000000	2,096,892	63.00
64.00	06400 INTRAVENOUS THERAPY	0	20,926,675	0.000000	0.000000	3,256,197	64.00
65.00	06500 RESPIRATORY THERAPY	0	13,838,502	0.000000	0.000000	4,301,877	65.00
66.00	06600 PHYSICAL THERAPY	0	17,968,153	0.000000	0.000000	3,779,574	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,194,764	0.000000	0.000000	3,170,198	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,085,484	0.000000	0.000000	878,552	68.00
69.00	06900 ELECTROCARDIOLOGY	0	62,117,393	0.000000	0.000000	10,902,263	69.00
69.02	06902 CARDIAC REHAB	0	1,329,916	0.000000	0.000000	1,144	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,560,821	0.000000	0.000000	531,200	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	115,899,259	0.000000	0.000000	30,967,254	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	130,493,776	0.000000	0.000000	30,009,126	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	176,655,463	0.000000	0.000000	31,278,261	73.00
74.00	07400 RENAL DIALYSIS	0	3,762,411	0.000000	0.000000	1,771,840	74.00
76.00	03951 ECT	0	2,899,953	0.000000	0.000000	4,660	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	837,262	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,520,770	0.000000	0.000000	7,632	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	135,182,187	0.000000	0.000000	13,765,787	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	27,400,821	0.000000	0.000000	3,397,517	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0.000000	1,170,948	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	7,813,400	0.000000	0.000000	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	1,523,037,937			263,668,855	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
Title XVIII		Hospital	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)	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	47,759,238	0	50.00
51.00	05100 RECOVERY ROOM	0	17,077,013	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,070	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,400,305	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,291,353	0	54.00
54.02	05402 ULTRASOUND	0	3,573,571	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	11,966,160	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	12,062,026	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,595,738	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	17,376,108	0	59.00
60.00	06000 LABORATORY	0	8,371,663	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	981,910	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	5,496,912	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	615,377	0	65.00
66.00	06600 PHYSICAL THERAPY	0	225,744	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	183,322	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	57,995	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,899,381	0	69.00
69.02	06902 CARDIAC REHAB	0	661,005	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,721,360	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,469,035	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,745,069	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	29,546,819	0	73.00
74.00	07400 RENAL DIALYSIS	0	236,320	0	74.00
76.00	03951 ECT	0	365,810	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	422,999	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	15,784,779	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	3,229,800	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,528,308	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	250,647,190	0	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 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	0.290560	47,759,238	0	0	13,876,924	50.00
51.00	05100 RECOVERY ROOM	0.117680	17,077,013	0	0	2,009,623	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472419	2,070	0	0	978	52.00
53.00	05300 ANESTHESIOLOGY	0.008266	7,400,305	0	0	61,171	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154852	7,291,353	0	0	1,129,081	54.00
54.02	05402 ULTRASOUND	0.066008	3,573,571	0	0	235,884	54.02
54.03	05403 NUCLEAR MEDICINE	0.108059	11,966,160	0	0	1,293,051	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.045627	12,062,026	0	0	550,354	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069980	5,595,738	0	0	391,590	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056507	17,376,108	0	0	981,872	59.00
60.00	06000 LABORATORY	0.198834	8,371,663	3,714	0	1,664,571	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286078	981,910	0	0	280,903	63.00
64.00	06400 INTRAVENOUS THERAPY	0.288428	5,496,912	0	0	1,585,463	64.00
65.00	06500 RESPIRATORY THERAPY	0.393735	615,377	0	0	242,295	65.00
66.00	06600 PHYSICAL THERAPY	0.312976	225,744	0	0	70,652	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220354	183,322	0	0	40,396	67.00
68.00	06800 SPEECH PATHOLOGY	0.193346	57,995	0	0	11,213	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041960	13,899,381	0	0	583,218	69.00
69.02	06902 CARDIAC REHAB	1.267618	661,005	0	0	837,902	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129942	1,721,360	0	0	223,677	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	20,469,035	0	0	2,076,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.168027	15,745,069	0	0	2,645,597	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201699	29,546,819	0	73,083	5,959,564	73.00
74.00	07400 RENAL DIALYSIS	0.430760	236,320	0	0	101,797	74.00
76.00	03951 ECT	0.079539	365,810	0	0	29,096	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.954127	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.279404	422,999	0	0	118,188	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.110233	15,784,779	0	0	1,740,004	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.147397	3,229,800	0	0	476,063	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.540083	2,528,308	0	0	1,365,496	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.456555	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		250,647,190	3,714	73,083	40,583,370	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)		250,647,190	3,714	73,083	40,583,370	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 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
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	738	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	14,741		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00 Subtotal (see instructions)	738	14,741		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	738	14,741		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/29/2017 10:09 am	
		Component CCN: 15-S100		Title XVIII		Subprovider - IPF	
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	2,919,580	291,876,964	0.010003	0	0 50.00
51.00	05100	RECOVERY ROOM	195,526	30,198,091	0.006475	109,292	708 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	400,919	11,810,217	0.033947	0	0 52.00
53.00	05300	ANESTHESIOLOGY	45,079	20,445,309	0.002205	94,512	208 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,651,260	72,790,459	0.022685	22,133	502 54.00
54.02	05402	ULTRASOUND	38,176	17,956,294	0.002126	6,725	14 54.02
54.03	05403	NUCLEAR MEDICINE	174,746	37,794,860	0.004624	0	0 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	335,471	57,026,491	0.005883	32,359	190 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	167,948	19,653,745	0.008545	8,133	69 58.00
59.00	05900	CARDIAC CATHETERIZATION	678,783	92,818,026	0.007313	0	0 59.00
60.00	06000	LABORATORY	404,621	103,047,717	0.003927	93,938	369 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,881	7,596,356	0.002749	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	494,888	20,926,675	0.023649	2,236	53 64.00
65.00	06500	RESPIRATORY THERAPY	124,696	13,838,502	0.009011	2,218	20 65.00
66.00	06600	PHYSICAL THERAPY	134,615	17,968,153	0.007492	11,791	88 66.00
67.00	06700	OCCUPATIONAL THERAPY	15,164	11,194,764	0.001355	18,748	25 67.00
68.00	06800	SPEECH PATHOLOGY	16,977	4,085,484	0.004155	409	2 68.00
69.00	06900	ELECTROCARDIOLOGY	239,730	62,117,393	0.003859	24,447	94 69.00
69.02	06902	CARDIAC REHAB	150,215	1,329,916	0.011295	0	0 69.02
69.03	06903	DIABETIC EDUCATION	58,818	0	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	145,684	10,560,821	0.013795	968	13 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	189,551	115,899,259	0.001635	45,706	75 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	351,531	130,493,776	0.002694	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,108	176,655,463	0.002922	426,320	1,246 73.00
74.00	07400	RENAL DIALYSIS	55,815	3,762,411	0.014835	7,840	116 74.00
76.00	03951	ECT	1,500	2,899,953	0.000517	151,450	78 76.00
76.01	03950	MOBILE OUTREACH CLINIC	231,677	837,262	0.276708	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	24,957	5,520,770	0.004521	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	888,033	135,182,187	0.006569	50,846	334 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	311,985	27,400,821	0.011386	2,858	33 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	2,352	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	41,971	7,813,400	0.005372	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	11,026,905	1,523,037,937		1,115,281	4,237 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<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
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	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
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	ECT	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICALS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	291,876,964	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	30,198,091	0.000000	0.000000	109,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,810,217	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,445,309	0.000000	0.000000	94,512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,790,459	0.000000	0.000000	22,133	54.00
54.02	05402	ULTRASOUND	0	17,956,294	0.000000	0.000000	6,725	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,794,860	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	57,026,491	0.000000	0.000000	32,359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,653,745	0.000000	0.000000	8,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	92,818,026	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	103,047,717	0.000000	0.000000	93,938	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,596,356	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	20,926,675	0.000000	0.000000	2,236	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,838,502	0.000000	0.000000	2,218	65.00
66.00	06600	PHYSICAL THERAPY	0	17,968,153	0.000000	0.000000	11,791	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,194,764	0.000000	0.000000	18,748	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,085,484	0.000000	0.000000	409	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,117,393	0.000000	0.000000	24,447	69.00
69.02	06902	CARDIAC REHAB	0	1,329,916	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,560,821	0.000000	0.000000	968	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	115,899,259	0.000000	0.000000	45,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	130,493,776	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	176,655,463	0.000000	0.000000	426,320	73.00
74.00	07400	RENAL DIALYSIS	0	3,762,411	0.000000	0.000000	7,840	74.00
76.00	03951	ECT	0	2,899,953	0.000000	0.000000	151,450	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	837,262	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	5,520,770	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	135,182,187	0.000000	0.000000	50,846	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	27,400,821	0.000000	0.000000	2,858	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0.000000	2,352	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	7,813,400	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,523,037,937			1,115,281	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	5,836	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	560	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	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
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,010	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,418	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03951 ECT	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	15,824	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.290560	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.117680	5,836	0	0	687	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472419	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.008266	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154852	560	0	0	87	54.00
54.02	05402	ULTRASOUND	0.066008	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.108059	0	0	0	0	54.03
56.00	05600	RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045627	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069980	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056507	0	0	0	0	59.00
60.00	06000	LABORATORY	0.198834	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286078	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.288428	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.393735	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.312976	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220354	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.193346	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041960	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	1.267618	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129942	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	2,010	0	0	204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201699	7,418	0	912	1,496	73.00
74.00	07400	RENAL DIALYSIS	0.430760	0	0	0	0	74.00
76.00	03951	ECT	0.079539	0	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.954127	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.279404	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.110233	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.147397	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.456555		0			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		15,824	0	912	2,474	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		15,824	0	912	2,474	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<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
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	184	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	184	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	184	202.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/29/2017 10:09 am	
		Component CCN: 15-T100		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	2,919,580	291,876,964	0.010003	7,217	72 50.00
51.00	05100	RECOVERY ROOM	195,526	30,198,091	0.006475	7,932	51 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	400,919	11,810,217	0.033947	0	0 52.00
53.00	05300	ANESTHESIOLOGY	45,079	20,445,309	0.002205	5,370	12 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,651,260	72,790,459	0.022685	42,811	971 54.00
54.02	05402	ULTRASOUND	38,176	17,956,294	0.002126	9,591	20 54.02
54.03	05403	NUCLEAR MEDICINE	174,746	37,794,860	0.004624	19,090	88 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	335,471	57,026,491	0.005883	30,194	178 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	167,948	19,653,745	0.008545	13,993	120 58.00
59.00	05900	CARDIAC CATHETERIZATION	678,783	92,818,026	0.007313	0	0 59.00
60.00	06000	LABORATORY	404,621	103,047,717	0.003927	151,048	593 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,881	7,596,356	0.002749	13,016	36 63.00
64.00	06400	INTRAVENOUS THERAPY	494,888	20,926,675	0.023649	16,977	401 64.00
65.00	06500	RESPIRATORY THERAPY	124,696	13,838,502	0.009011	15,773	142 65.00
66.00	06600	PHYSICAL THERAPY	134,615	17,968,153	0.007492	1,591,915	11,927 66.00
67.00	06700	OCCUPATIONAL THERAPY	15,164	11,194,764	0.001355	1,810,825	2,454 67.00
68.00	06800	SPEECH PATHOLOGY	16,977	4,085,484	0.004155	828,830	3,444 68.00
69.00	06900	ELECTROCARDIOLOGY	239,730	62,117,393	0.003859	18,801	73 69.00
69.02	06902	CARDIAC REHAB	150,215	1,329,916	0.011295	0	0 69.02
69.03	06903	DIABETIC EDUCATION	58,818	0	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	145,684	10,560,821	0.013795	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	189,551	115,899,259	0.001635	172,834	283 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	351,531	130,493,776	0.002694	3,495	9 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,108	176,655,463	0.002922	725,819	2,121 73.00
74.00	07400	RENAL DIALYSIS	55,815	3,762,411	0.014835	116,480	1,728 74.00
76.00	03951	ECT	1,500	2,899,953	0.000517	0	0 76.00
76.01	03950	MOBILE OUTREACH CLINIC	231,677	837,262	0.276708	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	24,957	5,520,770	0.004521	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	0	0	0.000000	0	0 90.04
91.00	09100	EMERGENCY	888,033	135,182,187	0.006569	0	0 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	311,985	27,400,821	0.011386	11,413	130 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	41,971	7,813,400	0.005372	0	0 97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0 98.00
200.00		Total (lines 50-199)	11,026,905	1,523,037,937		5,613,424	24,853 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<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
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 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	291,876,964	0.000000	0.000000	7,217	50.00
51.00	05100	RECOVERY ROOM	0	30,198,091	0.000000	0.000000	7,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,810,217	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,445,309	0.000000	0.000000	5,370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,790,459	0.000000	0.000000	42,811	54.00
54.02	05402	ULTRASOUND	0	17,956,294	0.000000	0.000000	9,591	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,794,860	0.000000	0.000000	19,090	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	57,026,491	0.000000	0.000000	30,194	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,653,745	0.000000	0.000000	13,993	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	92,818,026	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	103,047,717	0.000000	0.000000	151,048	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,596,356	0.000000	0.000000	13,016	63.00
64.00	06400	INTRAVENOUS THERAPY	0	20,926,675	0.000000	0.000000	16,977	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,838,502	0.000000	0.000000	15,773	65.00
66.00	06600	PHYSICAL THERAPY	0	17,968,153	0.000000	0.000000	1,591,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,194,764	0.000000	0.000000	1,810,825	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,085,484	0.000000	0.000000	828,830	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,117,393	0.000000	0.000000	18,801	69.00
69.02	06902	CARDIAC REHAB	0	1,329,916	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,560,821	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	115,899,259	0.000000	0.000000	172,834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	130,493,776	0.000000	0.000000	3,495	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	176,655,463	0.000000	0.000000	725,819	73.00
74.00	07400	RENAL DIALYSIS	0	3,762,411	0.000000	0.000000	116,480	74.00
76.00	03951	ECT	0	2,899,953	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	837,262	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	5,520,770	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	135,182,187	0.000000	0.000000	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	27,400,821	0.000000	0.000000	11,413	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	7,813,400	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,523,037,937			5,613,424	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 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	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	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
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	903	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03951 ECT	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	903	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 am			
		Component CCN: 15-T100		PPS			
		Title XVIII	Subprovider - IRF				
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	0.290560	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.117680	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472419	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.008266	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154852	0	0	0	54.00
54.02	05402	ULTRASOUND	0.066008	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0.108059	0	0	0	54.03
56.00	05600	RADIO SOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.045627	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069980	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056507	0	0	0	59.00
60.00	06000	LABORATORY	0.198834	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286078	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.288428	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.393735	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.312976	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220354	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.193346	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041960	0	0	0	69.00
69.02	06902	CARDIAC REHAB	1.267618	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129942	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201699	903	0	623	182 73.00
74.00	07400	RENAL DIALYSIS	0.430760	0	0	0	74.00
76.00	03951	ECT	0.079539	0	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.954127	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.279404	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.110233	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.147397	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0.456555		0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	98.00
200.00		Subtotal (see instructions)		903	0	623	182 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		903	0	623	182 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 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
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIO SOTOP	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	126	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	126	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	126	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/29/2017 10:09 am
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Cost
			1.00	2.00	3.00	4.00	5.00	
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
31.02	03102	NICU	0	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,121	0.00	2,361	0		30.00
31.00	03100	INTENSIVE CARE UNIT	12,783	0.00	140	0		31.00
31.02	03102	NICU	5,703	0.00	617	0		31.02
32.00	03200	CORONARY CARE UNIT	1,241	0.00	16	0		32.00
40.00	04000	SUBPROVIDER - IPF	4,296	0.00	704	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,121	0.00	69	0		41.00
43.00	04300	NURSERY	2,686	0.00	243	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	86,951		4,150	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
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Cost Center Description	Title XIX				Hospital	Cost
	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
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
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Cost Center Description	Title XIX			Hospital		Cost
	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	291,876,964	0.000000	0.000000	2,227,743	50.00
51.00 05100 RECOVERY ROOM	0	30,198,091	0.000000	0.000000	218,633	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	11,810,217	0.000000	0.000000	1,287,389	52.00
53.00 05300 ANESTHESIOLOGY	0	20,445,309	0.000000	0.000000	192,903	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	72,790,459	0.000000	0.000000	465,353	54.00
54.02 05402 ULTRASOUND	0	17,956,294	0.000000	0.000000	234,453	54.02
54.03 05403 NUCLEAR MEDICINE	0	37,794,860	0.000000	0.000000	211,646	54.03
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	57,026,491	0.000000	0.000000	494,081	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,653,745	0.000000	0.000000	136,770	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	92,818,026	0.000000	0.000000	668,503	59.00
60.00 06000 LABORATORY	0	103,047,717	0.000000	0.000000	1,189,578	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	7,596,356	0.000000	0.000000	162,180	63.00
64.00 06400 INTRAVENOUS THERAPY	0	20,926,675	0.000000	0.000000	549,594	64.00
65.00 06500 RESPIRATORY THERAPY	0	13,838,502	0.000000	0.000000	1,096,615	65.00
66.00 06600 PHYSICAL THERAPY	0	17,968,153	0.000000	0.000000	152,788	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	11,194,764	0.000000	0.000000	179,961	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,085,484	0.000000	0.000000	147,272	68.00
69.00 06900 ELECTROCARDIOLOGY	0	62,117,393	0.000000	0.000000	551,006	69.00
69.02 06902 CARDIAC REHAB	0	1,329,916	0.000000	0.000000	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0.000000	0.000000	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,560,821	0.000000	0.000000	12,631	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	115,899,259	0.000000	0.000000	537,236	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	130,493,776	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	176,655,463	0.000000	0.000000	2,462,065	73.00
74.00 07400 RENAL DIALYSIS	0	3,762,411	0.000000	0.000000	93,720	74.00
76.00 03951 ECT	0	2,899,953	0.000000	0.000000	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	837,262	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	5,520,770	0.000000	0.000000	2,418	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	90.01
90.02 09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04 09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	135,182,187	0.000000	0.000000	924,181	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	27,400,821	0.000000	0.000000	362,353	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	7,813,400	0.000000	0.000000	0	97.00
98.00 09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	1,523,037,937			14,561,072	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 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)	Hospital	Cost
Title XIX						
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	3,741,340	0		50.00
51.00	05100 RECOVERY ROOM	0	292,534	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	25,504	0		52.00
53.00	05300 ANESTHESIOLOGY	0	242,302	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	794,922	0		54.00
54.02	05402 ULTRASOUND	0	308,522	0		54.02
54.03	05403 NUCLEAR MEDICINE	0	176,079	0		54.03
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	926,101	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	210,827	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	421,717	0		59.00
60.00	06000 LABORATORY	0	1,459,689	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	50,863	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	652,537	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	107,013	0		65.00
66.00	06600 PHYSICAL THERAPY	0	58,397	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,617	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	12,480	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	752,582	0		69.00
69.02	06902 CARDIAC REHAB	0	0	0		69.02
69.03	06903 DIABETIC EDUCATION	0	0	0		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	151,515	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	68,534	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,558,187	0		73.00
74.00	07400 RENAL DIALYSIS	0	4,480	0		74.00
76.00	03951 ECT	0	135,026	0		76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	132,445	0		90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0		90.01
90.02	09002 PEDS CLINIC	0	0	0		90.02
90.04	09004 BARIATRICS	0	0	0		90.04
91.00	09100 EMERGENCY	0	4,176,628	0		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	595,159	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 HOME OFFICE	0	0	0		98.00
200.00	Total (lines 50-199)	0	17,070,000	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0100

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

Worksheet D  
Part V  
Date/Time Prepared:  
11/29/2017 10:09 am

		Title XIX		Hospital		Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.290560	3,741,340	0	0	1,087,084	50.00
51.00	05100	RECOVERY ROOM	0.117680	292,534	0	0	34,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472419	25,504	0	0	12,049	52.00
53.00	05300	ANESTHESIOLOGY	0.008266	242,302	0	0	2,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154852	794,922	0	0	123,095	54.00
54.02	05402	ULTRASOUND	0.066008	308,522	0	0	20,365	54.02
54.03	05403	NUCLEAR MEDICINE	0.108059	176,079	0	0	19,027	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.045627	926,101	0	0	42,255	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069980	210,827	0	0	14,754	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056507	421,717	0	0	23,830	59.00
60.00	06000	LABORATORY	0.198834	1,459,689	0	0	290,236	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286078	50,863	0	0	14,551	63.00
64.00	06400	INTRAVENOUS THERAPY	0.288428	652,537	0	0	188,210	64.00
65.00	06500	RESPIRATORY THERAPY	0.393735	107,013	0	0	42,135	65.00
66.00	06600	PHYSICAL THERAPY	0.312976	58,397	0	0	18,277	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220354	14,617	0	0	3,221	67.00
68.00	06800	SPEECH PATHOLOGY	0.193346	12,480	0	0	2,413	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041960	752,582	0	0	31,578	69.00
69.02	06902	CARDIAC REHAB	1.267618	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129942	151,515	0	0	19,688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	68,534	0	0	6,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201699	1,558,187	0	0	314,285	73.00
74.00	07400	RENAL DIALYSIS	0.430760	4,480	0	0	1,930	74.00
76.00	03951	ECT	0.079539	135,026	0	0	10,740	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.954127	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.279404	132,445	0	0	37,006	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.110233	4,176,628	0	0	460,402	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.147397	595,159	0	0	87,725	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.456555	775,796	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	0	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		17,070,000	0	0	3,262,431	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		17,070,000	0	0	3,262,431	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/29/2017 10:09 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	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
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
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 INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 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
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am		
		Title XIX		Subprovider - IPF		Cost		
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	291,876,964	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	30,198,091	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,810,217	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,445,309	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,790,459	0.000000	0.000000	894	54.00
54.02	05402	ULTRASOUND	0	17,956,294	0.000000	0.000000	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	37,794,860	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	57,026,491	0.000000	0.000000	4,782	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,653,745	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	92,818,026	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	103,047,717	0.000000	0.000000	19,381	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,596,356	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	20,926,675	0.000000	0.000000	366	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,838,502	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,968,153	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,194,764	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,085,484	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	62,117,393	0.000000	0.000000	0	69.00
69.02	06902	CARDIAC REHAB	0	1,329,916	0.000000	0.000000	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,560,821	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	115,899,259	0.000000	0.000000	233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	130,493,776	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	176,655,463	0.000000	0.000000	66,455	73.00
74.00	07400	RENAL DIALYSIS	0	3,762,411	0.000000	0.000000	0	74.00
76.00	03951	ECT	0	2,899,953	0.000000	0.000000	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	0	837,262	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	5,520,770	0.000000	0.000000	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	135,182,187	0.000000	0.000000	24,414	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	27,400,821	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	7,813,400	0.000000	0.000000	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	1,523,037,937			116,525	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
Title XIX		Subprovider - IPF	Cost

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	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	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
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03951 ECT	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 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
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am	
		Title XIX		Subprovider - IRF		Cost	
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	291,876,964	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	30,198,091	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,810,217	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	20,445,309	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	72,790,459	0.000000	0.000000	894	54.00
54.02	05402 ULTRASOUND	0	17,956,294	0.000000	0.000000	1,583	54.02
54.03	05403 NUCLEAR MEDICINE	0	37,794,860	0.000000	0.000000	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	57,026,491	0.000000	0.000000	2,942	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,653,745	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	92,818,026	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	103,047,717	0.000000	0.000000	6,552	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	7,596,356	0.000000	0.000000	983	63.00
64.00	06400 INTRAVENOUS THERAPY	0	20,926,675	0.000000	0.000000	3,652	64.00
65.00	06500 RESPIRATORY THERAPY	0	13,838,502	0.000000	0.000000	18,486	65.00
66.00	06600 PHYSICAL THERAPY	0	17,968,153	0.000000	0.000000	79,793	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,194,764	0.000000	0.000000	80,951	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,085,484	0.000000	0.000000	16,155	68.00
69.00	06900 ELECTROCARDIOLOGY	0	62,117,393	0.000000	0.000000	376	69.00
69.02	06902 CARDIAC REHAB	0	1,329,916	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,560,821	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	115,899,259	0.000000	0.000000	5,511	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	130,493,776	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	176,655,463	0.000000	0.000000	81,400	73.00
74.00	07400 RENAL DIALYSIS	0	3,762,411	0.000000	0.000000	0	74.00
76.00	03951 ECT	0	2,899,953	0.000000	0.000000	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	837,262	0.000000	0.000000	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,520,770	0.000000	0.000000	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	135,182,187	0.000000	0.000000	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	27,400,821	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,536,398	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	7,813,400	0.000000	0.000000	0	97.00
98.00	09850 HOME OFFICE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	1,523,037,937			299,278	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/29/2017 10:09 am
Title XIX		Subprovider - IRF	Cost

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	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	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
69.02 06902 CARDIAC REHAB	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03951 ECT	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES				95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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)		55,121	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		55,121	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)		47,893	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)		19,437	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)		47,514,890	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)		47,514,890	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)		47,514,890	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)		862.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,754,888	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)		16,754,888	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		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	17,786,574	12,783	1,391.42	6,171	8,586,453	43.00
43.02	NICU	6,472,836	5,703	1,134.99	0	0	43.02
44.00	CORONARY CARE UNIT	2,610,812	1,241	2,103.80	1,072	2,255,274	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)					44,480,903	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,077,518	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)					1,636,699	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,611,740	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,248,439	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					68,829,079	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)					7,228	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					862.01	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,230,608	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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	2,991,591	47,514,890	0.062961	6,230,608	392,285	90.00
91.00	Nursing School cost	0	47,514,890	0.000000	6,230,608	0	91.00
92.00	Allied health cost	0	47,514,890	0.000000	6,230,608	0	92.00
93.00	All other Medical Education	0	47,514,890	0.000000	6,230,608	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 am
		Title XVIII	Subprovider - IPF	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)		4,296	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,296	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)		4,296	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)		1,394	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)		4,359,754	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,359,754	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)		4,359,754	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,014.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,414,687	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)		1,414,687	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/29/2017 10:09 am		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)					162,150		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,576,837		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)					61,029		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,237		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					65,266		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,511,571		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 15-0100 Component CCN: 15-S100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	188,066	4,359,754	0.043137	0	0	90.00
91.00	Nursing School cost	0	4,359,754	0.000000	0	0	91.00
92.00	Allied health cost	0	4,359,754	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,359,754	0.000000	0	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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)		5,121	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,121	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,121	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)		2,351	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)		5,437,460	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)		5,437,460	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)		5,437,460	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,061.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,496,292	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,496,292	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					1,334,290	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,830,582	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)					252,427	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,853	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					277,280	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,553,302	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: 15-0100 Component CCN: 15-T100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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	549,832	5,437,460	0.101119	0	0	90.00
91.00	Nursing School cost	0	5,437,460	0.000000	0	0	91.00
92.00	Allied health cost	0	5,437,460	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,437,460	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			55,121 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			55,121 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)			47,893 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)			2,361 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)			2,686 15.00
16.00	Nursery days (title V or XIX only)			243 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)			47,514,890 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)			47,514,890 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)			47,514,890 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)			862.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,035,206 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,035,206 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/29/2017 10:09 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,511,161	2,686	562.61	243	136,714	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,786,574	12,783	1,391.42	140	194,799	43.00
43.02	NICU	6,472,836	5,703	1,134.99	617	700,289	43.02
44.00	CORONARY CARE UNIT	2,610,812	1,241	2,103.80	16	33,661	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)					3,224,463	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,325,132	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)					7,228	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					862.01	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,230,608	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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	2,991,591	47,514,890	0.062961	6,230,608	392,285	90.00
91.00	Nursing School cost	0	47,514,890	0.000000	6,230,608	0	91.00
92.00	Allied health cost	0	47,514,890	0.000000	6,230,608	0	92.00
93.00	All other Medical Education	0	47,514,890	0.000000	6,230,608	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 am
		Title XIX	Subprovider - IPF	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)			4,296 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,296 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)			4,296 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)			704 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)			2,686 15.00
16.00	Nursery days (title V or XIX only)			243 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)			4,359,754 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,359,754 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)			4,359,754 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,014.84 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			714,447 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)			714,447 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Component CCN: 15-S100				Date/Time Prepared: 11/29/2017 10:09 am	
		Title XIX		Subprovider - IPF		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	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)				20,435		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				734,882		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: 15-0100 Component CCN: 15-S100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 am	
		Title XIX		Subprovider - IPF		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	188,066	4,359,754	0.043137	0	0	90.00
91.00	Nursing School cost	0	4,359,754	0.000000	0	0	91.00
92.00	Allied health cost	0	4,359,754	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,359,754	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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)		5,121	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,121	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,121	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)		69	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)		2,686	15.00
16.00	Nursery days (title V or XIX only)		243	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)		5,437,460	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)		5,437,460	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)		5,437,460	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,061.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		73,264	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)		73,264	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Component CCN: 15-T100				Date/Time Prepared: 11/29/2017 10:09 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost		
	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	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)				73,220		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				146,484		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: 15-0100 Component CCN: 15-T100		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/29/2017 10:09 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	549,832	5,437,460	0.101119	0	0	90.00
91.00	Nursing School cost	0	5,437,460	0.000000	0	0	91.00
92.00	Allied health cost	0	5,437,460	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,437,460	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:09 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		19,636,347	30.00
31.00	03100	INTENSIVE CARE UNIT		11,761,278	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		1,547,619	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.290560	44,945,123	13,059,255 50.00
51.00	05100	RECOVERY ROOM	0.117680	6,879,228	809,548 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472419	22,182	10,479 52.00
53.00	05300	ANESTHESIOLOGY	0.008266	5,871,794	48,536 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154852	6,522,405	1,010,007 54.00
54.02	05402	ULTRASOUND	0.066008	3,512,969	231,884 54.02
54.03	05403	NUCLEAR MEDICINE	0.108059	4,174,591	451,102 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.045627	7,960,080	363,195 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069980	1,716,182	120,098 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056507	24,253,020	1,370,465 59.00
60.00	06000	LABORATORY	0.198834	16,520,359	3,284,809 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286078	2,096,892	599,875 63.00
64.00	06400	INTRAVENOUS THERAPY	0.288428	3,256,197	939,178 64.00
65.00	06500	RESPIRATORY THERAPY	0.393735	4,301,877	1,693,800 65.00
66.00	06600	PHYSICAL THERAPY	0.312976	3,779,574	1,182,916 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220354	3,170,198	698,566 67.00
68.00	06800	SPEECH PATHOLOGY	0.193346	878,552	169,865 68.00
69.00	06900	ELECTROCARDIOLOGY	0.041960	10,902,263	457,459 69.00
69.02	06902	CARDIAC REHAB	1.267618	1,144	1,450 69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129942	531,200	69,025 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	30,967,254	3,141,876 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.168027	30,009,126	5,042,343 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201699	31,278,261	6,308,794 73.00
74.00	07400	RENAL DIALYSIS	0.430760	1,771,840	763,238 74.00
76.00	03951	ECT	0.079539	4,660	371 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.954127	0	0 76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.279404	7,632	2,132 90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.110233	13,765,787	1,517,444 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.147397	3,397,517	500,784 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.540083	1,170,948	632,409 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0 97.00
98.00	09850	HOME OFFICE	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		263,668,855	44,480,903 200.00
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)		263,668,855	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3	
		Component CCN: 15-S100		Date/Time Prepared: 11/29/2017 10:09 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		2,435,128		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.290560	0	0	50.00
51.00	05100 RECOVERY ROOM	0.117680	109,292	12,861	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472419	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.008266	94,512	781	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154852	22,133	3,427	54.00
54.02	05402 ULTRASOUND	0.066008	6,725	444	54.02
54.03	05403 NUCLEAR MEDICINE	0.108059	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045627	32,359	1,476	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069980	8,133	569	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056507	0	0	59.00
60.00	06000 LABORATORY	0.198834	93,938	18,678	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286078	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.288428	2,236	645	64.00
65.00	06500 RESPIRATORY THERAPY	0.393735	2,218	873	65.00
66.00	06600 PHYSICAL THERAPY	0.312976	11,791	3,690	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220354	18,748	4,131	67.00
68.00	06800 SPEECH PATHOLOGY	0.193346	409	79	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041960	24,447	1,026	69.00
69.02	06902 CARDIAC REHAB	1.267618	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129942	968	126	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	45,706	4,637	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201699	426,320	85,988	73.00
74.00	07400 RENAL DIALYSIS	0.430760	7,840	3,377	74.00
76.00	03951 ECT	0.079539	151,450	12,046	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.954127	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.279404	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.110233	50,846	5,605	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.147397	2,858	421	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.540083	2,352	1,270	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,115,281	162,150	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,115,281		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:09 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
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,281,846		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.290560	7,217	2,097	50.00
51.00	05100 RECOVERY ROOM	0.117680	7,932	933	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472419	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.008266	5,370	44	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154852	42,811	6,629	54.00
54.02	05402 ULTRASOUND	0.066008	9,591	633	54.02
54.03	05403 NUCLEAR MEDICINE	0.108059	19,090	2,063	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045627	30,194	1,378	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069980	13,993	979	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056507	0	0	59.00
60.00	06000 LABORATORY	0.198834	151,048	30,033	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286078	13,016	3,724	63.00
64.00	06400 INTRAVENOUS THERAPY	0.288428	16,977	4,897	64.00
65.00	06500 RESPIRATORY THERAPY	0.393735	15,773	6,210	65.00
66.00	06600 PHYSICAL THERAPY	0.312976	1,591,915	498,231	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220354	1,810,825	399,023	67.00
68.00	06800 SPEECH PATHOLOGY	0.193346	828,830	160,251	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041960	18,801	789	69.00
69.02	06902 CARDIAC REHAB	1.267618	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129942	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	172,834	17,535	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.168027	3,495	587	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201699	725,819	146,397	73.00
74.00	07400 RENAL DIALYSIS	0.430760	116,480	50,175	74.00
76.00	03951 ECT	0.079539	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.954127	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.279404	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.110233	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.147397	11,413	1,682	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,613,424	1,334,290	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)		5,613,424		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/29/2017 10:09 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		1,479,039	30.00
31.00	03100	INTENSIVE CARE UNIT		933,927	31.00
31.02	03102	NICU		1,761,127	31.02
32.00	03200	CORONARY CARE UNIT		20,993	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		772,995	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.290560	2,227,743	50.00
51.00	05100	RECOVERY ROOM	0.117680	218,633	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.472419	1,287,389	52.00
53.00	05300	ANESTHESIOLOGY	0.008266	192,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154852	465,353	54.00
54.02	05402	ULTRASOUND	0.066008	234,453	54.02
54.03	05403	NUCLEAR MEDICINE	0.108059	211,646	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.045627	494,081	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069980	136,770	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056507	668,503	59.00
60.00	06000	LABORATORY	0.198834	1,189,578	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.286078	162,180	63.00
64.00	06400	INTRAVENOUS THERAPY	0.288428	549,594	64.00
65.00	06500	RESPIRATORY THERAPY	0.393735	1,096,615	65.00
66.00	06600	PHYSICAL THERAPY	0.312976	152,788	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220354	179,961	67.00
68.00	06800	SPEECH PATHOLOGY	0.193346	147,272	68.00
69.00	06900	ELECTROCARDIOLOGY	0.041960	551,006	69.00
69.02	06902	CARDIAC REHAB	1.267618	0	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129942	12,631	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	537,236	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.201699	2,462,065	73.00
74.00	07400	RENAL DIALYSIS	0.430760	93,720	74.00
76.00	03951	ECT	0.079539	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.954127	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.279404	2,418	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.110233	924,181	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.147397	362,353	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES		0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.568665	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		14,561,072	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)		14,561,072	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3	
		Component CCN: 15-S100		Date/Time Prepared: 11/29/2017 10:09 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		344,130		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.290560	0	0	50.00
51.00	05100 RECOVERY ROOM	0.117680	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472419	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.008266	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154852	894	138	54.00
54.02	05402 ULTRASOUND	0.066008	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.108059	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045627	4,782	218	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069980	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056507	0	0	59.00
60.00	06000 LABORATORY	0.198834	19,381	3,854	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286078	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.288428	366	106	64.00
65.00	06500 RESPIRATORY THERAPY	0.393735	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.312976	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220354	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.193346	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041960	0	0	69.00
69.02	06902 CARDIAC REHAB	1.267618	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129942	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	233	24	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201699	66,455	13,404	73.00
74.00	07400 RENAL DIALYSIS	0.430760	0	0	74.00
76.00	03951 ECT	0.079539	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.954127	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.279404	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.110233	24,414	2,691	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.147397	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		116,525	20,435	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)		116,525		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3	
		Component CCN: 15-T100		Date/Time Prepared: 11/29/2017 10:09 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
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		123,940		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.290560	0	0	50.00
51.00	05100 RECOVERY ROOM	0.117680	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.472419	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.008266	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.154852	894	138	54.00
54.02	05402 ULTRASOUND	0.066008	1,583	104	54.02
54.03	05403 NUCLEAR MEDICINE	0.108059	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.045627	2,942	134	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.069980	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056507	0	0	59.00
60.00	06000 LABORATORY	0.198834	6,552	1,303	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.286078	983	281	63.00
64.00	06400 INTRAVENOUS THERAPY	0.288428	3,652	1,053	64.00
65.00	06500 RESPIRATORY THERAPY	0.393735	18,486	7,279	65.00
66.00	06600 PHYSICAL THERAPY	0.312976	79,793	24,973	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220354	80,951	17,838	67.00
68.00	06800 SPEECH PATHOLOGY	0.193346	16,155	3,124	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041960	376	16	69.00
69.02	06902 CARDIAC REHAB	1.267618	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129942	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.101458	5,511	559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.168027	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.201699	81,400	16,418	73.00
74.00	07400 RENAL DIALYSIS	0.430760	0	0	74.00
76.00	03951 ECT	0.079539	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.954127	0	0	76.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.279404	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.110233	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.147397	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.540083	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES		0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.568665	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		299,278	73,220	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)		299,278	73,220	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 10:09 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)		13,456,578	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,190,104	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,266,933	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		14,088,994	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		385.20	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)		16.42	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		5.20	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.		6.56	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)		4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		6.00	12.00
13.00	Total allowable FTE count for the prior year.		6.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		6.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		6.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.015576	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.015548	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.015548	21.00
22.00	IME payment adjustment (see instructions)		470,882	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		119,221	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)		-4.66	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)		470,882	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		119,221	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.11	31.00
32.00	Sum of lines 30 and 31		30.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.73	33.00
34.00	Disproportionate share adjustment (see instructions)		2,049,190	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 10:09 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)	3,136,511	2,748,471	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	788,412	2,055,705	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,844,117		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)	62,277,804		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)		62,397,025	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,810,182	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).		182,598	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		5,345	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		67,395,150	59.00
60.00	Primary payer payments		88,490	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		67,306,660	61.00
62.00	Deductibles billed to program beneficiaries		5,560,744	62.00
63.00	Coinurance billed to program beneficiaries		122,486	63.00
64.00	Allowable bad debts (see instructions)		305,700	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		198,705	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		146,587	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		61,822,135	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)		-203,913	70.93
70.94	HRR adjustment amount (see instructions)		-774,469	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/29/2017 10:09 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		161,010	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		60,682,743	71.00
71.01	Sequestration adjustment (see instructions)		1,213,655	71.01
72.00	Interim payments		58,752,634	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)		716,454	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		497,833	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/29/2017 10:09 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,456,578	0	13,456,578		13,456,578	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,190,104	0		42,190,104	42,190,104	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,266,933	0	303,491	963,442	1,266,933	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	14,088,994	0	3,488,624	10,600,370	14,088,994	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.015548	0.015548	0.015548	0.015548		5.00
6.00	IME payment adjustment (see instructions)	22.00	470,882	0	113,870	357,012	470,882	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	119,221	0	0	119,221	119,221	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	470,882	0	113,870	357,012	470,882	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	119,221	0	0	119,221	119,221	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1473	0.1473	0.1473	0.1473		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,049,190	0	495,539	1,553,651	2,049,190	11.00
11.01	Uncompensated care payments	36.00	2,844,117	0	788,412	2,055,705	2,844,117	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	0	12.00
13.00	Subtotal (see instructions)	47.00	62,277,804	0	15,157,890	47,119,914	62,277,804	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	62,397,025	0	15,157,890	47,239,135	62,397,025	15.00
16.00	Payment for inpatient program capital	50.00	4,810,182	0	1,153,304	3,656,878	4,810,182	16.00
17.00	Special add-on payments for new technologies	54.00	5,345	0	4,309	1,036	5,345	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	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/29/2017 10:09 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	16,315,503	50,897,049	67,212,552	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,459,948	0	1,070,032	3,389,916	4,459,948	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	22,427	0	4,625	17,802	22,427	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0089	0.0089	0.0089	0.0089		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,694	0	9,523	30,171	39,694	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0646	0.0646	0.0646	0.0646		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	288,113	0	69,124	218,989	288,113	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,810,182	0	1,153,304	3,656,878	4,810,182	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/29/2017 10:09 am

		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	13,456,578	13,456,578		13,456,578	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,190,104		42,190,104	42,190,104	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	1,266,933	303,491	963,442	1,266,933	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	14,088,994	3,488,624	10,600,370	14,088,994	
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.015548	0.015548	0.015548		
6.00	IME payment adjustment (see instructions)	22.00	470,882	113,870	357,012	470,882	
6.01	IME payment adjustment for managed care (see instructions)	22.01	119,221	29,521	89,700	119,221	
<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		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	470,882	113,870	357,012	470,882	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	119,221	29,521	89,700	119,221	
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1473	0.1473	0.1473		
11.00	Disproportionate share adjustment (see instructions)	34.00	2,049,190	495,539	1,553,651	2,049,190	
11.01	Uncompensated care payments	36.00	2,844,117	788,412	2,055,705	2,844,117	
<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	
13.00	Subtotal (see instructions)	47.00	62,277,804	15,157,890	47,119,914	62,277,804	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	62,397,025	15,187,411	47,209,614	62,397,025	
16.00	Payment for inpatient program capital	50.00	4,810,182	1,153,304	3,656,878	4,810,182	
17.00	Special add-on payments for new technologies	54.00	5,345	4,309	1,036	5,345	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	<b>SUBTOTAL</b>			16,345,024	50,867,528	67,212,552	



HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0100

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/29/2017 10:09 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	4,459,948	1,070,032	3,389,916	4,459,948	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	22,427	4,625	17,802	22,427	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	0.0089	0.0089	0.0089		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	39,694	9,523	30,171	39,694	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0646	0.0646	0.0646		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	288,113	69,124	218,989	288,113	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,810,182	1,153,304	3,656,878	4,810,182	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	-203,913	-77,153	-126,760	-203,913	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	-774,469	-166,915	-607,554	-774,469	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		161,010		161,010	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 10:09 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		15,479	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,583,370	2.00
3.00	PPS payments		36,436,831	3.00
4.00	Outlier payment (see instructions)		281,688	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)		15,479	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		76,797	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)		76,797	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)		76,797	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		61,318	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)		15,479	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)		36,718,519	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11,070	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,567,694	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)		30,155,234	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		95,789	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)		30,251,023	30.00
31.00	Primary payer payments		154	31.00
32.00	Subtotal (line 30 minus line 31)		30,250,869	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)		840,422	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		546,274	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		722,538	36.00
37.00	Subtotal (see instructions)		30,797,143	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)		30,797,143	40.00
40.01	Sequestration adjustment (see instructions)		615,943	40.01
41.00	Interim payments		30,134,948	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		46,252	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: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 10:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		184	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,474	2.00
3.00	PPS payments		2,341	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)		184	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		912	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)		912	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)		912	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		728	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)		184	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)		2,341	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)		408	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)		2,117	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)		2,117	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,117	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,117	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)		2,117	40.00
40.01	Sequestration adjustment (see instructions)		42	40.01
41.00	Interim payments		2,073	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2	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: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/29/2017 10:09 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)		126	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		182	2.00
3.00	PPS payments		206	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)		126	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		623	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)		623	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)		623	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		497	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)		126	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)		206	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)		0	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)		332	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)		332	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		332	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		332	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)		332	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		324	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	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: 15-0100		Period: From 07/01/2016 To 06/30/2017		Worksheet E-1 Part I Date/Time Prepared: 11/29/2017 10:09 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		58,664,734		30,065,848	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	01/20/2017	87,900	01/20/2017	69,100	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)		87,900		69,100	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)		58,752,634		30,134,948	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		716,454		46,252	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		59,469,088		30,181,200	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: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part I Date/Time Prepared: 11/29/2017 10:09 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,182,785		2,073
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,182,785		2,073
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
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				6.00
6.01	SETTLEMENT TO PROVIDER		3,025		2
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		1,185,810		2,075
				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: 15-0100  
Component CCN: 15-T100

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2017 10:09 am  
PPS

Title XVIII

Subprovider -  
IRF

		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		3,336,217		324	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)		3,336,217		324	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		38,976		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,375,193		325	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: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/29/2017 10:09 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			15,992 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			26,680 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			7,383 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			67,620 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,640,949,680 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			44,107,166 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)			643,061 8.00
9.00	Sequestration adjustment amount (see instructions)			12,861 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			630,200 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			648,631 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)			-18,431 32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part II Date/Time Prepared: 11/29/2017 10:09 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,111,654 1.00
2.00	Net IPF PPS Outlier Payments			186,330 2.00
3.00	Net IPF PPS ECT Payments			38,815 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			11.769863 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,336,799 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,336,799 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,336,799 18.00
19.00	Deductibles			110,572 19.00
20.00	Subtotal (line 18 minus line 19)			1,226,227 20.00
21.00	Coinsurance			19,271 21.00
22.00	Subtotal (line 20 minus line 21)			1,206,956 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,698 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			3,054 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,366 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,210,010 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,210,010 31.00
31.01	Sequestration adjustment (see instructions)			24,200 31.01
32.00	Interim payments			1,182,785 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			3,025 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			186,330 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: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/29/2017 10:09 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)		3,268,271	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0493	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		189,233	3.00
4.00	Outlier Payments		36,982	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)		14.030137	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)		3,494,486	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,494,486	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,494,486	19.00
20.00	Deductibles		38,920	20.00
21.00	Subtotal (line 19 minus line 20)		3,455,566	21.00
22.00	Coinsurance		14,756	22.00
23.00	Subtotal (line 21 minus line 22)		3,440,810	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		5,023	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		3,265	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,864	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,444,075	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)		0	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)		3,444,075	32.00
32.01	Sequestration adjustment (see instructions)		68,882	32.01
33.00	Interim payments		3,336,217	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)		38,976	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		23,205	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		36,982	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: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2017 10:09 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		6,325,132		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)		6,325,132	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)		6,325,132	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		4,968,081		8.00
9.00	Ancillary service charges		14,561,072	17,070,000	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)		19,529,153	17,070,000	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)		19,529,153	17,070,000	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,204,021	17,070,000	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)		6,325,132	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		24.00
25.00	Capital exception payments (see instructions)		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)		6,325,132	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)		6,325,132	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6,325,132	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		6,325,132	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6,325,132	0	40.00
41.00	Interim payments		6,325,132	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2017 10:09 am	
		Title XIX	Subprovider - IPF	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		734,882		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)		734,882	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)		734,882	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		344,130		8.00
9.00	Ancillary service charges		116,525	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)		460,655	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)		460,655	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		274,227	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)		460,655	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)		460,655	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		274,227	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		460,655	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)		460,655	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		460,655	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)		460,655	0	40.00
41.00	Interim payments		460,655	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: 15-0100 Component CCN: 15-T100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2017 10:09 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		146,484		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)		146,484	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)		146,484	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		123,940		8.00
9.00	Ancillary service charges		299,278	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)		423,218	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)		423,218	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		276,734	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)		146,484	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)		146,484	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)		146,484	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)		146,484	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		146,484	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)		146,484	0	40.00
41.00	Interim payments		146,484	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/29/2017 10:09 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.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			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)			7.29	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)			10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		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	0.00	6.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	5.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.67		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	5.67		17.00
18.00	Per resident amount	108,652.40	102,884.25		18.00
19.00	Approved amount for resident costs	0	583,354	583,354	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)			583,354	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)	30,425	8,035		26.00
27.00	Total Inpatient Days (see instructions)	78,213	78,213		27.00
28.00	Ratio of inpatient days to total inpatient days	0.389002	0.102732		28.00
29.00	Program direct GME amount	226,926	59,929		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,468		30.00
31.00	Net Program direct GME amount			278,387	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/29/2017 10:09 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)		3,762,411	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)		77,484,937	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)		88,490	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		77,396,447	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		40,601,815	42.00
43.00	Primary payer payments (see instructions)		154	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		40,601,661	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		117,998,108	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.655913	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.344087	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		278,387	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		182,598	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		95,789	50.00

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

Provider CCN: 15-0100

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

Worksheet G

Date/Time Prepared:  
11/29/2017 10:09 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	1,984,780	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	224,714,857	0	0	0	4.00
5.00	Other receivable	15,791,881	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-147,707,466	0	0	0	6.00
7.00	Inventory	7,963,897	0	0	0	7.00
8.00	Prepaid expenses	1,328,081	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	198,123	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	104,274,153	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,512,928	0	0	0	13.00
14.00	Accumulated depreciation	-6,658,689	0	0	0	14.00
15.00	Buildings	172,433,820	0	0	0	15.00
16.00	Accumulated depreciation	-142,779,153	0	0	0	16.00
17.00	Leasehold improvements	12,304,838	0	0	0	17.00
18.00	Accumulated depreciation	-7,807,776	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	2,116,936	0	0	0	21.00
22.00	Accumulated depreciation	-1,328,047	0	0	0	22.00
23.00	Major movable equipment	139,027,860	0	0	0	23.00
24.00	Accumulated depreciation	-115,810,429	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	67,749,080	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	795,812	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	27,705,742	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	28,501,554	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	200,524,787	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	15,836,626	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,138,179	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,732,297	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	48,446,834	0	0	0	43.00
44.00	Other current liabilities	153,339,193	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	228,493,129	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	237,810	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,772,380	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	21,010,190	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	249,503,319	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-48,978,532				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-48,978,532	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	200,524,787	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

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

Worksheet G-1

Date/Time Prepared:  
11/29/2017 10:09 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		647,766,915		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		82,147,443			2.00
3.00	Total (sum of line 1 and line 2)		729,914,358		0	3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	858,795		0		4.00
5.00	OTHER	0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		858,795		0	10.00
11.00	Subtotal (line 3 plus line 10)		730,773,153		0	11.00
12.00	TRANSFER TO / FROM AFFILIATES	771,550,606		0		12.00
13.00	OTHER	8,201,079		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		779,751,685		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-48,978,532		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	RESTRICTED CONTRIBUTIONS OF PROPERTY		0			4.00
5.00	OTHER		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	TRANSFER TO / FROM AFFILIATES		0			12.00
13.00	OTHER		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: 15-0100

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2017 10:09 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	76,559,265		76,559,265	1.00
2.00	SUBPROVIDER - IPF	7,085,528		7,085,528	2.00
3.00	SUBPROVIDER - IRF	5,024,202		5,024,202	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	88,668,995		88,668,995	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,054,563		26,054,563	11.00
11.02	NICU	8,859,476		8,859,476	11.02
12.00	CORONARY CARE UNIT	2,950,815		2,950,815	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)	37,864,854		37,864,854	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	126,533,849		126,533,849	17.00
18.00	Ancillary services	591,458,716	717,452,013	1,308,910,729	18.00
19.00	Outpatient services	50,389,753	125,099,029	175,488,782	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	-17,475	17,470,520	17,453,045	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER OPERATING REVENUE	52,518	7,553,518	7,606,036	27.00
27.01	PHYSICIAN'S PRIVATE OFFICES	466,911	5,255,488	5,722,399	27.01
27.02	DME	0	7,187,160	7,187,160	27.02
27.03	APOTHECARY	0	13,950	13,950	27.03
27.04	CONV CARE	0	15,232,153	15,232,153	27.04
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	768,884,272	895,263,831	1,664,148,103	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		449,314,074		29.00
30.00		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		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)		449,314,074		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0100

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

Worksheet G-3

Date/Time Prepared:  
11/29/2017 10:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,664,148,103	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,151,953,056	2.00
3.00	Net patient revenues (line 1 minus line 2)	512,195,047	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	449,314,074	4.00
5.00	Net income from service to patients (line 3 minus line 4)	62,880,973	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	174,268	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	25,581	17.00
18.00	Revenue from sale of medical records and abstracts	3,604	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	587,446	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	18,918,558	24.00
24.01		0	24.01
25.00	Total other income (sum of lines 6-24)	19,709,457	25.00
26.00	Total (line 5 plus line 25)	82,590,430	26.00
27.00	NONOPERATING GAINS/LOSSES	442,987	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	442,987	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	82,147,443	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet I-5 Date/Time Prepared: 11/29/2017 10:09 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/29/2017 10:09 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		4,459,948	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		22,427	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)		191.42	3.00
4.00	Number of interns & residents (see instructions)		6.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.89	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)		39,694	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.11	8.00
9.00	Sum of lines 7 and 8		30.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.46	10.00
11.00	Disproportionate share adjustment (see instructions)		288,113	11.00
12.00	Total prospective capital payments (see instructions)		4,810,182	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