

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: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/31/2018 12:44 pm
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PART I - COST REPORT STATUS

Provider Electronically filed cost report
use only 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.

Date: 5/31/2018 Time: 12:44 pm

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN HEALTH MICHIGAN CITY (15-0015) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____

Officer or Administrator of Provider(s)

Title _____

Date _____

Cost Center Description	Title V	Title VIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	132,293	-64,552	0	0	1.00
2.00 Subprovider - IPF	0	11,400	0	0	0	2.00
3.00 Subprovider - IRF	0	15,929	0	0	0	3.00
5.00 Swinging bed - SNF	0	0	0	0	0	5.00
6.00 Swinging bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	159,622	-64,552	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet S-2

Part I

Date/Time Prepared: 5/30/2018 6:06 pm

	1.00	2.00	3.00	4.00					
	Hospital and Hospital Health Care Complex Address:								
1.00	Street: 301 W. HOMER STREET	PO Box:	Zip Code: 46360	County:					
2.00	City: MICHIGAN CITY	State: IN							
	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	V	XVIII XIX	
		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	FRANCI SCAN HEALTH MICHIGAN CITY	150015	33140	1	07/01/1966	N	P	0
4.00	Subprovider - IPF	FRANCI SCAN HEALTH MICHIGAN CITY	15S015	33140	4	01/01/1998	N	P	0
5.00	Subprovider - IRF	FRANCI SCAN HEALTH MICHIGAN CITY	15T015	33140	5	01/01/1997	N	P	0
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 Hospital								14.00
15.00	Hospital-Based Health Clinic - RHC								15.00
16.00	Hospital-Based Health Clinic - FOHC								16.00
17.00	Hospital-Based (CMHC) I								17.00
17.10	Hospital-Based (CORF) I								17.10
18.00	Renal Dialysis								18.00
19.00	Other								19.00
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00
21.00	Type of Control (see instructions)					1			21.00
	Inpatient PPS Information								
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	444	88	35	51	4,121	60	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0015		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:06 pm					
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days							
							1.00	2.00	3.00	4.00	5.00	6.00	
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.						12	12	0	0	95		25.00
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 classification 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)												37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.												38.00
							Y/N	Y/N					
							1.00	2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)							N		N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)							N		N			40.00
							V	XVIII	XIX				
							1.00	2.00	3.00				
Prospective Payment System (PPS)-Capital													
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)							N	Y	N			45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.							N	N	N			46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	N	N			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	N	N			48.00
Teaching Hospitals													
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.							N					56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.												57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							N					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N					59.00
							NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
							1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)						N						60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:06 pm		
		Y/N	IME	Direct GME	IME	Direct GME	
		1. 00	2. 00	3. 00	4. 00	5. 00	
61. 00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0. 00	0. 00	61. 00
61. 01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61. 01
61. 02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61. 02
61. 03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61. 03
61. 04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61. 04
61. 05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61. 04 minus line 61. 03). (see instructions)						61. 05
61. 06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61. 06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1. 00	2. 00	3. 00	4. 00		
61. 10	Of the FTEs in line 61. 05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0. 00	0. 00	61. 10	
61. 20	Of the FTEs in line 61. 05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0. 00	0. 00	61. 20	
					1. 00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62. 00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0. 00	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	0. 00	62. 01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63. 00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)			N		63. 00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1. 00	2. 00	3. 00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64. 00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0. 00	0. 00	0. 000000	64. 00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:06 pm	
Line Number	Text Description	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
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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
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)			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
				1.00	2.00	3.00	
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.			0.00	0.00	0.000000	67.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y		0	70.00
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		0	71.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y		0	75.00
				1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						76.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						77.00
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.						75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:06 pm	
				1.00	
Long Term Care Hospital PPS 80.00 Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. N 80.00 81.00 Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no. N 81.00 TEFRA Providers 85.00 Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no. N 85.00 86.00 Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no. N 86.00 87.00 Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no. N 87.00					
		V	XIX		
		1.00	2.00		
Title V and XIX Services 90.00 Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column. N Y 90.00 91.00 Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column. N 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 95.00 If line 94 is "Y", enter the reduction percentage in the applicable column. 0.00 0.00 95.00 96.00 Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column. N N 96.00 97.00 If line 96 is "Y", enter the reduction percentage in the applicable column. 0.00 0.00 97.00 98.00 Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. 0.00 N 0.00 N 98.00 98.01 Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. N N 98.01 98.02 Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. N N 98.02 98.03 Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. N N 98.03 98.04 Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. N N 98.04 98.05 Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. N N 98.05 98.06 Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX. N N 98.06 Rural Providers 105.00 Does this hospital qualify as a CAH? N 105.00 106.00 If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions) N 106.00 107.00 If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. N 107.00 108.00 Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no. N 108.00					
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
					1.00
					109.00
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.					
					110.00
110.00 Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					
					N 110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:06 pm
			1.00	2.00
111.00 If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.		N		111.00
			1.00	2.00
Miscellaneous Cost Reporting Information			1.00	2.00
115.00 Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, §2208.1.		N		0 115.00
116.00 Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		116.00
117.00 Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00 Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01 List amounts of malpractice premiums and paid losses:		828,603	374,001	0 118.01
			1.00	2.00
118.02 Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00 DO NOT USE THIS LINE				119.00
120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00 Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00 Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N		122.00
Transplant Center Information				
125.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00 If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00 If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00 If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00 If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00 If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00 If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00 If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00 If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00 If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers				
140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	15H014	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 6:06 pm						
	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: FRANCISCAN ALLIANCE	Contractor's Name: WPS	Contractor's Number: 8001	141.00							
142.00	Street: 1515 DRAGOON TRAIL	PO Box:		142.00							
143.00	City: MI SHAWAKA	State: IN	Zip Code: 46546	143.00							
				1.00							
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00						
				1.00	2.00						
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "M" for no in column 2.				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	N	155.00			
156.00	Subprovider - IPF		N	N	N	N	N	156.00			
157.00	Subprovider - IRF		N	N	N	N	N	157.00			
158.00	SUBPROVIDER							158.00			
159.00	SNF		N	N	N	N	N	159.00			
160.00	HOME HEALTH AGENCY		N	N	N	N	N	160.00			
161.00	CMHC			N	N	N	N	161.00			
161.10	CORF			N	N	N	N	161.10			
							1.00				
Multi campus											
165.00	Is this hospital part of a Multicampus 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	166.00	
									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)				0168.00						
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01						
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.00	169.00					
				Begi nning	Endi ng						
				1.00	2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			08/05/2017	11/03/2017	170.00					
				1.00	2.00						
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		0171.00					

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/18/2018
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.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
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
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
		1.00	2.00	3.00
				4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2018	Y
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
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

		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	
				N	N
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions.				N
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.				N
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N
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
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y
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
					Y/N
					1.00
					Date
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				Y
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				Y
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
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SCOTT	CLAYTON		
42.00	Enter the employer/company name of the cost report preparer.	FRANCI SCAN ALLIANCE			41.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219.932.2300 X32580			42.00
					SCOTT.CLAYTON@FRANCI SCAN ALLIANCE.ORG
					43.00

	3.00		
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL ANALYST - SENIOR	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

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	Title V
					1.00	2.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swinging Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30.00	135	49,275	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. Swinging Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swinging Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		135	49,275	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570	0.00	0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840	0.00	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	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D. P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
24.10 HOSPICE (non-distinct part)	30.00				0	24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)			183			27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips					0	29.00
30.00 Employee discount days (see instructions)					0	30.00
31.00 Employee discount days - IRF					0	31.00
32.00 Labor & delivery days (see instructions)		0	0		0	32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)		0	0		0	32.01
33.00 LTCH non-covered days					0	33.00
33.01 LTCH site neutral days and discharges					0	33.01

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 Swinging Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	9,312	456	16,484			1.00
2.00 HMO and other (see instructions)	1,818	4,121				2.00
3.00 HMO IPF Subprovider	41	0				3.00
4.00 HMO IRF Subprovider	163	0				4.00
5.00 Hospital Adults & Peds. Swinging Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swinging Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,312	456	16,484			7.00
8.00 INTENSIVE CARE UNIT	1,121	85	2,594			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		77	1,037			13.00
14.00 Total (see instructions)	10,433	618	20,115	0.00	710.69	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	842	1,457	3,175	0.00	17.56	16.00
17.00 SUBPROVIDER - IRF	1,718	119	2,607	0.00	19.36	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			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D. P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	747.61	27.00
28.00 Observation Bed Days		1,146	4,018			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instructions)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	60	1,124			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)			0	2,568	1,398	5,374 1.00
2.00 HMO and other (see instructions)				402	0	2.00
3.00 HMO IPF Subprovider					0	3.00
4.00 HMO IRF Subprovider					0	4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,568	1,398	5,374	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	78	220	463	16.00
17.00 SUBPROVIDER - IRF	0.00	0	130	12	194	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	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D. P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instructions)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	Period: From 01/01/2017 To 12/31/2017							
							1.00	2.00						
PART II - WAGE DATA														
SALARIES														
1.00	Total salaries (see instructions)	200.00	48,741,266	0	48,741,266	1,555,025.14	31.34	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		0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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)		3,988,920	0	3,988,920	137,834.85	28.94	10.00						
OTHER WAGES & RELATED COSTS														
11.00	Contract labor: Direct Patient Care		879,874	0	879,874	16,920.00	52.00	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		495,515	0	495,515	3,702.19	133.84	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		8,758,823	0	8,758,823	285,366.00	30.69	14.01						
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02						
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00						
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00						
WAGE-RELATED COSTS														
17.00	Wage-related costs (core) (see instructions)		13,584,521	0	13,584,521			17.00						
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00						
19.00	Excluded areas		1,111,739	0	1,111,739			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)		0	0	0			25.00						
25.50	Home office wage-related (core)		3,823,176	0	3,823,176			25.50						
25.51	Related organization wage-related (core)		0	0	0			25.51						
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52						
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53						
OVERHEAD COSTS - DIRECT SALARIES														
26.00	Employee Benefits Department	4.00	846,703	0	846,703	25,017.00	33.85	26.00						
27.00	Administrative & General	5.00	4,809,776	0	4,809,776	127,359.07	37.77	27.00						

5/30/2018 6:06 pm

			Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 6:06 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)
	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00
28. 00	Administrative & General under contract (see inst.)	385, 593	0	385, 593	3, 220. 00	119. 75 28. 00
29. 00	Maintenance & Repairs	6. 00	0	0	0. 00	0. 00 29. 00
30. 00	Operation of Plant	7. 00	2, 355, 525	0	2, 355, 525	81, 190. 01 29. 01 30. 00
31. 00	Laundry & Linen Service	8. 00	0	0	0. 00	0. 00 31. 00
32. 00	Housekeeping	9. 00	1, 194, 556	0	1, 194, 556	83, 062. 98 14. 38 32. 00
33. 00	Housekeeping under contract (see instructions)		0	0	0. 00	0. 00 33. 00
34. 00	Dietary	10. 00	1, 245, 543	-903, 134	342, 409	19, 465. 00 17. 59 34. 00
35. 00	Dietary under contract (see instructions)		0	0	0. 00	0. 00 35. 00
36. 00	Cafeteria	11. 00	0	903, 134	903, 134	51, 342. 00 17. 59 36. 00
37. 00	Maintenance of Personnel	12. 00	0	0	0	0. 00 37. 00
38. 00	Nursing Administration	13. 00	2, 176, 945	0	2, 176, 945	63, 351. 85 34. 36 38. 00
39. 00	Central Services and Supply	14. 00	114, 620	0	114, 620	6, 384. 75 17. 95 39. 00
40. 00	Pharmacy	15. 00	2, 198, 815	0	2, 198, 815	53, 362. 93 41. 20 40. 00
41. 00	Medical Records & Medical Records Library	16. 00	9, 807	0	9, 807	416. 00 23. 57 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: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 6:06 pm

	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)	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,126,859		0	49,126,859	1,558,245.14	31.53
2.00	Excluded area salaries (see instructions)	3,988,920		0	3,988,920	137,834.85	28.94
3.00	Subtotal salaries (line 1 minus line 2)	45,137,939		0	45,137,939	1,420,410.29	31.78
4.00	Subtotal other wages & related costs (see inst.)	10,134,212		0	10,134,212	305,988.19	33.12
5.00	Subtotal wage-related costs (see inst.)	17,407,697		0	17,407,697	0.00	38.57
6.00	Total (sum of lines 3 thru 5)	72,679,848		0	72,679,848	1,726,398.48	42.10
7.00	Total overhead cost (see instructions)	15,337,883		0	15,337,883	514,171.59	29.83
							7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	635,505	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)	2,443,333	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal /Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,045,874	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	501,416	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	26,800	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	476,402	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	889,358	14.00
15.00	Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,362,433	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	11,847	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	102,729	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	13,495,697	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet S-3

Part V

Date/Time Prepared:

5/30/2018 6:06 pm

Cost Center Description	Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost		
Hospital and Hospital-Based Component Identification:		
1.00 Total facility's contract labor and benefit cost	0	1.00
2.00 Hospital	0	2.00
3.00 Subprovider - IPF	0	3.00
4.00 Subprovider - IRF	0	4.00
5.00 Subprovider - (Other)	0	5.00
6.00 Swing Beds - SNF	0	6.00
7.00 Swing Beds - NF	0	7.00
8.00 Hospital-Based SNF	0	8.00
9.00 Hospital-Based NF	0	9.00
10.00 Hospital-Based OLTC	0	10.00
11.00 Hospital-Based HHA	0	11.00
12.00 Separately Certified ASC	0	12.00
13.00 Hospital-Based Hospice	0	13.00
14.00 Hospital-Based Health Clinic RHC	0	14.00
15.00 Hospital-Based Health Clinic FQHC	0	15.00
16.00 Hospital-Based-CMHC	0	16.00
16.10 Hospital-Based-CMHC 10	0	16.10
17.00 Renal Dialysis	0	17.00
18.00 Other	0	18.00

Period:	From 01/01/2017	Worksheet S-10
To	12/31/2017	Date/Time Prepared: 5/30/2018 6:06 pm

		1.00			
<u>Uncompensated and indigent care cost computation</u>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.229721	1.00		
<u>Medicaid (see instructions for each line)</u>					
2.00	Net revenue from Medicaid	24,812,070	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 and/or supplemental payments from Medicaid?	N	4.00		
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00		
6.00	Medicaid charges	137,919,594	6.00		
7.00	Medicaid cost (line 1 times line 6)	31,683,027	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)	6,870,957	8.00		
<u>Children's Health Insurance Program (CHIP) (see instructions for each line)</u>					
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		
<u>Other state or local government indigent care program (see instructions for each line)</u>					
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		
<u>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</u>					
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)	6,870,957	19.00		
	Uninsured patients	Insured patients	Total (col. 1 + col. 2)		
	1.00	2.00	3.00		
<u>Uncompensated Care (see instructions for each line)</u>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,285,443	2,085,175	11,370,618	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,133,061	2,085,175	4,218,236	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,133,061	2,085,175	4,218,236	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,460,145	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		684,370	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,052,876	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		14,407,269	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,678,158	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,896,394	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,767,351	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 6:06 pm	
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
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		18,913,159	18,913,159	-9,613,587	9,299,572	1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP		0	0	10,252,830	10,252,830	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	846,703	13,884,119	14,730,822	-4,138	14,726,684	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,809,776	32,042,919	36,852,695	-26,603	36,826,092	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	2,355,525	4,162,025	6,517,550	-9,381	6,508,169	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	409,942	409,942	-370	409,572	8.00
9.00 00900	HOUSEKEEPING	1,194,556	372,308	1,566,864	-15,067	1,551,797	9.00
10.00 01000	DIETARY	1,245,543	858,227	2,103,770	-1,529,373	574,397	10.00
11.00 01100	CAFETERIA	0	0	0	1,525,428	1,525,428	11.00
13.00 01300	NURSING ADMINISTRATION	2,176,945	934,497	3,111,442	-228	3,111,214	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	114,620	1,707,862	1,822,482	-314,547	1,507,935	14.00
15.00 01500	PHARMACY	2,198,815	13,506,986	15,705,801	-74,998	15,630,803	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,807	1,700,346	1,710,153	0	1,710,153	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01080	INSERVICE EDUCATION	0	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPROVED	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPROVED	0	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	10,142,898	1,526,274	11,669,172	-1,842,925	9,826,247	30.00
31.00 03100	INTENSIVE CARE UNIT	2,063,791	206,458	2,270,249	-188,246	2,082,003	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	1,027,742	267,223	1,294,965	-5,856	1,289,109	40.00
41.00 04100	SUBPROVIDER - IRF	1,313,525	136,158	1,449,683	-33,211	1,416,472	41.00
43.00 04300	NURSERY	0	0	0	467,333	467,333	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
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	4,732,832	11,228,279	15,961,111	-8,182,362	7,778,749	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	837,989	837,989	52.00
53.00 05300	ANESTHESIOLOGY	37,838	55,275	93,113	0	93,113	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,671,492	1,022,524	3,694,016	-289,824	3,404,192	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	711,066	261,740	972,806	-42,458	930,348	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	618,008	1,372,937	1,990,945	-15,208	1,975,737	55.00
55.01 05501	WOODLAND CANCER CARE CTR	709,721	452,638	1,162,359	-46,918	1,115,441	55.01
56.00 05600	RADIOISOTOPES	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	871,180	2,602,669	3,473,849	-1,931,711	1,542,138	59.00
60.00 06000	LABORATORY	0	6,037,612	6,037,612	-8,787	6,028,825	60.00
60.01 06001	FS ED LAB	0	1,305,849	1,305,849	-269	1,305,580	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	888,114	192,876	1,080,990	-63,710	1,017,280	65.00
66.00 06600	PHYSICAL THERAPY	703,846	2,551,897	3,255,743	-37,959	3,217,784	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	890,371	215,448	1,105,819	-25,152	1,080,667	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,046,079	1,046,079	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,571,866	10,571,866	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.03 09003	INFUSION OP SERVICES	274,140	301,153	575,293	-16,548	558,745	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 6:06 pm
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
91. 00	09100	EMERGENCY		3, 273, 404	2, 599, 013	5, 872, 417
91. 01	09101	FREE STANDING EMERGENCY DEPT		1, 211, 355	559, 054	1, 770, 409
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				-293, 333
		OTHER REIMBURSABLE COST CENTERS				-54, 704
94. 00	09400	HOME PROGRAM ANALYSIS		0	0	0
95. 00	09500	AMBULANCE SERVICES		0	0	0
96. 00	09600	DURABLE MEDICAL EQUIPMENT-RENTED		0	0	0
97. 00	09700	DURABLE MEDICAL EQUIPMENT-SOLD		0	0	0
98. 00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0
99. 00	09900	CMHC		0	0	0
99. 10	09910	CORF		0	0	0
100. 00	10000	I & R SERVICES-NOT APPROVED PRGM		0	0	0
101. 00	10100	HOME HEALTH AGENCY		0	0	0
		SPECIAL PURPOSE COST CENTERS				
105. 00	10500	KIDNEY ACQUISITION		0	0	0
106. 00	10600	HEART ACQUISITION		0	0	0
107. 00	10700	LIVER ACQUISITION		0	0	0
108. 00	10800	LUNG ACQUISITION		0	0	0
109. 00	10900	PANCREAS ACQUISITION		0	0	0
110. 00	11000	INTESTINAL ACQUISITION		0	0	0
111. 00	11100	ISLET ACQUISITION		0	0	0
113. 00	11300	INTEREST EXPENSE		0	0	0
114. 00	11400	UTERINE REVERSAL-SNF		0	0	0
115. 00	11500	AMBULATORY SURGICAL CENTER (D. P.)		0	0	0
116. 00	11600	HOSPICE		0	0	0
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	47, 093, 613	121, 387, 467	168, 481, 080	34, 052
		NONREIMBURSABLE COST CENTERS				168, 515, 132
190. 00	19000	GYM, FLOWER, COFFEE SHOP & CANTEEN		0	0	0
191. 00	19100	RESEARCH		0	0	0
192. 00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0
193. 00	19300	NONPAID WORKERS		0	0	0
193. 01	19301	NONPAID WORKERS		0	0	0
194. 00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0
194. 01	07951	WORKING WELL	1, 607, 923	711, 060	2, 318, 983	-34, 013
194. 03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	72	72	0
194. 10	07960	DUNELAND FITNESS CTR	0	0	0	0
194. 11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	-629	-629	-39
194. 16	07966	PHYSICIAN PRACTICE MD WIS	4, 056	-207, 946	-203, 890	0
194. 19	07969	HEALTH PARTNERS	0	-1, 536	-1, 536	0
194. 20	07970	CENTER OF HOPE	35, 674	900	36, 574	0
200. 00		TOTAL (SUM OF LINES 118 through 199)	48, 741, 266	121, 889, 388	170, 630, 654	0
						170, 630, 654
						200. 00

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT	-352,718	8,946,854	1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP	0	10,252,830	2.00
3.00 00300	OTHER CAP REL COSTS	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,569,000	16,295,684	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	-6,657,800	30,168,292	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00 00700	OPERATION OF PLANT	-23,814	6,484,355	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	409,572	8.00
9.00 00900	HOUSEKEEPING	-1,341	1,550,456	9.00
10.00 01000	DIETARY	-76,365	498,032	10.00
11.00 01100	CAFETERIA	-660,263	865,165	11.00
13.00 01300	NURSING ADMINISTRATION	-28,702	3,082,512	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-92,087	1,415,848	14.00
15.00 01500	PHARMACY	14,613	15,645,416	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	-649,426	1,060,727	16.00
17.00 01700	SOCIAL SERVICE	0	0	17.00
18.00 01080	IN-SERVICE EDUCATION	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	-57,181	9,769,066	30.00
31.00 03100	INTENSIVE CARE UNIT	5,000	2,087,003	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	-239,460	1,049,649	40.00
41.00 04100	SUBPROVIDER - IRF	0	1,416,472	41.00
43.00 04300	NURSERY	0	467,333	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	-1,088,920	6,689,829	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	837,989	52.00
53.00 05300	ANESTHESIOLOGY	-2,288	90,825	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	-29,120	3,375,072	54.00
54.01 05401	FS ED RADIOLGY - DIAGNOSTIC	0	930,348	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	-4,660	1,971,077	55.00
55.01 05501	WOODLAND CANCER CARE CTR	-30,382	1,085,059	55.01
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	-6,826	1,535,312	59.00
60.00 06000	LABORATORY	-26,685	6,002,140	60.00
60.01 06001	FS ED LAB	0	1,305,580	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	-5,245	1,012,035	65.00
66.00 06600	PHYSICAL THERAPY	-38,640	3,179,144	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	1,080,667	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-155,094	890,985	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,571,866	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	-218,914	-218,914	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.03 09003	INFUSION OP SERVICES	-1,620	557,125	90.03
91.00 09100	EMERGENCY	-7,812	5,571,272	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	-10,694	1,705,011	91.01

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM ANALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00 09900 CMHC	0	0		99.00
99.10 09910 CORF	0	0		99.10
100.00 10000 I & R SERVICES-NOT APPROVED PRGM	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0		113.00
114.00 11400 UTILITY RATES REVIEWS-SNF	0	0		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0		115.00
116.00 11600 HOSPICE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-8,877,444	159,637,688		118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00 19100 RESEARCH	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0		193.00
193.01 19301 NONPAID WORKERS	0	0		193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01 07951 WORKING WELL	0	2,284,970		194.01
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	72		194.03
194.10 07960 DUNELAND FITNESS CTR	0	0		194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	-668		194.11
194.16 07966 PHYSICAL PRACTICE MD WISCONSIN	0	-203,890		194.16
194.19 07969 HEALTH PARTNERS	0	-1,536		194.19
194.20 07970 CENTER OF HOPE	0	36,574		194.20
200.00 TOTAL (SUM OF LINES 118 through 199)	-8,877,444	161,753,210		200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - CAPITAL				
1.00	CAP REL COSTS-MVBL EQUIP	2.00	0	10,252,830	1.00
	TOTALS		0	10,252,830	
	B - CAFETERIA				
1.00	CAFETERIA	11.00	903,134	622,294	1.00
	TOTALS		903,134	622,294	
	C - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO	72.00	0	10,024,084	1.00
	PATIENTS		0	10,024,084	
	TOTALS		0	10,024,084	
	D - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	11,070,163	1.00
	PATIENTS		0	11,070,163	
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	TOTALS		0	11,070,163	
	E - MEDICAL SUPPLIES PACEMAKERS				
1.00	IMPL. DEV. CHARGED TO	72.00	0	547,782	1.00
	PATIENTS		0	547,782	
	TOTALS		0	547,782	
	F - NURSERY AND L&D				
1.00	NURSERY	43.00	387,253	80,080	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	694,395	143,594	2.00
	TOTALS		1,081,648	223,674	
	G - DEPRECIATION				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	629,256	1.00
	TOTALS		0	629,256	
	H - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,987	1.00
	TOTALS		0	9,987	
500.00	Grand Total: Increases		1,984,782	33,380,070	500.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,252,830	9	1.00
	TOTALS		0	10,252,830		
	B - CAFETERIA					
1.00	DIETARY	10.00	903,134	622,294	0	1.00
	TOTALS		903,134	622,294		
	C - IMPLANTABLE DEVICES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,024,084	0	1.00
	TOTALS		0	10,024,084		
	D - MEDICAL SUPPLIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,138	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26,603	0	2.00
3.00	OPERATION OF PLANT	7.00	0	9,381	0	3.00
4.00	HOUSEKEEPING	9.00	0	15,067	0	4.00
5.00	DIETARY	10.00	0	3,945	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	228	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	314,547	0	7.00
8.00	PHARMACY	15.00	0	74,998	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	537,603	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	188,246	0	10.00
11.00	SUBPROVIDER - IPF	40.00	0	5,856	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	33,211	0	12.00
13.00	OPERATING ROOM	50.00	0	7,543,119	0	13.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	289,824	0	15.00
16.00	FSERD RADIOLOGY - DIAGNOSTIC	54.01	0	42,458	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,208	0	17.00
18.00	WOODLAND CANCER CARE CTR	55.01	0	46,918	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,383,929	0	19.00
20.00	LABORATORY	60.00	0	8,787	0	20.00
21.00	FS ED LAB	60.01	0	269	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	63,710	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	37,959	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	25,152	0	24.00
25.00	INFUSION SERVICES	90.03	0	16,548	0	25.00
26.00	EMERGENCY	91.00	0	293,333	0	26.00
27.00	FREE STANDING EMERGENCY DEPT	91.01	0	54,704	0	27.00
28.00	WORKING WELL	194.01	0	34,013	0	28.00
29.00	OMNI HEALTH & FITNESS	194.11	0	39	0	29.00
30.00	CHESTERTOWN					
30.00	LAUNDRY & LINEN SERVICE	8.00	0	370	0	30.00
	TOTALS		0	11,070,163		
	E - MEDICAL SUPPLIES PACEMAKERS					
1.00	CARDIAC CATHETERIZATION	59.00	0	547,782	0	1.00
	TOTALS		0	547,782		
	F - NURSERY AND L&D					
1.00	ADULTS & PEDIATRICS	30.00	387,253	80,080	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	694,395	143,594	0	2.00
	TOTALS		1,081,648	223,674		
	G - DEPRECIATION					
1.00	OPERATING ROOM	50.00	0	629,256	9	1.00
	TOTALS		0	629,256		
	H - INTEREST					
1.00	OPERATING ROOM	50.00	0	9,987	11	1.00
	TOTALS		0	9,987		
500.00	Grand Total: Decreases		1,984,782	33,380,070		500.00

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00	4.00	5.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,180,112	0	0	0	0	1.00
2.00	Land Improvements	4,044,462	14,812	0	14,812	0	2.00
3.00	Buildings and Fixtures	92,808,827	0	0	0	-2,180	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	4,316,923	0	0	0	0	5.00
6.00	Movable Equipment	112,118,284	1,332,089	0	1,332,089	-44,284	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	220,468,608	1,346,901	0	1,346,901	-46,464	8.00
9.00	Reconciling Items	0	0	0	0	-4,359	9.00
10.00	Total (line 8 minus line 9)	220,468,608	1,346,901	0	1,346,901	-42,105	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,180,112	0	0	0	0	1.00
2.00	Land Improvements	4,059,274	1,744,513	0	0	0	2.00
3.00	Buildings and Fixtures	92,811,007	15,631,762	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	4,316,923	0	0	0	0	5.00
6.00	Movable Equipment	113,494,657	29,415,920	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	221,861,973	46,792,195	0	0	0	8.00
9.00	Reconciling Items	4,359	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	221,857,614	46,792,195	0	0	0	10.00

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	18,913,159	0	0	0	0	1.00	
2.00	CAP REL COSTS-MVBL EQUIP	0	0	0	0	0	2.00	
3.00	Total (sum of lines 1-2)	18,913,159	0	0	0	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Other	Total (1) (sum of cols. 9 through 14)					
		Capital-Related Costs (see instructions)	14.00					
PART III - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2								
1.00	CAP REL COSTS-BLDG & FIXT	0	18,913,159				1.00	
2.00	CAP REL COSTS-MVBL EQUIP	0	0				2.00	
3.00	Total (sum of lines 1-2)	0	18,913,159				3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet A-7
Part III
Date/Time Prepared:
5/30/2018 6:06 pm

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	104,048,214	0	104,048,214	0.449433	0	1.00
2.00	CAP REL COSTS-MVBL EQUIP	127,461,754	0	127,461,754	0.550567	0	2.00
3.00	Total (sum of lines 1-2)	231,509,968	0	231,509,968	1.000000	0	3.00
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital -Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
					SUMMARY OF CAPITAL		
Cost Center Description		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital -Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-3,195,279	0	0	-296,391	8,946,854	1.00
2.00	CAP REL COSTS-MVBL EQUIP	0	0	0	0	10,252,830	2.00
3.00	Total (sum of lines 1-2)	-3,195,279	0	0	-296,391	19,199,684	3.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	5.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0 CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)	B	15,628	15,628 CAP REL COSTS-BLDG & FIXT	1.00	11 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)	B	-8,265	-8,265 ADMINISTRATIVE & GENERAL	5.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-3,191,559			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	-136,387			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-642,989	-642,989 CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines	B	-17,274	-17,274 CAFETERIA	11.00	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 UTILIZATION REVIEW-SNF	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 NONPHYSICIANS ANESTHETISTS	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	UNCLAIMED PROPERTY	B	-140	-140 ADMINISTRATIVE & GENERAL	5.00	0 33.00

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
36.00	OB PROGRAM FEES	B	-300	ADULTS & PEDIATRICS	30.00	0	36.00
37.00	DONATIONS EXPENSE	A	-2,950	ADMISSION STRATEGIC & GENERAL	5.00	0	37.00
38.00	ADVERTISING EXPENSE	A	-1,441	ADMISSION STRATEGIC & GENERAL	5.00	0	38.00
40.00	A&G MISC REVENUE	B	-16,920	ADMISSION STRATEGIC & GENERAL	5.00	0	40.00
41.00	LOBBYING	A	-2,130	ADMISSION STRATEGIC & GENERAL	5.00	0	41.00
43.00	WOODLAND SURGERY BUILDING RENTAL INC	B	-23,814	OPERATION OF PLANT	7.00	0	43.00
44.00	GOODWILL	A	-296,391	CAP REL COSTS-BLDG & FIXT	1.00	14	44.00
45.00	OUTSIDE HOME HEALTH SUPPLIES	A	-5,456	ADMISSION STRATEGIC & GENERAL	5.00	0	45.00
47.00	DISCOUNTS/REBATES	B	-76,365	DIETARY	10.00	0	47.00
48.00	DISCOUNTS/REBATES	B	-218,914	DRUGS CHARGED TO PATIENTS	73.00	0	48.00
49.00	HAF PROVIDER TAX	A	-5,104,732	ADMISSION STRATEGIC & GENERAL	5.00	0	49.00
49.01	PENSION	A	1,569,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.01
49.02	MEDICAL RECORDS	B	-7,252	ADMISSION STRATEGIC & GENERAL	5.00	0	49.02
49.03	DISCOUNTS EARNED/REBATES		0		0.00	0	49.03
49.04	DISCOUNTS EARNED/REBATES	B	-59,999	OPERATING ROOM	50.00	0	49.04
49.05	DISCOUNTS EARNED/REBATES	B	-199,662	OPERATING ROOM	50.00	0	49.05
49.06	DISCOUNTS EARNED/REBATES	B	-29,120	RADIOLOGY-DIAGNOSTIC	54.00	0	49.06
49.07	RENTAL INCOME	B	-20,525	WOODLAND CANCER CARE CTR	55.01	0	49.07
49.08	DISCOUNTS EARNED/REBATES	B	-13,859	LABORATORY	60.00	0	49.08
49.09	DISCOUNTS EARNED/REBATES	B	-4,524	RESPIRATORY THERAPY	65.00	0	49.09
49.10	MISCELLANEOUS - OTHER OPERATING	B	-1,140	PHYSICAL THERAPY	66.00	0	49.10
49.11	DISCOUNTS EARNED/REBATES	B	-74,888	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	49.11
49.12	DISCOUNTS EARNED/REBATES	B	-80,206	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	49.12
49.13	MISCELLANEOUS - OTHER OPERATING		0		0.00	0	49.13
49.14	MISCELLANEOUS - OTHER OPERATING		0		0.00	0	49.14
49.15	BH WORKSHOP/SPEAKER INC	B	-1,059	ADMISSION STRATEGIC & GENERAL	5.00	0	49.15
49.16	DONATION COMMUNITY BENEFIT	A	2,500	ADMISSION STRATEGIC & GENERAL	5.00	0	49.16
49.17	RENTAL INCOME	B	-15,482	ADMISSION STRATEGIC & GENERAL	5.00	0	49.17
49.18	MISC. OTHER REV	B	-209,469	OPERATING ROOM	50.00	0	49.18
49.19	MISC. OTHER REV	B	-19	WOODLAND CANCER CARE CTR	55.01	0	49.19
49.20	MISC. LAUNDRY REV	B	-1,341	HOUSEKEEPING	9.00	0	49.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,877,444				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: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet A-8-1
Date/Time Prepared:
5/30/2018 6:06 pm

	Line No.	Cost Center	Expense Items	Amount of	Amount	
				All Allowable Cost	Included in Wks. A, column 5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMS HOME OFFICE COSTS:						
1. 00	1. 00	CAP REL COSTS-BLDG & FIXT	INTEREST	2,789,184	6,010,078	1. 00
2. 00	1. 00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	3,148,940	1	2. 00
3. 00	5. 00	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	18,027,409	17,369,383	3. 00
4. 00	14. 00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY SERVICES & SU	1	92,088	4. 00
4. 01	15. 00	PHARMACY	COOP PHARMACY	260,228	241,173	4. 01
4. 02	16. 00	MEDICAL RECORDS & LIBRARY	HIM	1,039,463	1,688,889	4. 02
5. 00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,265,225	25,401,612	5. 00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
				Name	Percentage of Ownership
	1. 00	2. 00	3. 00	4. 00	5. 00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6. 00	B		100. 00		0. 00	6. 00
7. 00			0. 00		0. 00	7. 00
8. 00			0. 00		0. 00	8. 00
9. 00			0. 00		0. 00	9. 00
10. 00			0. 00		0. 00	10. 00
100. 00	G. Other (financial or non-financial) specify:		0. 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.

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

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet A-8-1
Date/Time Prepared:
5/30/2018 6:06 pm

Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-3,220,894	11	1.00
2.00	3,148,939	9	2.00
3.00	658,026	0	3.00
4.00	-92,087	0	4.00
4.01	19,055	0	4.01
4.02	-649,426	0	4.02
5.00	-136,387		5.00

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

Related Organization(s) and/or Home Office		
Type of Business		
6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATIONS AND/OR HOME OFFICE:

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

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

6.00	FRANCI SCAN ALLI	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

	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	31. 00	INTENSIVE CARE UNIT	-5,000	-5,000	0	197,500	0	1. 00
2. 00	5. 00	ADMINISTRATIVE & GENERAL	2,319,994	2,099,469	220,525	197,500	1,764	2. 00
3. 00	13. 00	NURSING ADMINISTRATION	56,523	19,897	36,626	197,500	293	3. 00
4. 00	15. 00	PHARMACY	9,000	750	8,250	197,500	48	4. 00
5. 00	30. 00	ADULTS & PEDIATRICS	75,776	50,901	24,875	197,500	199	5. 00
6. 00	40. 00	SUBPROVIDER - IPF	250,000	236,187	13,813	197,500	111	6. 00
7. 00	41. 00	SUBPROVIDER - IRF	0	0	0	0	0	7. 00
8. 00	50. 00	OPERATING ROOM	627,490	612,765	14,725	246,400	65	8. 00
9. 00	53. 00	ANESTHESIOLOGY	10,000	0	10,000	239,400	67	9. 00
10. 00	66. 00	PHYSICAL THERAPY	37,500	37,500	0	197,500	0	10. 00
11. 00	55. 00	RADIOLOGY-THERAPEUTIC	25,200	0	25,200	211,500	202	11. 00
12. 00	55. 01	WOODLAND CANCER CARE CTR	12,088	9,838	2,250	271,900	18	12. 00
13. 00	59. 00	CARDIAC CATHETERIZATION	18,125	3,250	14,875	197,500	119	13. 00
14. 00	60. 00	LABORATORY	53,276	0	53,276	197,500	426	14. 00
15. 00	65. 00	RESPIRATORY THERAPY	3,000	0	3,000	197,500	24	15. 00
16. 00	90. 03	INFUSION ON SERVICES	6,652	0	6,652	197,500	53	16. 00
17. 00	91. 00	EMERGENCY	32,500	0	32,500	197,500	260	17. 00
18. 00	91. 01	FREE STANDING EMERGENCY DEPT	44,307	0	44,307	197,500	354	18. 00
200. 00			3,576,431	3,065,557	510,874		4,003	200. 00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1. 00	2. 00	8. 00	9. 00	12. 00	13. 00	14. 00	
1. 00	31. 00	INTENSIVE CARE UNIT	0	0	0	0	0	1. 00
2. 00	5. 00	ADMINISTRATIVE & GENERAL	167,495	8,375	0	0	0	2. 00
3. 00	13. 00	NURSING ADMINISTRATION	27,821	1,391	0	0	0	3. 00
4. 00	15. 00	PHARMACY	4,558	228	0	0	0	4. 00
5. 00	30. 00	ADULTS & PEDIATRICS	18,895	945	0	0	0	5. 00
6. 00	40. 00	SUBPROVIDER - IPF	10,540	527	0	0	0	6. 00
7. 00	41. 00	SUBPROVIDER - IRF	0	0	0	0	0	7. 00
8. 00	50. 00	OPERATING ROOM	7,700	385	0	0	0	8. 00
9. 00	53. 00	ANESTHESIOLOGY	7,712	386	0	0	0	9. 00
10. 00	66. 00	PHYSICAL THERAPY	0	0	0	0	0	10. 00
11. 00	55. 00	RADIOLOGY-THERAPEUTIC	20,540	1,027	0	0	0	11. 00
12. 00	55. 01	WOODLAND CANCER CARE CTR	2,353	118	0	0	0	12. 00
13. 00	59. 00	CARDIAC CATHETERIZATION	11,299	565	0	0	0	13. 00
14. 00	60. 00	LABORATORY	40,450	2,023	0	0	0	14. 00
15. 00	65. 00	RESPIRATORY THERAPY	2,279	114	0	0	0	15. 00
16. 00	90. 03	INFUSION ON SERVICES	5,032	252	0	0	0	16. 00
17. 00	91. 00	EMERGENCY	24,688	1,234	0	0	0	17. 00
18. 00	91. 01	FREE STANDING EMERGENCY DEPT	33,613	1,681	0	0	0	18. 00
200. 00			384,975	19,251	0	0	0	200. 00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1. 00	2. 00	15. 00	16. 00	17. 00	18. 00		
1. 00	31. 00	INTENSIVE CARE UNIT	0	0	0	-5,000		1. 00
2. 00	5. 00	ADMINISTRATIVE & GENERAL	0	167,495	53,030	2,152,499		2. 00
3. 00	13. 00	NURSING ADMINISTRATION	0	27,821	8,805	28,702		3. 00
4. 00	15. 00	PHARMACY	0	4,558	3,692	4,442		4. 00
5. 00	30. 00	ADULTS & PEDIATRICS	0	18,895	5,980	56,881		5. 00
6. 00	40. 00	SUBPROVIDER - IPF	0	10,540	3,273	239,460		6. 00
7. 00	41. 00	SUBPROVIDER - IRF	0	0	0	0		7. 00
8. 00	50. 00	OPERATING ROOM	0	7,700	7,025	619,790		8. 00
9. 00	53. 00	ANESTHESIOLOGY	0	7,712	2,288	2,288		9. 00
10. 00	66. 00	PHYSICAL THERAPY	0	0	0	37,500		10. 00
11. 00	55. 00	RADIOLOGY-THERAPEUTIC	0	20,540	4,660	4,660		11. 00
12. 00	55. 01	WOODLAND CANCER CARE CTR	0	2,353	0	9,838		12. 00
13. 00	59. 00	CARDIAC CATHETERIZATION	0	11,299	3,576	6,826		13. 00
14. 00	60. 00	LABORATORY	0	40,450	12,826	12,826		14. 00
15. 00	65. 00	RESPIRATORY THERAPY	0	2,279	721	721		15. 00
16. 00	90. 03	INFUSION ON SERVICES	0	5,032	1,620	1,620		16. 00
17. 00	91. 00	EMERGENCY	0	24,688	7,812	7,812		17. 00
18. 00	91. 01	FREE STANDING EMERGENCY DEPT	0	33,613	10,694	10,694		18. 00
200. 00			0	384,975	126,002	3,191,559		200. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet B
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBL EQUIP			
		0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8, 946, 854	8, 946, 854			1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP	10, 252, 830		10, 252, 830		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16, 295, 684	86, 223	12, 380	16, 394, 287	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	30, 168, 292	1, 290, 803	1, 323, 839	1, 646, 386	34, 429, 320
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	6, 484, 355	1, 125, 873	2, 257, 039	806, 296	10, 673, 563
8.00 00800	LAUNDRY & LINEN SERVICE	409, 572	99, 401	110	0	509, 083
9.00 00900	HOUSEKEEPING	1, 550, 456	163, 194	7, 732	408, 897	2, 130, 279
10.00 01000	DIETARY	498, 032	71, 214	19, 682	117, 207	706, 135
11.00 01100	CAFETERIA	865, 165	168, 902	0	309, 143	1, 343, 210
13.00 01300	NURSING ADMINISTRATION	3, 082, 512	40, 602	174, 893	745, 168	4, 043, 175
14.00 01400	CENTRAL SERVICES & SUPPLY	1, 415, 848	157, 033	88, 465	39, 234	1, 700, 580
15.00 01500	PHARMACY	15, 645, 416	75, 115	2, 546	752, 654	16, 475, 731
16.00 01600	MEDICAL RECORDS & LIBRARY	1, 060, 727	69, 549	219, 899	3, 357	1, 353, 532
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01800	IN SERVICE EDUCATION	0	0	0	0	18.00
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9, 769, 066	1, 563, 174	179, 754	3, 101, 646	14, 613, 640
31.00 03100	INTENSIVE CARE UNIT	2, 087, 003	140, 264	182, 128	706, 436	3, 115, 831
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	1, 049, 649	148, 899	11, 408	351, 796	1, 561, 752
41.00 04100	SUBPROVIDER - IRF	1, 416, 472	269, 492	44, 769	449, 620	2, 180, 353
43.00 04300	NURSERY	467, 333	21, 383	327	132, 557	621, 600
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6, 689, 829	449, 812	1, 310, 235	1, 620, 048	10, 069, 924
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	837, 989	171, 543	0	237, 691	1, 247, 223
53.00 05300	ANESTHESIOLOGY	90, 825	12, 987	7, 136	12, 952	123, 900
54.00 05400	RADIOLOGY-DIAGNOSTIC	3, 375, 072	430, 736	820, 217	914, 452	5, 540, 477
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	930, 348	68, 146	996, 067	243, 398	2, 237, 959
55.00 05500	RADIOLOGY-THERAPEUTIC	1, 971, 077	213, 025	261, 435	211, 544	2, 657, 081
55.01 05501	WOODLAND CANCER CARE CTR	1, 085, 059	254, 174	962	242, 937	1, 583, 132
56.00 05600	RADIOISOTOPES	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	1, 535, 312	103, 016	1, 099, 002	298, 205	3, 035, 535
60.00 06000	LABORATORY	6, 002, 140	213, 572	7, 451	0	6, 223, 163
60.01 06001	FS ED LAB	1, 305, 580	30, 921	107	0	1, 336, 608
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1, 012, 035	47, 643	29, 809	304, 001	1, 393, 488
66.00 06600	PHYSICAL THERAPY	3, 179, 144	32, 824	12, 940	240, 926	3, 465, 834
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	1, 080, 667	131, 630	152, 750	304, 774	1, 669, 821
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	890, 985	0	0	0	890, 985
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10, 571, 866	0	0	0	10, 571, 866
73.00 07300	DRUGS CHARGED TO PATIENTS	-218, 914	0	0	0	-218, 914
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
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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
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 09003 INFUSION OP SERVICES	557,125	33,134	2,756	93,838	686,853	90.03
91.00 09100 EMERGENCY	5,571,272	477,903	125,084	1,120,486	7,294,745	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	1,705,011	508,562	537,486	414,647	3,165,706	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILITY RENTAL REVIEWS-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	159,637,688	8,670,749	9,888,408	15,830,296	158,433,170	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,429	0	0	23,429	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONPAID WORKERS	0	0	0	0	0	193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 WORKING WELL	2,284,970	0	106,906	550,392	2,942,268	194.01
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	72	144,617	20,169	0	164,858	194.03
194.10 07960 DUNELAND FITNESS CTR	0	108,059	0	0	108,059	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	-668	0	204,080	0	203,412	194.11
194.16 07966 PHYSICIAN PRACTICE MD WIS	-203,890	0	5,766	1,388	-196,736	194.16
194.19 07969 HEALTH PARTNERS	-1,536	0	26,830	0	25,294	194.19
194.20 07970 CENTER OF HOPE	36,574	0	671	12,211	49,456	194.20
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	161,753,210	8,946,854	10,252,830	16,394,287	161,753,210	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
						5.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,429,320				5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00 00700	OPERATION OF PLANT	2,876,824	0	13,550,387		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	137,212	0	209,020	855,315	8.00
9.00 00900	HOUSEKEEPING	574,170	0	343,165	0	3,047,614
10.00 01000	DIETARY	190,323	0	149,750	342	35,111
11.00 01100	CAFETERIA	362,033	0	355,169	0	83,274
13.00 01300	NURSING ADMINISTRATION	1,089,749	0	85,379	0	20,018
14.00 01400	CENTRAL SERVICES & SUPPLY	458,354	0	330,211	0	77,423
15.00 01500	PHARMACY	4,440,606	0	157,953	0	37,034
16.00 01600	MEDICAL RECORDS & LIBRARY	364,815	0	146,249	0	34,290
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	IN SERVICE EDUCATION	0	0	0	0	0
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,938,785	0	3,287,049	401,996	770,699
31.00 03100	INTENSIVE CARE UNIT	839,804	0	294,949	42,766	69,155
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	420,936	0	313,105	94,084	73,412
41.00 04100	SUBPROVIDER - IRF	587,666	0	566,690	34,212	132,868
43.00 04300	NURSERY	167,539	0	44,965	257	10,543
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,714,126	0	945,867	45,332	221,772
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	336,162	0	360,721	0	84,576
53.00 05300	ANESTHESIOLOGY	33,395	0	27,309	0	6,403
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,493,314	0	905,753	34,383	212,367
54.01 05401	FSED RADIOLGY - DIAGNOSTIC	603,193	0	143,298	0	33,598
55.00 05500	RADIOLOGY-THERAPEUTIC	716,158	0	447,950	428	105,028
55.01 05501	WOODLAND CANCER CARE CTR	426,698	0	534,479	8,554	125,316
56.00 05600	RADIOISOTOPES	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	818,162	0	216,623	257	50,790
60.00 06000	LABORATORY	1,677,317	0	449,100	0	105,298
60.01 06001	FS ED LAB	360,253	0	65,022	0	15,245
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	375,584	0	100,184	0	23,489
66.00 06600	PHYSICAL THERAPY	934,139	0	69,023	25,660	16,183
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	450,064	0	276,793	4,277	64,898
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	240,145	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,849,414	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CV RESOURCE CTR	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.03 09003	INFUSION OP SERVICES	185,126	0	69,673	257	16,336
91.00 09100	EMERGENCY	1,966,138	0	1,004,936	85,532	235,622
91.01 09101	FREE STANDING EMERGENCY DEPT	853,246	0	1,069,408	34,212	250,738
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILITY PAYMENT REVIEWS-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	33,481,450	0	12,969,793	812,549	2,911,486	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,315	0	49,266	0	11,551	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 NONPAID WORKERS	0	0	0	0	0	193.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 WORKING WELL	793,024	0	0	0	0	194.01
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	44,434	0	304,102	0	71,301	194.03
194.10	07960 DUNELAND FITNESS CTR	29,125	0	227,226	0	53,276	194.10
194.11	07961 OMNI HEALTH & FITNESS CHESTERTOWN	54,825	0	0	0	0	194.11
194.16	07966 PHYSICIAN PRACTICE MD WISCONSIN	0	0	0	0	0	194.16
194.19	07969 HEALTH PARTNERS	6,817	0	0	42,766	0	194.19
194.20	07970 CENTER OF HOPE	13,330	0	0	0	0	194.20
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	34,429,320	0	13,550,387	855,315	3,047,614	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATION & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY	1,081,661				10.00
11.00 01100	CAFETERIA	0	2,143,686			11.00
13.00 01300	NURSING ADMINISTRATION	0	118,405	5,356,726		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	11,934	0	2,578,502	14.00
15.00 01500	PHARMACY	0	99,746	0	18,080	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	777	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01080	INSTITUTE EDUCATION	0	0	0	0	18.00
19.00 01900	NONPHYSICIANS ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	704,867	486,367	1,730,311	129,602	0
31.00 03100	INTENSIVE CARE UNIT	103,837	102,351	543,950	45,381	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	127,089	68,260	199,710	1,412	0
41.00 04100	SUBPROVIDER - IRF	104,359	75,257	185,788	8,006	0
43.00 04300	NURSERY	41,509	18,853	91,122	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	294,807	859,081	1,818,453	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	33,819	163,261	0	0
53.00 05300	ANESTHESIOLOGY	0	3,771	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	163,186	44,549	69,869	0
54.01 05401	FSERD RADIOLOGY - DIAGNOSTIC	0	41,166	0	10,236	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	26,938	0	3,666	0
55.01 05501	WOODLAND CANCER CARE CTR	0	38,445	115,675	11,311	0
56.00 05600	RADIOISOTOPES	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	40,738	139,468	333,629	0
60.00 06000	LABORATORY	0	0	0	2,118	0
60.01 06001	FS ED LAB	0	0	0	65	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	55,471	253	15,359	0
66.00 06600	PHYSICAL THERAPY	0	40,466	8,353	9,151	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	50,961	102,766	6,063	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CV RESOURCE CTR	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.03 09003	INFUSION SERVICES	0	15,082	78,466	3,989	0
91.00 09100	EMERGENCY	0	182,738	719,613	70,715	0
91.01 09101	FREE STANDING EMERGENCY DEPT	0	60,058	317,662	13,188	0

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMISSIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,081,661	2,029,596	5,300,028	2,570,293	21,229,150	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONPAID WORKERS	0	0	0	0	0	193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 WORKING WELL	0	112,302	54,167	8,200	0	194.01
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	9	0	194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19 07969 HEALTH PARTNERS	0	39	0	0	0	194.19
194.20 07970 CENTER OF HOPE	0	1,749	2,531	0	0	194.20
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	1,081,661	2,143,686	5,356,726	2,578,502	21,229,150	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIANS/ANESTHETISTS	NURSING SCHOOL	
			INSERVICE EDUCATION			
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,899,663				16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
18.00 01080	INSERVICE EDUCATION	0	0	0		18.00
19.00 01900	NONPHYSICIANS/ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPROVED	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPROVED	0	0	0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	110,731	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	16,828	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	12,597	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	19,529	0	0	0	41.00
43.00 04300	NURSERY	3,296	0	0	0	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
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	339,869	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,910	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	13,827	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	249,981	0	0	0	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	52,883	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	42,626	0	0	0	55.00
55.01 05501	WOODLAND CANCER CARE CTR	8,237	0	0	0	55.01
56.00 05600	RADIOSOTYPE	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	60,780	0	0	0	59.00
60.00 06000	LABORATORY	160,144	0	0	0	60.00
60.01 06001	FS ED LAB	24,759	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	36,214	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	60,969	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	51,095	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,522	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	46,875	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	344,754	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.03 09003	INFUSION OP SERVICES	6,993	0	0	0	90.03

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICAL ANESTHETISTS	NURSING SCHOOL	
				IN SERVICE EDUCATION			
91.00	09100	EMERGENCY	140,903	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	31,341	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM ANALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPROVED PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILITY RATES-REVIEWS-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,899,663	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	NONPAID WORKERS	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	WORKING WELL	0	0	0	0	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	194.11
194.16	07966	PHYSICAL PRACTICE MD WIS	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	0	0	0	194.20
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,899,663	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Worksheet B

Part I

From 01/01/2017

To 12/31/2017

Date/Time Prepared:

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00		23.00	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBL EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01080 INSTITUTE EDUCATION						18.00
19.00 01900 NONPHYSICIANS ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	26,174,047	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	5,174,852	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	2,872,357	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	3,894,728	0	41.00
43.00 04300 NURSERY	0	0	0	999,684	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
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	17,309,231	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	2,231,672	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	208,605	0	53.00
54.00 05400 RADIOLGY-DIAGNOSTIC	0	0	0	8,713,879	0	54.00
54.01 05401 FSED RADIOLGY - DIAGNOSTIC	0	0	0	3,122,333	0	54.01
55.00 05500 RADIOLGY-THERAPEUTIC	0	0	0	3,999,875	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	2,851,847	0	55.01
56.00 05600 RADIOL SOTOP	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	4,695,982	0	59.00
60.00 06000 LABORATORY	0	0	0	8,617,140	0	60.00
60.01 06001 FS ED LAB	0	0	0	1,801,952	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,000,042	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,629,778	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	2,676,738	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,189,652	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,468,155	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	21,354,990	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CV RESOURCE CTR	0	0	0	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21. 00	22. 00	23. 00	24. 00	25. 00	
90. 00	09000	CLINIC	0	0	0	0	0	90. 00
90. 03	09003	INFUSION OP SERVICES	0	0	0	1, 062, 775	0	90. 03
91. 00	09100	EMERGENCY	0	0	0	11, 700, 942	0	91. 00
91. 01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	5, 795, 559	0	91. 01
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
OTHER REIMBURSABLE COST CENTERS								
94. 00	09400	HOME PROGRAM ANALYSIS	0	0	0	0	0	94. 00
95. 00	09500	AMBULANCE SERVICES	0	0	0	0	0	95. 00
96. 00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96. 00
97. 00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97. 00
98. 00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98. 00
99. 00	09900	CMHC	0	0	0	0	0	99. 00
99. 10	09910	CORF	0	0	0	0	0	99. 10
100. 00	10000	I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100. 00
101. 00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101. 00
SPECIAL PURPOSE COST CENTERS								
105. 00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105. 00
106. 00	10600	HEART ACQUISITION	0	0	0	0	0	106. 00
107. 00	10700	LIVER ACQUISITION	0	0	0	0	0	107. 00
108. 00	10800	LUNG ACQUISITION	0	0	0	0	0	108. 00
109. 00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109. 00
110. 00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110. 00
111. 00	11100	ISLET ACQUISITION	0	0	0	0	0	111. 00
113. 00	11300	INTEREST EXPENSE						113. 00
114. 00	11400	UTILITY LOCATION REVIEW-SNF						114. 00
115. 00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115. 00
116. 00	11600	HOSPICE						116. 00
118. 00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	156, 546, 815	0	118. 00
NONREIMBURSABLE COST CENTERS								
190. 00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	90, 561	0	190. 00
191. 00	19100	RESEARCH	0	0	0	0	0	191. 00
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192. 00
193. 00	19300	NONPAID WORKERS	0	0	0	0	0	193. 00
193. 01	19301	NONPAID WORKERS	0	0	0	0	0	193. 01
194. 00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194. 00
194. 01	07951	WORKING WELL	0	0	0	3, 909, 961	0	194. 01
194. 03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	584, 695	0	194. 03
194. 10	07960	DUNELAND FITNESS CTR	0	0	0	417, 686	0	194. 10
194. 11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	258, 246	0	194. 11
194. 16	07966	PHYSICIAN PRACTICE MD WIS	0	0	0	-196, 736	0	194. 16
194. 19	07969	HEALTH PARTNERS	0	0	0	74, 916	0	194. 19
194. 20	07970	CENTER OF HOPE	0	0	0	67, 066	0	194. 20
200. 00		Cross Foot Adjustments	0	0	0	0	0	200. 00
201. 00		Negative Cost Centers	0	0	0	0	0	201. 00
202. 00		TOTAL (sum lines 118 through 201)	0	0	0	161, 753, 210	0	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0015

Period:
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 CAP REL COSTS-MVBL EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500 ADMINISTRATIVE & GENERAL			5.00
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
18.00	01080 INSTITUTE EDUCATION			18.00
19.00	01900 NONPHYSICIANS ANESTHETISTS			19.00
20.00	02000 NURSING SCHOOL			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMEDICAL PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	26,174,047		30.00
31.00	03100 INTENSIVE CARE UNIT	5,174,852		31.00
32.00	03200 CORONARY CARE UNIT	0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - IPF	2,872,357		40.00
41.00	04100 SUBPROVIDER - IRF	3,894,728		41.00
43.00	04300 NURSERY	999,684		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
45.00	04500 NURSING FACILITY	0		45.00
46.00	04600 OTHER LONG TERM CARE	0		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	17,309,231		50.00
51.00	05100 RECOVERY ROOM	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,231,672		52.00
53.00	05300 ANESTHESIOLOGY	208,605		53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	8,713,879		54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	3,122,333		54.01
55.00	05500 RADIOLGY-THERAPEUTIC	3,999,875		55.00
55.01	05501 WOODLAND CANCER CARE CTR	2,851,847		55.01
56.00	05600 RADIOTISOTEPE	0		56.00
57.00	05700 CT SCAN	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	4,695,982		59.00
60.00	06000 LABORATORY	8,617,140		60.00
60.01	06001 FSED LAB	1,801,952		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0		64.00
65.00	06500 RESPIRATORY THERAPY	2,000,042		65.00
66.00	06600 PHYSICAL THERAPY	4,629,778		66.00
67.00	06700 OCCUPATIONAL THERAPY	0		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	2,676,738		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,189,652		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,468,155		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,354,990		73.00
74.00	07400 RENAL DIALYSIS	0		74.00
75.00	07500 ASC (NON-DIAGNOSTIC PART)	0		75.00
76.00	03020 CV RESOURCE CTR	0		76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	0		90.00
90.03	09003 INFUSION OP SERVICES	1,062,775		90.03
91.00	09100 EMERGENCY	11,700,942		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	5,795,559		91.01
92.00	09200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
94.00	OTHER REIMBURSABLE COST CENTERS		
09400	HOME PROGRAM ANALYSIS	0	94.00
09500	AMBULANCE SERVICES	0	95.00
09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	96.00
09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	97.00
09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
09900	CMHC	0	99.00
09910	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTERINE REVERSAL-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	156,546,815	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	90,561	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
193.01	NONPAID WORKERS	0	193.01
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
07950	WORKING WELL	3,909,961	194.01
07953	OTHER NONREIMBURSABLE COST CENTERS	584,695	194.03
07960	DUNELAND FITNESS CTR	417,686	194.10
07961	OMNI HEALTH & FITNESS CHESTERTOWN	258,246	194.11
07966	PHYSICIAN PRACTICE MD WIS	-196,736	194.16
07969	HEALTH PARTNERS	74,916	194.19
07970	CENTER OF HOPE	67,066	194.20
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	161,753,210	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
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Part II
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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	2.00	2A	4.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	86,223	12,380	98,603	98,603
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,290,803	1,323,839	2,614,642	9,903
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	1,125,873	2,257,039	3,382,912	4,850
8.00 00800	LAUNDRY & LINEN SERVICE	0	99,401	110	99,511	0
9.00 00900	HOUSEKEEPING	0	163,194	7,732	170,926	2,460
10.00 01000	DIETARY	0	71,214	19,682	90,896	705
11.00 01100	CAFETERIA	0	168,902	0	168,902	1,860
13.00 01300	NURSING ADMINISTRATION	0	40,602	174,893	215,495	4,482
14.00 01400	CENTRAL SERVICES & SUPPLY	0	157,033	88,465	245,498	236
15.00 01500	PHARMACY	0	75,115	2,546	77,661	4,527
16.00 01600	MEDICAL RECORDS & LIBRARY	0	69,549	219,899	289,448	20
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	INSTITUTE EDUCATION	0	0	0	0	0
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,563,174	179,754	1,742,928	18,647
31.00 03100	INTENSIVE CARE UNIT	0	140,264	182,128	322,392	4,249
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	148,899	11,408	160,307	2,116
41.00 04100	SUBPROVIDER - IRF	0	269,492	44,769	314,261	2,705
43.00 04300	NURSERY	0	21,383	327	21,710	797
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	449,812	1,310,235	1,760,047	9,745
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	171,543	0	171,543	1,430
53.00 05300	ANESTHESIOLOGY	0	12,987	7,136	20,123	78
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	430,736	820,217	1,250,953	5,501
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	68,146	996,067	1,064,213	1,464
55.00 05500	RADIOLOGY-THERAPEUTIC	0	213,025	261,435	474,460	1,272
55.01 05501	WOODLAND CANCER CARE CTR	0	254,174	962	255,136	1,461
56.00 05600	RADIOSIPOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	103,016	1,099,002	1,202,018	1,794
60.00 06000	LABORATORY	0	213,572	7,451	221,023	0
60.01 06001	FS ED LAB	0	30,921	107	31,028	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	47,643	29,809	77,452	1,829
66.00 06600	PHYSICAL THERAPY	0	32,824	12,940	45,764	1,449
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	131,630	152,750	284,380	1,833
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CV RESOURCE CTR	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0

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ALLOCATION OF CAPITAL RELATED COSTS

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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	2.00	2A	4.00
90.03 09003	INFUSION OP SERVICES	0	33,134	2,756	35,890	564
91.00 09100	EMERGENCY	0	477,903	125,084	602,987	6,740
91.01 09101	FREE STANDING EMERGENCY DEPT	0	508,562	537,486	1,046,048	2,494
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM ANALYSIS	0	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	0
106.00 10600	HEART ACQUISITION	0	0	0	0	0
107.00 10700	LIVER ACQUISITION	0	0	0	0	0
108.00 10800	LUNG ACQUISITION	0	0	0	0	0
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE					0
114.00 11400	UTERINE REVERSAL-SNF					0
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	8,670,749	9,888,408	18,559,157	95,211
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	23,429	0	23,429	0
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
193.01 19301	NONPAID WORKERS	0	0	0	0	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	WORKING WELL	0	0	106,906	106,906	3,311
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	144,617	20,169	164,786	0
194.10 07960	DUNELAND FITNESS CTR	0	108,059	0	108,059	0
194.11 07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	204,080	204,080	0
194.16 07966	PHYSICIAN PRACTICE MD WIS	0	0	5,766	5,766	8
194.19 07969	HEALTH PARTNERS	0	0	26,830	26,830	0
194.20 07970	CENTER OF HOPE	0	0	671	671	73
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	0	8,946,854	10,252,830	19,199,684	98,603

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

Period:
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Cost Center Description	ADMINTISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINTISTRATIVE & GENERAL	2,624,545				5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00 00700	OPERATION OF PLANT	219,299	0	3,607,061		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	10,460	0	55,640	165,611	8.00
9.00 00900	HOUSEKEEPING	43,769	0	91,349	0	308,504
10.00 01000	DIETARY	14,508	0	39,863	66	3,554
11.00 01100	CAFETERIA	27,598	0	94,545	0	8,430
13.00 01300	NURSING ADMINTISTRATON	83,071	0	22,727	0	2,026
14.00 01400	CENTRAL SERVICES & SUPPLY	34,940	0	87,901	0	7,837
15.00 01500	PHARMACY	338,517	0	42,046	0	3,749
16.00 01600	MEDICAL RECORDS & LIBRARY	27,810	0	38,931	0	3,471
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01080	IN SERVICE EDUCATION	0	0	0	0	0
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	300,252	0	875,000	77,838	78,018
31.00 03100	INTENSIVE CARE UNIT	64,018	0	78,514	8,281	7,000
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	32,088	0	83,347	18,217	7,431
41.00 04100	SUBPROVIDER - IRF	44,798	0	150,851	6,624	13,450
43.00 04300	NURSERY	12,771	0	11,970	50	1,067
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	206,897	0	251,786	8,777	22,450
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,625	0	96,022	0	8,561
53.00 05300	ANESTHESIOLOGY	2,546	0	7,270	0	648
54.00 05400	RADIOLOGY-DIAGNOSTIC	113,835	0	241,108	6,657	21,497
54.01 05401	FSED RADIOLGY - DIAGNOSTIC	45,981	0	38,145	0	3,401
55.00 05500	RADIOLOGY-THERAPEUTIC	54,592	0	119,243	83	10,632
55.01 05501	WOODLAND CANCER CARE CTR	32,527	0	142,276	1,656	12,686
56.00 05600	RADIOISOTOPES	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	62,368	0	57,664	50	5,141
60.00 06000	LABORATORY	127,861	0	119,549	0	10,659
60.01 06001	FS ED LAB	27,462	0	17,309	0	1,543
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	28,631	0	26,668	0	2,378
66.00 06600	PHYSICAL THERAPY	71,209	0	18,374	4,968	1,638
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	34,308	0	73,681	828	6,569
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,306	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	217,210	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CV RESOURCE CTR	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.03 09003	INFUSION OP SERVICES	14,112	0	18,547	50	1,654
91.00 09100	EMERGENCY	149,878	0	267,510	16,561	23,852
91.01 09101	FREE STANDING EMERGENCY DEPT	65,043	0	284,672	6,624	25,382
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILITY PAYMENT REVIEWS-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,552,290		3,452,508	157,330	294,724	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	481	0	13,115	0	1,169	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 NONPAID WORKERS	0	0	0	0	0	193.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 WORKING WELL	60,452	0	0	0	0	194.01
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	3,387	0	80,951	0	7,218	194.03
194.10	07960 DUNELAND FITNESS CTR	2,220	0	60,487	0	5,393	194.10
194.11	07961 OMNI HEALTH & FITNESS CHESTERTOWN	4,179	0	0	0	0	194.11
194.16	07966 PHYSICIAN PRACTICE MD WISCONSIN	0	0	0	0	0	194.16
194.19	07969 HEALTH PARTNERS	520	0	0	0	8,281	194.19
194.20	07970 CENTER OF HOPE	1,016	0	0	0	0	194.20
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,624,545		3,607,061	165,611	308,504	202.00

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATION & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY	149,592				10.00
11.00 01100	CAFETERIA	0	301,335			11.00
13.00 01300	NURSING ADMINISTRATION	0	16,644	344,445		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	1,678	0	378,090	14.00
15.00 01500	PHARMACY	0	14,021	0	2,651	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	109	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01080	INSTITUTE EDUCATION	0	0	0	0	18.00
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	97,481	68,369	111,261	19,004	0
31.00 03100	INTENSIVE CARE UNIT	14,361	14,387	34,977	6,654	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	17,576	9,595	12,842	207	0
41.00 04100	SUBPROVIDER - IRF	14,433	10,579	11,946	1,174	0
43.00 04300	NURSERY	5,741	2,650	5,859	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	41,441	55,240	266,641	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	4,754	10,498	0	0
53.00 05300	ANESTHESIOLOGY	0	530	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	22,939	2,865	10,245	0
54.01 05401	FSERD RADIOLOGY - DIAGNOSTIC	0	5,787	0	1,501	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	3,787	0	538	0
55.01 05501	WOODLAND CANCER CARE CTR	0	5,404	7,438	1,659	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	5,726	8,968	48,921	0
60.00 06000	LABORATORY	0	0	0	311	0
60.01 06001	FS ED LAB	0	0	0	10	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	7,797	16	2,252	0
66.00 06600	PHYSICAL THERAPY	0	5,688	537	1,342	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	7,164	6,608	889	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	483,172
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020	CV RESOURCE CTR	0	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.03 09003	INFUSION SERVICES	0	2,120	5,046	585	0
91.00 09100	EMERGENCY	0	25,687	46,272	10,369	0
91.01 09101	FREE STANDING EMERGENCY DEPT	0	8,442	20,426	1,934	0

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMISSIONS	CENTRAL SERVICES & SUPPLY	PHARMACY	
						10.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	149,592	285,298	340,799	376,887	483,172	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONPAID WORKERS	0	0	0	0	0	193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 WORKING WELL	0	15,786	3,483	1,202	0	194.01
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.10 07960 DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	1	0	194.11
194.16 07966 PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19 07969 HEALTH PARTNERS	0	5	0	0	0	194.19
194.20 07970 CENTER OF HOPE	0	246	163	0	0	194.20
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	149,592	301,335	344,445	378,090	483,172	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIANS/ANESTHETISTS	NURSING SCHOOL	
			INSERVICE EDUCATION			
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	359,789	0			16.00
17.00 01700	SOCIAL SERVICE	0	0			17.00
18.00 01080	INSERVICE EDUCATION	0	0	0		18.00
19.00 01900	NONPHYSICIANS/ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPROVED	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPROVED	0	0	0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,971	0	0		30.00
31.00 03100	INTENSIVE CARE UNIT	3,187	0	0		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0		32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00 04000	SUBPROVIDER - IPF	2,386	0	0		40.00
41.00 04100	SUBPROVIDER - IRF	3,698	0	0		41.00
43.00 04300	NURSERY	624	0	0		43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00 04500	NURSING FACILITY	0	0	0		45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	64,365	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,119	0	0		52.00
53.00 05300	ANESTHESIOLOGY	2,619	0	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	47,342	0	0		54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	10,015	0	0		54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	8,073	0	0		55.00
55.01 05501	WOODLAND CANCER CARE CTR	1,560	0	0		55.01
56.00 05600	RADIOISOTOPES	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	11,511	0	0		59.00
60.00 06000	LABORATORY	30,329	0	0		60.00
60.01 06001	FS ED LAB	4,689	0	0		60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	6,858	0	0		65.00
66.00 06600	PHYSICAL THERAPY	11,546	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	9,677	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,083	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,877	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	65,316	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 03020	CV RESOURCE CTR	0	0	0		76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0		77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000	CLINIC	0	0	0		90.00
90.03 09003	INFUSION OP SERVICES	1,324	0	0		90.03

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICAL ANESTHETISTS	NURSING SCHOOL	
				INSERVICE EDUCATION			
91.00	09100	EMERGENCY		26,685	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT		5,935	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS				16.00	17.00	18.00	19.00
94.00	09400	HOME PROGRAM ANALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900	CMHC		0	0	0	99.00
99.10	09910	CORF		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPROVED PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILITY ZATION REVIEWS-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)		359,789	0	0	0
NONREIMBURSABLE COST CENTERS							118.00
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	19300	NONPAID WORKERS		0	0	0	193.00
193.01	19301	NONPAID WORKERS		0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.00
194.01	07951	WORKING WELL		0	0	0	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR		0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN		0	0	0	194.11
194.16	07966	PHYSICAL PRACTICE MD WIS		0	0	0	194.16
194.19	07969	HEALTH PARTNERS		0	0	0	194.19
194.20	07970	CENTER OF HOPE		0	0	0	194.20
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)		359,789	0	0	0

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	25.00
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00		23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01800	INSTITUTE EDUCATION					18.00
19.00 01900	NONPHYSICAL ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00 02300	PARAMED ED PRGM-(SPECI FY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				3,409,769	0
31.00 03100	INTENSIVE CARE UNIT				558,020	0
32.00 03200	CORONARY CARE UNIT				0	0
33.00 03300	BURN INTENSIVE CARE UNIT				0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	0
40.00 04000	SUBPROVIDER - IPF				346,112	0
41.00 04100	SUBPROVIDER - IRF				574,519	0
43.00 04300	NURSERY				63,239	0
44.00 04400	SKILLED NURSING FACILITY				0	0
45.00 04500	NURSING FACILITY				0	0
46.00 04600	OTHER LONG TERM CARE				0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				2,687,389	0
51.00 05100	RECOVERY ROOM				0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM				319,552	0
53.00 05300	ANESTHESIOLOGY				33,814	0
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,722,942	0
54.01 05401	FSERD RADIOLOGY - DIAGNOSTIC				1,170,507	0
55.00 05500	RADIOLOGY-THERAPEUTIC				672,680	0
55.01 05501	WOODLAND CANCER CARE CTR				461,803	0
56.00 05600	RADIOISOTOPES				0	0
57.00 05700	CT SCAN				0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0
59.00 05900	CARDIAC CATHETERIZATION				1,404,161	0
60.00 06000	LABORATORY				509,732	0
60.01 06001	FS ED LAB				82,041	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				0	0
64.00 06400	INTRAVENOUS THERAPY				0	0
65.00 06500	RESPIRATORY THERAPY				153,881	0
66.00 06600	PHYSICAL THERAPY				162,515	0
67.00 06700	OCCUPATIONAL THERAPY				0	0
68.00 06800	SPEECH PATHOLOGY				0	0
69.00 06900	ELECTROCARDIOLOGY				425,937	0
70.00 07000	ELECTROENCEPHALOGRAPHY				0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				29,389	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				226,087	0
73.00 07300	DRUGS CHARGED TO PATIENTS				548,488	0
74.00 07400	RENAL DIALYSIS				0	0
75.00 07500	ASC (NON-DISTINCT PART)				0	0
76.00 03020	CV RESOURCE CTR				0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION				0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC				0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	23.00	24.00	25.00	
90.00	09000	CLINIC				0	0	90.00
90.03	09003	INFUSION OP SERVICES				79,892	0	90.03
91.00	09100	EMERGENCY				1,176,541	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT				1,467,000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM ANALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS				0	0	98.00
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPROVED PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				0	0	105.00
106.00	10600	HEART ACQUISITION				0	0	106.00
107.00	10700	LIVER ACQUISITION				0	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE					0	113.00
114.00	11400	UTERINE REVERSAL-SNF					0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	18,286,010	0118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN				38,194	0	190.00
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
193.01	19301	NONPAID WORKERS				0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
194.01	07951	WORKING WELL				191,140	0	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS				256,342	0	194.03
194.10	07960	DUNELAND FITNESS CTR				176,159	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN				208,260	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WIS				5,774	0	194.16
194.19	07969	HEALTH PARTNERS				35,636	0	194.19
194.20	07970	CENTER OF HOPE				2,169	0	194.20
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)		0	0	0	19,199,684	0202.00

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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 CAP REL COSTS-MVBL EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500 ADMINISTRATIVE & GENERAL			5.00
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
18.00	01080 INSTITUTE EDUCATION			18.00
19.00	01900 NONPHYSICIANS ANESTHETISTS			19.00
20.00	02000 NURSING SCHOOL			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMEDICAL PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	3,409,769		30.00
31.00	03100 INTENSIVE CARE UNIT	558,020		31.00
32.00	03200 CORONARY CARE UNIT	0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	04000 SUBPROVIDER - IPF	346,112		40.00
41.00	04100 SUBPROVIDER - IRF	574,519		41.00
43.00	04300 NURSERY	63,239		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
45.00	04500 NURSING FACILITY	0		45.00
46.00	04600 OTHER LONG TERM CARE	0		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,687,389		50.00
51.00	05100 RECOVERY ROOM	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	319,552		52.00
53.00	05300 ANESTHESIOLOGY	33,814		53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	1,722,942		54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	1,170,507		54.01
55.00	05500 RADIOLGY-THERAPEUTIC	672,680		55.00
55.01	05501 WOODLAND CANCER CARE CTR	461,803		55.01
56.00	05600 RADIOTISOTEPE	0		56.00
57.00	05700 CT SCAN	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,404,161		59.00
60.00	06000 LABORATORY	509,732		60.00
60.01	06001 FS ED LAB	82,041		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0		64.00
65.00	06500 RESPIRATORY THERAPY	153,881		65.00
66.00	06600 PHYSICAL THERAPY	162,515		66.00
67.00	06700 OCCUPATIONAL THERAPY	0		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	425,937		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,389		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	226,087		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	548,488		73.00
74.00	07400 RENAL DIALYSIS	0		74.00
75.00	07500 ASC (NON-DIAGNOSTIC PART)	0		75.00
76.00	03020 CV RESOURCE CTR	0		76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0		77.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	0		90.00
90.03	09003 INFUSION/OP SERVICES	79,892		90.03
91.00	09100 EMERGENCY	1,176,541		91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	1,467,000		91.01
92.00	09200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)			92.00

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Cost Center Description	Total		
		26.00	
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM ANALYSIS	0		94.00
95.00 09500 AMBULANCE SERVICES	0		95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0		96.00
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0		98.00
99.00 09900 CMHC	0		99.00
99.10 09910 CORF	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00 10100 HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS			
105.00 10500 KIDNEY ACQUISITION	0		105.00
106.00 10600 HEART ACQUISITION	0		106.00
107.00 10700 LIVER ACQUISITION	0		107.00
108.00 10800 LUNG ACQUISITION	0		108.00
109.00 10900 PANCREAS ACQUISITION	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0		110.00
111.00 11100 ISLET ACQUISITION	0		111.00
113.00 11300 INTEREST EXPENSE			113.00
114.00 11400 UTILITY RENTAL REVIEWS-SNF			114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0		115.00
116.00 11600 HOSPICE	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	18,286,010		118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,194		190.00
191.00 19100 RESEARCH	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00 19300 NONPAID WORKERS	0		193.00
193.01 19301 NONPAID WORKERS	0		193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01 07951 WORKING WELL	191,140		194.01
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	256,342		194.03
194.10 07960 DUNELAND FITNESS CTR	176,159		194.10
194.11 07961 OMNI HEALTH & FITNESS CHESTERTOWN	208,260		194.11
194.16 07966 PHYSICIAN PRACTICE MD WIS	5,774		194.16
194.19 07969 HEALTH PARTNERS	35,636		194.19
194.20 07970 CENTER OF HOPE	2,169		194.20
200.00 Cross Foot Adjustments	0		200.00
201.00 Negative Cost Centers	0		201.00
202.00 TOTAL (sum lines 118 through 201)	19,199,684		202.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	376,144				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,787,072			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,625	16,647	47,894,563		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	54,268	1,780,179	4,809,776	-34,429,320	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	47,334	3,035,058	2,355,525	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,179	148	0	0	8.00
9.00 00900	HOUSEKEEPING	6,861	10,397	1,194,556	0	9.00
10.00 01000	DIETARY	2,994	26,466	342,409	0	10.00
11.00 01100	CAFETERIA	7,101	0	903,134	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,707	235,180	2,176,945	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,602	118,960	114,620	0	14.00
15.00 01500	PHARMACY	3,158	3,424	2,198,815	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,924	295,700	9,807	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01800	IN SERVICE EDUCATION	0	0	0	0	18.00
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	65,719	241,717	9,061,250	0	14,613,640
31.00 03100	INTENSIVE CARE UNIT	5,897	244,909	2,063,791	0	3,115,831
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	6,260	15,341	1,027,742	0	1,561,752
41.00 04100	SUBPROVIDER - IRF	11,330	60,201	1,313,525	0	2,180,353
43.00 04300	NURSERY	899	440	387,253	0	621,600
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,911	1,761,885	4,732,832	0	10,069,924
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,212	0	694,395	0	1,247,223
53.00 05300	ANESTHESIOLOGY	546	9,596	37,838	0	123,900
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,109	1,102,954	2,671,492	0	5,540,477
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	2,865	1,339,421	711,066	0	2,237,959
55.00 05500	RADIOLOGY-THERAPEUTIC	8,956	351,554	618,008	0	2,657,081
55.01 05501	WOODLAND CANCER CARE CTR	10,686	1,293	709,721	0	1,583,132
56.00 05600	RADIOISOTOPES	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	4,331	1,477,838	871,180	0	3,035,535
60.00 06000	LABORATORY	8,979	10,019	0	0	6,223,163
60.01 06001	FS ED LAB	1,300	144	0	0	1,336,608
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,003	40,085	888,114	0	1,393,488
66.00 06600	PHYSICAL THERAPY	1,380	17,401	703,846	0	3,465,834
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	5,534	205,405	890,371	0	1,669,821
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	890,985
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,571,866
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	218,914	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00				
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	1,393	3,706	274,140	0	686,853	90.03
91.00	09100	EMERGENCY	20,092	168,202	3,273,404	0	7,294,745	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	21,381	722,762	1,211,355	0	3,165,706	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM ANALYSIS		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS		0	0	0	0	98.00
99.00	09900	CMHC		0	0	0	0	99.00
99.10	09910	CORF		0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPROVED PRGM		0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION		0	0	0	0	105.00
106.00	10600	HEART ACQUISITION		0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION		0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION		0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTERINE REVERSAL-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	364,536	13,297,032	46,246,910	-34,210,406	124,222,764	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	985	0	0	0	23,429	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	NONPAID WORKERS	0	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	WORKING WELL	0	143,757	1,607,923	0	2,942,268	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	6,080	27,121	0	0	164,858	194.03
194.10	07960	DUNELAND FITNESS CTR	4,543	0	0	0	108,059	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	274,428	0	0	203,412	194.11
194.16	07966	PHYSICIAN PRACTICE MD WIS	0	7,753	4,056	196,736	0	194.16
194.19	07969	HEALTH PARTNERS	0	36,079	0	0	25,294	194.19
194.20	07970	CENTER OF HOPE	0	902	35,674	0	49,456	194.20
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)	8,946,854	10,252,830	16,394,287		34,429,320	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.785715	0.743655	0.342300		0.269528	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			98,603		2,624,545	204.00
205.00		Unit cost multiplier (Wkst. B, Part III)			0.002059		0.020546	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS										
1.00 00100	CAP REL COSTS-BLDG & FIXT									1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP									2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT									4.00
5.00 00500	ADMINISTRATIVE & GENERAL									5.00
6.00 00600	MAINTENANCE & REPAIRS	318,251								6.00
7.00 00700	OPERATION OF PLANT	47,334	270,917	719,957						7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,179	4,179							8.00
9.00 00900	HOUSEKEEPING	6,861	6,861	0	259,877					9.00
10.00 01000	DIETARY	2,994	2,994	288	2,994	116,065				10.00
11.00 01100	CAFETERIA	7,101	7,101	0	7,101					11.00
13.00 01300	NURSING ADMINISTRATION	1,707	1,707	0	1,707					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,602	6,602	0	6,602					14.00
15.00 01500	PHARMACY	3,158	3,158	0	3,158					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,924	2,924	0	2,924					16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0					17.00
18.00 01080	INSTRUCTION EDUCATION	0	0	0	0					18.00
19.00 01900	NONPHYSICALIAN ANESTHETISTS	0	0	0	0					19.00
20.00 02000	NURSING SCHOOL	0	0	0	0					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPROVED	0	0	0	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPROVED	0	0	0	0					22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00 03000	ADULTS & PEDIATRICS	65,719	65,719	338,379	65,719	75,634				30.00
31.00 03100	INTENSIVE CARE UNIT	5,897	5,897	35,998	5,897	11,142				31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0					32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0					34.00
40.00 04000	SUBPROVIDER - IPPF	6,260	6,260	79,195	6,260	13,637				40.00
41.00 04100	SUBPROVIDER - IRF	11,330	11,330	28,798	11,330	11,198				41.00
43.00 04300	NURSERY	899	899	216	899	4,454				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
46.00 04600	OTHER LONG TERM CARE	0	0	0	0					46.00
ANCILLARY SERVICE COST CENTERS										
50.00 05000	OPERATING ROOM	18,911	18,911	38,158	18,911					50.00
51.00 05100	RECOVERY ROOM	0	0	0	0					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,212	7,212	0	7,212					52.00
53.00 05300	ANESTHESIOLOGY	546	546	0	546					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,109	18,109	28,942	18,109					54.00
54.01 05401	FSED RADILOGY - DIAGNOSTIC	2,865	2,865	0	2,865					54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	8,956	8,956	360	8,956					55.00
55.01 05501	WOODLAND CANCER CARE CTR	10,686	10,686	7,200	10,686					55.01
56.00 05600	RADIOSCOPE	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	4,331	4,331	216	4,331					59.00
60.00 06000	LABORATORY	8,979	8,979	0	8,979					60.00
60.01 06001	FS ED LAB	1,300	1,300	0	1,300					60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0					62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0					63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0					64.00
65.00 06500	RESPIRATORY THERAPY	2,003	2,003	0	2,003					65.00
66.00 06600	PHYSICAL THERAPY	1,380	1,380	21,599	1,380					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	5,534	5,534	3,600	5,534					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0					71.00
72.00 07200	IMPL. DEV. CHARGED TO 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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0					75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0					76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0					77.00
OUTPATIENT SERVICE COST CENTERS										
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0					89.00
90.00 09000	CLINIC	0	0	0	0					90.00
90.03 09003	INFUSION OP SERVICES	1,393	1,393	216	1,393					90.03
91.00 09100	EMERGENCY	20,092	20,092	71,996	20,092					91.00

5/30/2018 6:06 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet B-1
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
6.00	7.00	8.00	9.00	10.00			
91.01	09101 FREE STANDING EMERGENCY DEPT	21,381	21,381	28,798	21,381	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILITY RENTAL REVIEWS-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	306,643	259,309	683,959	248,269	116,065	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	985	985	0	985	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 NONPAID WORKERS	0	0	0	0	0	193.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 WORKING WELL	0	0	0	0	0	194.01
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	6,080	6,080	0	6,080	0	194.03
194.10	07960 DUNELAND FITNESS CTR	4,543	4,543	0	4,543	0	194.10
194.11	07961 OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966 PHYSICIAN PRACTICE MD WISCONSIN	0	0	0	0	0	194.16
194.19	07969 HEALTH PARTNERS	0	0	35,998	0	0	194.19
194.20	07970 CENTER OF HOPE	0	0	0	0	0	194.20
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	13,550,387	855,315	3,047,614	1,081,661	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	50.016747	1.188008	11.727140	9,319442	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	3,607,061	165,611	308,504	149,592	204.00
205.00	Unit cost multiplier (Wkst. B, Part III)	0.000000	13.314266	0.230029	1.187115	1.288864	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

Worksheet B-1

Period:
From 01/01/2017
To 12/31/2017Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBL EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
6.00	00600 MAINTENANCE & REPAIRS						6.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA	55,147	21,163				11.00
13.00	01300 NURSING ADMINISTRATION	3,046					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	307	0	10,695,884			14.00
15.00	01500 PHARMACY	2,566	0	74,998	100		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	20	0	0	0	681,464,005	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01080 INSERVICE EDUCATION	0	0	0	0	0	18.00
19.00	01900 NONPHYSICIANS ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPROVED	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPROVED	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,512	6,836	537,603	0	39,716,894	30.00
31.00	03100 INTENSIVE CARE UNIT	2,633	2,149	188,246	0	6,035,896	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	1,756	789	5,856	0	4,518,415	40.00
41.00	04100 SUBPROVIDER - IRF	1,936	734	33,211	0	7,004,683	41.00
43.00	04300 NURSERY	485	360	0	0	1,182,213	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
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,584	3,394	7,543,119	0	121,904,193	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	870	645	0	0	2,119,859	52.00
53.00	05300 ANESTHESIOLOGY	97	0	0	0	4,959,612	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	4,198	176	289,824	0	89,663,221	54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	1,059	0	42,458	0	18,968,256	54.01
55.00	05500 RADIOLGY-THERAPEUTIC	693	0	15,208	0	15,288,947	55.00
55.01	05501 WOODLAND CANCER CARE CTR	989	457	46,918	0	2,954,303	55.01
56.00	05600 RADIOSOTOPES	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	1,048	551	1,383,929	0	21,800,576	59.00
60.00	06000 LABORATORY	0	0	8,787	0	57,440,436	60.00
60.01	06001 FED LAB	0	0	269	0	8,880,592	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,427	1	63,710	0	12,989,208	65.00
66.00	06600 PHYSICAL THERAPY	1,041	33	37,959	0	21,868,326	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,311	406	25,152	0	18,326,722	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	20,990,525	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,813,251	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	100	123,749,311	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CV RESOURCE CTR	0	0	0	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	09003 INFUSION OP SERVICES	388	310	16,548	0	2,508,402	90.03

5/30/2018 6:06 pm

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	4,701	2,843	293,333	0	50,538,926
91.01	09101	FREE STANDING EMERGENCY DEPT	1,545	1,255	54,704	0	11,241,238
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM ANALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPROVED PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILITY RENTALS-REVIEWS-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,212	20,939	10,661,832	100	681,464,005
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	NONPAID WORKERS	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	WORKING WELL	2,889	214	34,013	0	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	39	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WIS	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	1	0	0	0	194.19
194.20	07970	CENTER OF HOPE	45	10	0	0	194.20
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,143,686	5,356,726	2,578,502	21,229,150	1,899,663
203.00		Unit cost multiplier (Wkst. B, Part I)	38.872214	253,117516	0.241074	212,291,500000	0.002788
204.00		Cost to be allocated (per Wkst. B, Part II)	301,335	344,445	378,090	483,172	359,789
205.00		Unit cost multiplier (Wkst. B, Part III)	5.464214	16,275812	0.035349	4,831,720000	0.000528
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0015

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICAL ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
		IN SERVICE EDUCATION (TIME SPENT)			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		17.00	18.00	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	0				17.00
18.00 01080	IN SERVICE EDUCATION	0	0			18.00
19.00 01900	NONPHYSICAL ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0		0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	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
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
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
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	0	0	0	55.01
56.00 05600	RADIOSOTYPE	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
60.01 06001	FS ED LAB	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO 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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00

5/30/2018 6:06 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICAL ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
			IN SERVICE EDUCATION (TIME SPENT)			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)		
			17.00	18.00	19.00	20.00	21.00	
90.03	09003	INFUSION OP SERVICES	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM ANALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPROVED PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	NONPAID WORKERS	0	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	WORKING WELL	0	0	0	0	0	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	0	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	0	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	0	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	0	0	0	194.19
194.20	07970	CENTER OF HOPE	0	0	0	0	0	194.20
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part III)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	23.00	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200	CAP REL COSTS-MVBL EQUIP			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500	ADMINISTRATIVE & GENERAL			5.00
6.00 00600	MAINTENANCE & REPAIRS			6.00
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
18.00 01080	INSTITUTE EDUCATION			18.00
19.00 01900	NONPHYSICAL ANESTHETISTS			19.00
20.00 02000	NURSING SCHOOL			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	41.00
43.00 04300	NURSERY	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	FSR RADIOLGY - DIAGNOSTIC	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	0	55.01
56.00 05600	RADIOTRONE	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
60.01 06001	FS ED LAB	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO 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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020	CV RESOURCE CTR	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	23.00	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00			
90.03	09003	INFUSION OP SERVICES	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM ANALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPROVED PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	NONPAID WORKERS	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	WORKING WELL	0	0	194.01
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.10	07960	DUNELAND FITNESS CTR	0	0	194.10
194.11	07961	OMNI HEALTH & FITNESS CHESTERTOWN	0	0	194.11
194.16	07966	PHYSICIAN PRACTICE MD WISW	0	0	194.16
194.19	07969	HEALTH PARTNERS	0	0	194.19
194.20	07970	CENTER OF HOPE	0	0	194.20
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part III)	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital Costs Total Costs		
			Total Costs	RCE Disallowance			
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	26,174,047		26,174,047	5,980	26,180,027	30.00
31.00 03100	INTENSIVE CARE UNIT	5,174,852		5,174,852	0	5,174,852	31.00
32.00 03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	2,872,357		2,872,357	3,273	2,875,630	40.00
41.00 04100	SUBPROVIDER - IRF	3,894,728		3,894,728	0	3,894,728	41.00
43.00 04300	NURSERY	999,684		999,684	0	999,684	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
46.00 04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	17,309,231		17,309,231	7,025	17,316,256	50.00
51.00 05100	RECOVERY ROOM	0		0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,231,672		2,231,672	0	2,231,672	52.00
53.00 05300	ANESTHESIOLOGY	208,605		208,605	2,288	210,893	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,713,879		8,713,879	0	8,713,879	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	3,122,333		3,122,333	0	3,122,333	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	3,999,875		3,999,875	4,660	4,004,535	55.00
55.01 05501	WOODLAND CANCER CARE CTR	2,851,847		2,851,847	0	2,851,847	55.01
56.00 05600	RADIOISOTOPES	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	4,695,982		4,695,982	3,576	4,699,558	59.00
60.00 06000	LABORATORY	8,617,140		8,617,140	12,826	8,629,966	60.00
60.01 06001	FS ED LAB	1,801,952		1,801,952	0	1,801,952	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,000,042	0	2,000,042	721	2,000,763	65.00
66.00 06600	PHYSICAL THERAPY	4,629,778	0	4,629,778	0	4,629,778	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	2,676,738		2,676,738	0	2,676,738	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,189,652		1,189,652	0	1,189,652	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,468,155		13,468,155	0	13,468,155	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	21,354,990		21,354,990	0	21,354,990	73.00
74.00 07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00 07500	ASC (NON-DI STINCT PART)	0		0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0		0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000	CLINIC	0		0	0	0	90.00
90.03 09003	INFUSION SERVICES	1,062,775		1,062,775	1,620	1,064,395	90.03
91.00 09100	EMERGENCY	11,700,942		11,700,942	7,812	11,708,754	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	5,795,559		5,795,559	10,694	5,806,253	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,130,785		5,130,785	0	5,130,785	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0		0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0		0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00 09900	CMHC	0		0	0	0	99.00
99.10 09910	CORF	0		0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0		0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 10600	HEART ACQUISITION	0		0	0	0	106.00
107.00 10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00 10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00 10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0		0	0	0	111.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital Costs	PPS
			Total Costs	RCE Disallowance		
113.00 11300 INTEREST EXPENSE	1.00	2.00	3.00	4.00	5.00	113.00
114.00 11400 UTILITY EXPENSE-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0		0			0
116.00 11600 HOSPICE	0		0			0
200.00 Subtotal (see instructions)	161,677,600		161,677,600	60,475	161,738,075	200.00
201.00 Less Observation Beds	5,130,785		5,130,785		5,130,785	201.00
202.00 Total (see instructions)	156,546,815		156,546,815	60,475	156,607,290	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
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			Title XVIII		Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,007,365		34,007,365		30.00	
31.00	03100	INTENSIVE CARE UNIT	6,035,896		6,035,896		31.00	
32.00	03200	CORONARY CARE UNIT	0		0		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00	
40.00	04000	SUBPROVIDER - IPF	4,518,415		4,518,415		40.00	
41.00	04100	SUBPROVIDER - IRF	7,004,683		7,004,683		41.00	
43.00	04300	NURSERY	1,182,213		1,182,213		43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00	
45.00	04500	NURSING FACILITY	0		0		45.00	
46.00	04600	OTHER LONG TERM CARE	0		0		46.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,948,393	92,955,800	121,904,193	0.141990	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,910,298	209,561	2,119,859	1.052745	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,776,384	3,183,228	4,959,612	0.042061	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,733,462	69,929,759	89,663,221	0.097185	0.000000	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	995,361	17,972,895	18,968,256	0.164608	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,443,557	13,845,390	15,288,947	0.261619	0.000000	55.00
55.01	05501	WOODLAND CANCER CARE CTR	34,225	2,920,078	2,954,303	0.965320	0.000000	55.01
56.00	05600	RADIOSCOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,931,491	11,869,085	21,800,576	0.215406	0.000000	59.00
60.00	06000	LABORATORY	21,640,148	35,800,288	57,440,436	0.150019	0.000000	60.00
60.01	06001	FS ED LAB	60,174	8,820,418	8,880,592	0.202909	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,435,888	1,553,320	12,989,208	0.153977	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,539,150	17,329,176	21,868,326	0.211712	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,345,960	11,980,762	18,326,722	0.146057	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,788,377	11,202,148	20,990,525	0.056676	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,268,917	5,544,334	16,813,251	0.801044	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,346,266	89,403,045	123,749,311	0.172567	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	CV RESOURCE CTR	0	0	0	0.000000	0.000000	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.03	09003	INFUSION OPEN SERVICES	15,523	2,492,879	2,508,402	0.423686	0.000000	90.03
91.00	09100	EMERGENCY	10,370,203	40,168,723	50,538,926	0.231523	0.000000	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	1,096,887	10,144,351	11,241,238	0.515562	0.000000	91.01
92.00	09200	OBERVATION BEDS (NON-DISTINCT PART)	722,110	4,987,419	5,709,529	0.898635	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11100	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
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Cost Center Description	Title XVIII			Hospital	PPS
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
114.00 11400 UTILITY RENTAL- SNF	6.00	7.00	8.00	9.00	10.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		114.00
116.00 11600 HOSPICE	0	0	0		115.00
200.00 Subtotal (see instructions)	229,151,346	452,312,659	681,464,005		116.00
201.00 Less Observation Beds					200.00
202.00 Total (see instructions)	229,151,346	452,312,659	681,464,005		201.00
					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

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Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	Title XVIII		Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS					30.00
31.00	03100 INTENSIVE CARE UNIT					31.00
32.00	03200 CORONARY CARE UNIT					32.00
33.00	03300 BURN INTENSIVE CARE UNIT					33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT					34.00
40.00	04000 SUBPROVIDER - 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
46.00	04600 OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.142048				50.00
51.00	05100 RECOVERY ROOM	0.000000				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.052745				52.00
53.00	05300 ANESTHESIOLOGY	0.042522				53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.097185				54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.164608				54.01
55.00	05500 RADIOLGY-THERAPEUTIC	0.261924				55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.965320				55.01
56.00	05600 RADIODIOTOPE	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	0.215570				59.00
60.00	06000 LABORATORY	0.150242				60.00
60.01	06001 FS ED LAB	0.202909				60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000				61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000				62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000				63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000				64.00
65.00	06500 RESPIRATORY THERAPY	0.154033				65.00
66.00	06600 PHYSICAL THERAPY	0.211712				66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000				67.00
68.00	06800 SPEECH PATHOLOGY	0.000000				68.00
69.00	06900 ELECTROCARDIOLOGY	0.146057				69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000				70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676				71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.801044				72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172567				73.00
74.00	07400 RENAL DIALYSIS	0.000000				74.00
75.00	07500 ASC (NON-DI STINCT PART)	0.000000				75.00
76.00	03020 CV RESOURCE CTR	0.000000				76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000				77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	0.000000				90.00
90.03	09003 INFUSION SERVICES	0.424332				90.03
91.00	09100 EMERGENCY	0.231678				91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.516514				91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.898635				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000				94.00
95.00	09500 AMBULANCE SERVICES	0.000000				95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000				96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000				97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000				98.00
99.00	09900 CMHC					99.00
99.10	09910 CORF					99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM					100.00
101.00	10100 HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION					105.00
106.00	10600 HEART ACQUISITION					106.00
107.00	10700 LIVER ACQUISITION					107.00
108.00	10800 LUNG ACQUISITION					108.00
109.00	10900 PANCREAS ACQUISITION					109.00
110.00	11000 INTESTINAL ACQUISITION					110.00
111.00	11100 ISLET ACQUISITION					111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)					115.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Hospital

PPS

Cost Center Description	PPS Inpatient Ratio			PPS
116.00 11600 HOSPICE	11.00			116.00
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: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Costs RCE Disallowance	Total Costs
			Total Costs	Costs RCE Disallowance		
			1.00	2.00	3.00	4.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	26,174,047		26,174,047	0	0
31.00 03100	INTENSIVE CARE UNIT	5,174,852		5,174,852	0	0
32.00 03200	CORONARY CARE UNIT	0		0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0		0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0
40.00 04000	SUBPROVIDER - IPF	2,872,357		2,872,357	0	0
41.00 04100	SUBPROVIDER - IRF	3,894,728		3,894,728	0	0
43.00 04300	NURSERY	999,684		999,684	0	0
44.00 04400	SKILLED NURSING FACILITY	0		0	0	0
45.00 04500	NURSING FACILITY	0		0	0	0
46.00 04600	OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,309,231		17,309,231	0	0
51.00 05100	RECOVERY ROOM	0		0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,231,672		2,231,672	0	0
53.00 05300	ANESTHESIOLOGY	208,605		208,605	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,713,879		8,713,879	0	0
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	3,122,333		3,122,333	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	3,999,875		3,999,875	0	0
55.01 05501	WOODLAND CANCER CARE CTR	2,851,847		2,851,847	0	0
56.00 05600	RADIOISOTOPES	0		0	0	0
57.00 05700	CT SCAN	0		0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0
59.00 05900	CARDIAC CATHETERIZATION	4,695,982		4,695,982	0	0
60.00 06000	LABORATORY	8,617,140		8,617,140	0	0
60.01 06001	FS ED LAB	1,801,952		1,801,952	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00 06400	INTRAVENOUS THERAPY	0		0	0	0
65.00 06500	RESPIRATORY THERAPY	2,000,042	0	2,000,042	0	0
66.00 06600	PHYSICAL THERAPY	4,629,778	0	4,629,778	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,676,738		2,676,738	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0		0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,189,652		1,189,652	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,468,155		13,468,155	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	21,354,990		21,354,990	0	0
74.00 07400	RENAL DIALYSIS	0		0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0		0	0	0
76.00 03020	CV RESOURCE CTR	0		0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0		0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00 09000	CLINIC	0		0	0	0
90.03 09003	INFUSION OPEN SERVICES	1,062,775		1,062,775	0	0
91.00 09100	EMERGENCY	11,700,942		11,700,942	0	0
91.01 09101	FREE STANDING EMERGENCY DEPT	5,795,559		5,795,559	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0		0	0	0
95.00 09500	AMBULANCE SERVICES	0		0	0	0
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0		0	0	0
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0		0	0	0
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0
99.00 09900	CMHC	0		0	0	0
99.10 09910	CORF	0		0	0	0
100.00 10000	I&R SERVICES-NOT APPROVED PRGM	0		0	0	0
101.00 10100	HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0		0	0	0
106.00 10600	HEART ACQUISITION	0		0	0	0
107.00 10700	LIVER ACQUISITION	0		0	0	0
108.00 10800	LUNG ACQUISITION	0		0	0	0
109.00 10900	PANCREAS ACQUISITION	0		0	0	0
110.00 11000	INTESTINAL ACQUISITION	0		0	0	0
111.00 11100	ISLET ACQUISITION	0		0	0	0

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Title XIX		Hospital	Cost
	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance
				Total Costs
113.00 11300 INTEREST EXPENSE	1.00	2.00	3.00	4.00
114.00 11400 UTILITY EXPENSE-SNF				
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0		0	
116.00 11600 HOSPICE	0		0	
200.00 Subtotal (see instructions)	156,546,815		0	156,546,815
201.00 Less Observation Beds		0	0	
202.00 Total (see instructions)	156,546,815		0	156,546,815

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
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			Title XIX		Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0.000000	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0.000000	0.000000
56.00	05600	RADIOSCOPE	0	0	0	0.000000	0.000000
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000
60.01	06001	FS ED LAB	0	0	0	0.000000	0.000000
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03020	CV RESOURCE CTR	0	0	0	0.000000	0.000000
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000
90.00	09000	CLINIC	0	0	0	0.000000	0.000000
90.03	09003	INFUSION OP SERVICES	0	0	0	0.000000	0.000000
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0.000000	0.000000
92.00	09200	OBERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000
99.00	09900	CMHC	0	0	0	0.000000	0.000000
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11100	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description	Title XIX			Hospital	Cost
	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient	Total (col. 6 + col. 7)		
114.00 11400 UTILITY RENTAL-REV- SNF	6.00	7.00	8.00	9.00	10.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0		116.00
200.00 Subtotal (see instructions)	0	0	0		200.00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)	0	0	0		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - 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
46.00	04600 OTHER LONG TERM CARE				46.00
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 RADIOLGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.000000			54.01
55.00	05500 RADIOLGY-THERAPEUTIC	0.000000			55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.000000			55.01
56.00	05600 RADIODIOTOPE	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
60.01	06001 FS ED LAB	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DI STINCT PART)	0.000000			75.00
76.00	03020 CV RESOURCE CTR	0.000000			76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
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
90.03	09003 INFUSION OP SERVICES	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPROVED PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00

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COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet C
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Title XIX

Hospital

Cost

Cost Center Description	PPS Inpatient Ratio			
116.00 11600 HOSPICE	11.00			116.00
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: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XVIII		Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)			
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,409,769	0	3,409,769	20,502	166.31
31.00	INTENSIVE CARE UNIT	558,020		558,020	2,594	215.12
32.00	CORONARY CARE UNIT	0		0	0	0.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00
40.00	SUBPROVIDER - IPF	346,112	0	346,112	3,175	109.01
41.00	SUBPROVIDER - IRF	574,519	0	574,519	2,607	220.38
43.00	NURSERY	63,239		63,239	1,037	60.98
44.00	SKILLED NURSING FACILITY	0		0	0	0.00
45.00	NURSING FACILITY	0		0	0	0.00
200.00	Total (lines 30 through 199)	4,951,659		4,951,659	29,915	200.00
	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)			
		6.00	7.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,312	1,548,679			30.00
31.00	INTENSIVE CARE UNIT	1,121	241,150			31.00
32.00	CORONARY CARE UNIT	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	SUBPROVIDER - IPF	842	91,786			40.00
41.00	SUBPROVIDER - IRF	1,718	378,613			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 through 199)	12,993	2,260,228			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part II
Date/Time Prepared:
5/30/2018 6:06 pm

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)	Title XVIII		Capital Costs (column 3 x column 4)
				1.00	2.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM		2,687,389	121,904,193	0.022045	13,141,287	289,700
51.00 05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	319,552	2,119,859	0.150742	4,063	612	52.00
53.00 05300 ANESTHESIOLOGY	33,814	4,959,612	0.006818	745,530	5,083	53.00
54.00 05400 RADIOLGY-DIAGNOSTIC	1,722,942	89,663,221	0.019216	10,866,276	208,806	54.00
54.01 05401 FSED RADIOLGY - DIAGNOSTIC	1,170,507	18,968,256	0.061709	0	0	54.01
55.00 05500 RADIOLGY-THERAPEUTIC	672,680	15,288,947	0.043998	952,672	41,916	55.00
55.01 05501 WOODLAND CANCER CARE CTR	461,803	2,954,303	0.156315	0	0	55.01
56.00 05600 RADIOTISCOPE	0	0	0.000000	0	0	56.00
57.00 05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,404,161	21,800,576	0.064409	3,084,312	198,657	59.00
60.00 06000 LABORATORY	509,732	57,440,436	0.008874	11,164,874	99,077	60.00
60.01 06001 FSED LAB	82,041	8,880,592	0.009238	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	153,881	12,989,208	0.011847	6,371,846	75,487	65.00
66.00 06600 PHYSICAL THERAPY	162,515	21,868,326	0.007432	2,095,328	15,572	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	425,937	18,326,722	0.023241	3,404,986	79,135	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,389	20,990,525	0.001400	3,742,310	5,239	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	226,087	16,813,251	0.013447	5,112,560	68,749	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	548,488	123,749,311	0.004432	18,060,879	80,046	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 03020 CV RESOURCE CTR	0	0	0.000000	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.03 09003 INFUSION OP SERVICES	79,892	2,508,402	0.031850	13,656	435	90.03
91.00 09100 EMERGENCY	1,176,541	50,538,926	0.023280	4,584,572	106,729	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	1,467,000	11,241,238	0.130502	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	668,249	5,709,529	0.117041	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00 Total (Lines 50 through 199)		14,002,600	628,715,433	83,345,151	1,275,243	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part III
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description		Title XVIII		Hospital		
		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
		1A	1.00	2A	2.00	3.00
	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
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000 SUBPROVIDER - 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 through 199)	0	0	0	0	0 200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
		4.00	5.00	6.00	7.00	8.00
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	0	0	20,502	0.00	9,312 30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	2,594	0.00	1,121 31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0.00	0 32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0 34.00
40.00	04000 SUBPROVIDER - IPF	0	0	3,175	0.00	842 40.00
41.00	04100 SUBPROVIDER - IRF	0	0	2,607	0.00	1,718 41.00
43.00	04300 NURSERY	0	0	1,037	0.00	0 43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00
45.00	04500 NURSING FACILITY	0	0	0	0.00	0 45.00
200.00	Total (lines 30 through 199)	0	0	29,915		12,993 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
		9.00				
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	0				30.00
31.00	03100 INTENSIVE CARE UNIT	0				31.00
32.00	03200 CORONARY CARE UNIT	0				32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00	04000 SUBPROVIDER - IPF	0				40.00
41.00	04100 SUBPROVIDER - IRF	0				41.00
43.00	04300 NURSERY	0				43.00
44.00	04400 SKILLED NURSING FACILITY	0				44.00
45.00	04500 NURSING FACILITY	0				45.00
200.00	Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Title XVIII		Hospital		Allied Health
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	
	1.00	2A	2.00	3A	3.00
AMBULATORY SERVICE COST CENTERS					
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
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	0	0	0 55.01
56.00 05600	RADIOTRISOTOPES	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
60.01 06001	FS ED LAB	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO 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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0 90.00
90.03 09003	INFUSION SERVICES	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	0	0	0 91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0	0	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0 98.00
200.00	Total (Lines 50 through 199)	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	All Other Medical Education Cost	Title XVIII		Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7)	PPS
		Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	7.00		
	4.00	5.00	6.00		8.00		
AMBULATORY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	121,904,193	0.000000	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,119,859	0.000000	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	4,959,612	0.000000	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	89,663,221	0.000000	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	18,968,256	0.000000	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,288,947	0.000000	55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	0	0	2,954,303	0.000000	55.01
56.00 05600	RADIOISOTOPES	0	0	0	0	0.000000	56.00
57.00 05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	21,800,576	0.000000	59.00
60.00 06000	LABORATORY	0	0	0	57,440,436	0.000000	60.00
60.01 06001	FS ED LAB	0	0	0	8,880,592	0.000000	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	12,989,208	0.000000	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	21,868,326	0.000000	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	18,326,722	0.000000	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,990,525	0.000000	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,813,251	0.000000	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,749,311	0.000000	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0	0.000000	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000	CLINIC	0	0	0	0	0.000000	90.00
90.03 09003	INFUSION SERVICES	0	0	0	2,508,402	0.000000	90.03
91.00 09100	EMERGENCY	0	0	0	50,538,926	0.000000	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0	0	0	11,241,238	0.000000	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,709,529	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0.000000	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0.000000	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00	Total (Lines 50 through 199)	0	0	0	628,715,433		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	Title XVIII Hospital			
							9.00	10.00	11.00	12.00
AMBULATORY SERVICE COST CENTERS										
50.00 05000 OPERATING ROOM	0.000000	13,141,287	0	31,399,450	0	50.00				
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00				
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	4,063	0	0	0	52.00				
53.00 05300 ANESTHESIOLOGY	0.000000	745,530	0	1,263,389	0	53.00				
54.00 05400 RADIOLGY-DIAGNOSTIC	0.000000	10,866,276	0	25,104,324	0	54.00				
54.01 05401 FSED RADIOLGY - DIAGNOSTIC	0.000000	0	0	0	0	54.01				
55.00 05500 RADIOLGY-THERAPEUTIC	0.000000	952,672	0	7,422,941	0	55.00				
55.01 05501 WOODLAND CANCER CARE CTR	0.000000	0	0	0	0	55.01				
56.00 05600 RADIOSIPOPE	0.000000	0	0	0	0	56.00				
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00				
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00				
59.00 05900 CARDIAC CATHETERIZATION	0.000000	3,084,312	0	3,280,184	0	59.00				
60.00 06000 LABORATORY	0.000000	11,164,874	0	6,891,951	0	60.00				
60.01 06001 FS ED LAB	0.000000	0	0	0	0	60.01				
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00				
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00				
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00				
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00				
65.00 06500 RESPIRATORY THERAPY	0.000000	6,371,846	0	526,673	0	65.00				
66.00 06600 PHYSICAL THERAPY	0.000000	2,095,328	0	114,658	0	66.00				
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00				
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00				
69.00 06900 ELECTROCARDIOLOGY	0.000000	3,404,986	0	4,479,495	0	69.00				
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00				
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,742,310	0	2,332,534	0	71.00				
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,112,560	0	2,212,622	0	72.00				
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000	18,060,879	0	45,247,838	0	73.00				
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00				
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00				
76.00 03020 CV RESOURCE CTR	0.000000	0	0	0	0	76.00				
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00				
OUTPATIENT SERVICE COST CENTERS										
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00				
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00				
90.03 09003 INFUSION OP SERVICES	0.000000	13,656	0	985,960	0	90.03				
91.00 09100 EMERGENCY	0.000000	4,584,572	0	7,642,250	0	91.00				
91.01 09101 FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0	91.01				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	1,348,038	0	92.00				
OTHER REIMBURSABLE COST CENTERS										
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00				
95.00 09500 AMBULANCE SERVICES						95.00				
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0	96.00				
97.00 09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0	97.00				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00				
200.00 Total (Lines 50 through 199)		83,345,151	0	140,252,307	0	200.00				

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII		Hospital		Costs PPS Services (see inst.)	
		Charges					
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coi ns. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coi ns. (see inst.)			
		1. 00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.141990	31,399,450	0	4,458,408	
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.052745	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.042061	1,263,389	0	53,139	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.097185	25,104,324	0	2,439,764	
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.164608	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.261619	7,422,941	0	1,941,982	
55.01	05501	WOODLAND CANCER CARE CTR	0.965320	0	0	55.01	
56.00	05600	RADIOISOTOPES	0.000000	0	0	56.00	
57.00	05700	CT SCAN	0.000000	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.215406	3,280,184	0	706,571	
60.00	06000	LABORATORY	0.150019	6,891,951	0	1,033,924	
60.01	06001	FS ED LAB	0.202909	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.153977	526,673	0	81,096	
66.00	06600	PHYSICAL THERAPY	0.211712	114,658	0	24,274	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.146057	4,479,495	0	654,262	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676	2,332,534	0	132,199	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.801044	2,212,622	0	1,772,408	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.172567	45,247,838	32,694	7,808,284	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00	
76.00	03020	CV RESOURCE CTR	0.000000	0	0	76.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	
90.00	09000	CLINIC	0.000000	0	0	90.00	
90.03	09003	INFUSION OP SERVICES	0.423686	985,960	0	417,737	
91.00	09100	EMERGENCY	0.231523	7,642,250	0	1,769,357	
91.01	09101	FREE STANDING EMERGENCY DEPT	0.515562	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.898635	1,348,038	0	1,211,394	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM ANALYSIS	0.000000		0	94.00	
95.00	09500	AMBULANCE SERVICES	0.000000		0	95.00	
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00	
200.00		Subtotal (see instructions)		140,252,307	32,694	24,504,799	
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00	
202.00		Net Charges (line 200 - line 201)		140,252,307	32,694	24,504,799	
						202.00	

Cost Center Description	Costs		Title XVIII	Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300	ANESTHESIOLOGY	0	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0		54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	0		55.01
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
60.01 06001	FS ED LAB	0	0		60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400	INTRAVENOUS THERAPY	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	5,642		73.00
74.00 07400	RENAL DIALYSIS	0	0		74.00
75.00 07500	ASC (NON-DI STINCT PART)	0	0		75.00
76.00 03020	CV RESOURCE CTR	0	0		76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000	CLINIC	0	0		90.00
90.03 09003	INFUSION OP SERVICES	0	0		90.03
91.00 09100	EMERGENCY	0	0		91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0	0		91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500	AMBULANCE SERVICES	0	0		95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	5,642		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	0	5,642		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Worksheet D

Part II

Date/Time Prepared:

Component CCN: 15-S015

From 01/01/2017

To 12/31/2017

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Subprovider -

IPF

PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
AMBULATORY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 FSED RADIOLGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	0	0	55.01
56.00 05600 RADIOTHERAPEUTIC	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
60.01 06001 FS ED LAB	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00 03020 CV RESOURCE CTR	0	0	0	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 09003 INFUSION/OP SERVICES	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0015
Component CCN: 15-S015Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	121,904,193	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,119,859	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,959,612	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	89,663,221	0.000000	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	18,968,256	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,288,947	0.000000	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	2,954,303	0.000000	55.01
56.00	05600	RADIOISOTOPES	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,800,576	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	57,440,436	0.000000	60.00
60.01	06001	FS ED LAB	0	0	0	8,880,592	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,989,208	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,868,326	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,326,722	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,990,525	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,813,251	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,749,311	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03020	CV RESOURCE CTR	0	0	0	0	0.000000	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.03	09003	INFUSION OP SERVICES	0	0	0	2,508,402	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	50,538,926	0.000000	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	11,241,238	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,709,529	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (Lines 50 through 199)	0	0	0	628,715,433	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Worksheet D

Component CCN: 15-S015

Part IV

From 01/01/2017

Date/Time Prepared:

To 12/31/2017

5/30/2018 6:06 pm

PPS

			Title XVIII		Subprovider - IPF	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
AMBULATORY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	27,012	0	27,012	0
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.000000	33,899	0	29,516	0
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.000000	0	0	0	54.01
55.00	05500 RADIOLGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.000000	0	0	0	55.01
56.00	05600 RADIOLI SOTYPE	0.000000	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	122,007	0	122,007	0
60.01	06001 FS ED LAB	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	13,219	0	13,219	0
66.00	06600 PHYSICAL THERAPY	0.000000	9,033	0	9,033	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,431	0	12,814	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,246	0	9,246	0
72.00	07200 MPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	257,954	0	257,954	0
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	03020 CV RESOURCE CTR	0.000000	0	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.03	09003 INFUSION OP SERVICES	0.000000	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	90,741	0	97,170	0
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Total (Lines 50 through 199)		571,542	0	577,971	0
						200.00

		Title XVIII		Subprovider - IPF			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.141990	27,012	0	0	3,835	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.052745	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.042061	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.097185	29,516	0	0	2,869	54.00
54.01	05401 FSED RADIOLOGY - DIAGNOSTIC	0.164608	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.261619	0	0	0	0	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.965320	0	0	0	0	55.01
56.00	05600 RADIOTRISOTIPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.215406	0	0	0	0	59.00
60.00	06000 LABORATORY	0.150019	122,007	0	0	18,303	60.00
60.01	06001 FS ED LAB	0.202909	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.153977	13,219	0	0	2,035	65.00
66.00	06600 PHYSICAL THERAPY	0.211712	9,033	0	0	1,912	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.146057	12,814	0	0	1,872	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676	9,246	0	0	524	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.801044	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172567	257,954	0	0	44,514	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020 CV RESOURCE CTR	0.000000	0	0	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000				0	90.00
90.03	09003 INFUSION ON SERVICES	0.423686				0	90.03
91.00	09100 EMERGENCY	0.231523	97,170	0	0	22,497	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.515562	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.898635	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000			0		95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		577,971	0	0	98,361	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		577,971	0	0	98,361	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part V
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
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 RADIOLGY-DIAGNOSTIC	0	0	54.00
54.01 05401 FSED RADIOLGY - DIAGNOSTIC	0	0	54.01
55.00 05500 RADIOLGY-THERAPEUTIC	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	55.01
56.00 05600 RADIODIOTOPE	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
60.01 06001 FS ED LAB	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO 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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 CV RESOURCE CTR	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.03 09003 INFUSION OP SERVICES	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Worksheet D

Component CCN: 15-T015

Part II

From 01/01/2017

To 12/31/2017

Date/Time Prepared:

5/30/2018 6:06 pm

PPS

Title XVIII

Subprovider -

IRF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,687,389	121,904,193	0.022045	43,749	964	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	319,552	2,119,859	0.150742	0	0	52.00
53.00	05300 ANESTHESIOLOGY	33,814	4,959,612	0.006818	0	0	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	1,722,942	89,663,221	0.019216	140,281	2,696	54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	1,170,507	18,968,256	0.061709	0	0	54.01
55.00	05500 RADIOLGY-THERAPEUTIC	672,680	15,288,947	0.043998	2,846	125	55.00
55.01	05501 WOODLAND CANCER CARE CTR	461,803	2,954,303	0.156315	0	0	55.01
56.00	05600 RADIOL SOTOP	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,404,161	21,800,576	0.064409	4,232	273	59.00
60.00	06000 LABORATORY	509,732	57,440,436	0.008874	300,240	2,664	60.00
60.01	06001 FS ED LAB	82,041	8,880,592	0.009238	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	153,881	12,989,208	0.011847	366,049	4,337	65.00
66.00	06600 PHYSICAL THERAPY	162,515	21,868,326	0.007432	2,410,288	17,913	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	425,937	18,326,722	0.023241	36,735	854	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,389	20,990,525	0.001400	122,663	172	71.00
72.00	07200 MPL. DEV. CHARGED TO PATIENTS	226,087	16,813,251	0.013447	1,385	19	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	548,488	123,749,311	0.004432	682,280	3,024	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 CV RESOURCE CTR	0	0	0.000000	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.03	09003 INFUSION OP SERVICES	79,892	2,508,402	0.031850	84	3	90.03
91.00	09100 EMERGENCY	1,176,541	50,538,926	0.023280	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	1,467,000	11,241,238	0.130502	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,709,529	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50 through 199)	13,334,351	628,715,433		4,110,832	33,044	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
AMBULATORY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 FSED RADIOLGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0	0	0	0	55.01
56.00 05600 RADIOTHERAPEUTIC	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
60.01 06001 FS ED LAB	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00 03020 CV RESOURCE CTR	0	0	0	0	0	76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 09003 INFUSION/OP SERVICES	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	121,904,193	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,119,859	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,959,612	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	89,663,221	0.000000	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	18,968,256	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,288,947	0.000000	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	2,954,303	0.000000	55.01
56.00	05600	RADIOTRONE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,800,576	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	57,440,436	0.000000	60.00
60.01	06001	FS ED LAB	0	0	0	8,880,592	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,989,208	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,868,326	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,326,722	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,990,525	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,813,251	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	123,749,311	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0.000000	75.00
76.00	03020	CV RESOURCE CTR	0	0	0	0	0.000000	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.03	09003	INFUSION OP SERVICES	0	0	0	2,508,402	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	50,538,926	0.000000	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	11,241,238	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,709,529	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (Lines 50 through 199)	0	0	0	628,715,433	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Worksheet D

Component CCN: 15-T015

Part IV

From 01/01/2017

Date/Time Prepared:

To 12/31/2017

5/30/2018 6:06 pm

Title XVIII

Subprovider -

IRF

PPS

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0.000000	43,749	0	43,749	0 50.00
51.00 05100	RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.000000	140,281	0	144,744	0 54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0.000000	2,846	0	2,846	0 55.00
55.01 05501	WOODLAND CANCER CARE CTR	0.000000	0	0	0	0 55.01
56.00 05600	RADIOISOTOPES	0.000000	0	0	0	0 56.00
57.00 05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0.000000	4,232	0	0	0 59.00
60.00 06000	LABORATORY	0.000000	300,240	0	300,240	0 60.00
60.01 06001	FS ED LAB	0.000000	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0.000000	366,049	0	366,049	0 65.00
66.00 06600	PHYSICAL THERAPY	0.000000	2,410,288	0	2,410,288	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0.000000	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0.000000	36,735	0	33,504	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	122,663	0	122,663	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,385	0	1,385	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.000000	682,280	0	682,280	0 73.00
74.00 07400	RENAL DIALYSIS	0.000000	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
76.00 03020	CV RESOURCE CTR	0.000000	0	0	0	0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00 09000	CLINIC	0.000000	0	0	0	0 90.00
90.03 09003	INFUSION OP SERVICES	0.000000	84	0	0	0 90.03
91.00 09100	EMERGENCY	0.000000	0	0	0	0 91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0.000000	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0 98.00
200.00	Total (Lines 50 through 199)		4,110,832	0	4,107,748	0 200.00

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. & Coi ns. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coi ns. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0.141990	43,749	0	0	6,212
51.00 05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1.052745	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0.042061	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.097185	144,744	0	0	14,067
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0.164608	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0.261619	2,846	0	0	745
55.01 05501	WOODLAND CANCER CARE CTR	0.965320	0	0	0	55.01
56.00 05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 05700	CT SCAN	0.000000	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0.215406	0	0	0	59.00
60.00 06000	LABORATORY	0.150019	300,240	0	0	45,042
60.01 06001	FS ED LAB	0.202909	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0.153977	366,049	0	0	56,363
66.00 06600	PHYSICAL THERAPY	0.211712	2,410,288	0	0	510,287
67.00 06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0.146057	33,504	0	0	4,893
70.00 07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676	122,663	0	0	6,952
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.801044	1,385	0	0	1,109
73.00 07300	DRUGS CHARGED TO PATIENTS	0.172567	682,280	0	0	117,739
74.00 07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0.000000	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0.000000				0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000	CLINIC	0.000000	0	0	0	90.00
90.03 09003	INFUSION ON SPACES	0.423686	0	0	0	90.03
91.00 09100	EMERGENCY	0.231523	0	0	0	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0.515562	0	0	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.898635	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500	AMBULANCE SERVICES	0.000000		0		95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		4,107,748	0	0	763,409
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		4,107,748	0	0	763,409
						202.00

		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			
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0			50.00
51.00 05100 RECOVERY ROOM	0	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00 05300 ANESTHESIOLOGY	0	0			53.00
54.00 05400 RADIOLogy-DIAGNOSTIC	0	0			54.00
54.01 05401 FSED RADIOLogy - DIAGNOSTIC	0	0			54.01
55.00 05500 RADIOLogy-THERAPEUTIC	0	0			55.00
55.01 05501 WOODLAND CANCER CARE CTR	0	0			55.01
56.00 05600 RADIODIOTOPE	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
60.01 06001 FS ED LAB	0	0			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0			64.00
65.00 06500 RESPIRATORY THERAPY	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	0			68.00
69.00 06900 ELECTROCARDIOLOGY	0	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO 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
75.00 07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03020 CV RESOURCE CTR	0	0			76.00
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0			77.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00 09000 CLINIC	0	0			90.00
90.03 09003 INFUSION OP SERVICES	0	0			90.03
91.00 09100 EMERGENCY	0	0			91.00
91.01 09101 FREE STANDING EMERGENCY DEPT	0	0			91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00 09500 AMBULANCE SERVICES	0	0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00 Subtotal (see instructions)	0	0			200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XIX		Total Patient Days	Per Diem (col. 3 / col. 4)	Cost
		Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)			
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,409,769	0	3,409,769	20,502	166.31
31.00	INTENSIVE CARE UNIT	558,020		558,020	2,594	215.12
32.00	CORONARY CARE UNIT	0		0	0	0.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00
40.00	SUBPROVIDER - IPF	346,112	0	346,112	3,175	109.01
41.00	SUBPROVIDER - IRF	574,519	0	574,519	2,607	220.38
43.00	NURSERY	63,239		63,239	1,037	60.98
44.00	SKILLED NURSING FACILITY	0		0	0	0.00
45.00	NURSING FACILITY	0		0	0	0.00
200.00	Total (lines 30 through 199)	4,951,659		4,951,659	29,915	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	456	75,837			30.00
31.00	INTENSIVE CARE UNIT	85	18,285			31.00
32.00	CORONARY CARE UNIT	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	SUBPROVIDER - IPF	1,457	158,828			40.00
41.00	SUBPROVIDER - IRF	119	26,225			41.00
43.00	NURSERY	77	4,695			43.00
44.00	SKILLED NURSING FACILITY	0	0			44.00
45.00	NURSING FACILITY	0	0			45.00
200.00	Total (lines 30 through 199)	2,194	283,870			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part II
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Title XIX		Hospital	Cost
		Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	2,687,389	0	0.000000	8,903,141
51.00 05100	RECOVERY ROOM	0	0	0.000000	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	319,552	0	0.000000	0
53.00 05300	ANESTHESIOLOGY	33,814	0	0.000000	393,139
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,722,942	0	0.000000	3,521,475
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	1,170,507	0	0.000000	102,783
55.00 05500	RADIOLOGY-THERAPEUTIC	672,680	0	0.000000	295,851
55.01 05501	WOODLAND CANCER CARE CTR	461,803	0	0.000000	831
56.00 05600	RADIOISOTOPES	0	0	0.000000	0
57.00 05700	CT SCAN	0	0	0.000000	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0
59.00 05900	CARDIAC CATHETERIZATION	1,404,161	0	0.000000	1,327,235
60.00 06000	LABORATORY	509,732	0	0.000000	4,575,808
60.01 06001	FS ED LAB	82,041	0	0.000000	4,447
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0.000000	0
65.00 06500	RESPIRATORY THERAPY	153,881	0	0.000000	1,939,684
66.00 06600	PHYSICAL THERAPY	162,515	0	0.000000	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0.000000	0
68.00 06800	SPEECH PATHOLOGY	0	0	0.000000	0
69.00 06900	ELECTROCARDIOLOGY	425,937	0	0.000000	1,030,130
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,389	0	0.000000	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	226,087	0	0.000000	0
73.00 07300	DRUGS CHARGED TO PATIENTS	548,488	0	0.000000	0
74.00 07400	RENAL DIALYSIS	0	0	0.000000	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0
76.00 03020	CV RESOURCE CTR	0	0	0.000000	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0.000000	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0
90.00 09000	CLINIC	0	0	0.000000	0
90.03 09003	INFUSION SERVICES	79,892	0	0.000000	0
91.00 09100	EMERGENCY	1,176,541	0	0.000000	1,962,779
91.01 09101	FREE STANDING EMERGENCY DEPT	1,467,000	0	0.000000	105,889
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0
95.00 09500	AMBULANCE SERVICES				95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0.000000	0
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0.000000	0
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0
200.00	Total (Lines 50 through 199)	13,334,351	0	24,163,192	0200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 15-0015	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 6:06 pm
Title XIX				Hospital	Cost	
Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
1A	1.00	2A	2.00	3.00		
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
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - 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 through 199)	0	0	0	0	0 200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
		4.00	5.00	6.00	7.00	8.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	0	20,502	0.00	456 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	2,594	0.00	85 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0.00	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	3,175	0.00	1,457 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	2,607	0.00	119 41.00
43.00 04300	NURSERY	0	0	1,037	0.00	77 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0.00	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0.00	0 45.00
200.00	Total (lines 30 through 199)	0	0	29,915		2,194 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
		9.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0				30.00
31.00 03100	INTENSIVE CARE UNIT	0				31.00
32.00 03200	CORONARY CARE UNIT	0				32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
40.00 04000	SUBPROVIDER - IPF	0				40.00
41.00 04100	SUBPROVIDER - IRF	0				41.00
43.00 04300	NURSERY	0				43.00
44.00 04400	SKILLED NURSING FACILITY	0				44.00
45.00 04500	NURSING FACILITY	0				45.00
200.00	Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Title XIX		Hospital	Cost	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Alied Health Post-Stepdown Adjustments	Alied Health	
	1.00	2A	2.00	3A	3.00
AMBULATORY SERVICE COST CENTERS					
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
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0 55.00
55.01 05501	WOODLAND CANCER CARE CTR	0	0	0	0 55.01
56.00 05600	RADIOTRISOTOPES	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
60.01 06001	FS ED LAB	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO 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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
76.00 03020	CV RESOURCE CTR	0	0	0	0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0 90.00
90.03 09003	INFUSION SERVICES	0	0	0	0 90.03
91.00 09100	EMERGENCY	0	0	0	0 91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0	0	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0 98.00
200.00	Total (Lines 50 through 199)	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	All Other Medical Education Cost	Title XIX		Hospital	Cost
		Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)
	4.00	5.00	6.00	7.00	8.00
AMBULATORY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	0.000000
51.00 05100	RECOVERY ROOM	0	0	0	0.000000
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000
53.00 05300	ANESTHESIOLOGY	0	0	0	0.000000
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0.000000
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000
55.01 05501	WOODLAND CANCER CARE CTR	0	0	0	0.000000
56.00 05600	RADIOISOTOPES	0	0	0	0.000000
57.00 05700	CT SCAN	0	0	0	0.000000
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0.000000
60.00 06000	LABORATORY	0	0	0	0.000000
60.01 06001	FS ED LAB	0	0	0	0.000000
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0.000000
65.00 06500	RESPIRATORY THERAPY	0	0	0	0.000000
66.00 06600	PHYSICAL THERAPY	0	0	0	0.000000
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0.000000
68.00 06800	SPEECH PATHOLOGY	0	0	0	0.000000
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0.000000
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000
74.00 07400	RENAL DIALYSIS	0	0	0	0.000000
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000
76.00 03020	CV RESOURCE CTR	0	0	0	0.000000
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0.000000
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000
90.00 09000	CLINIC	0	0	0	0.000000
90.03 09003	INFUSION/OP SERVICES	0	0	0	0.000000
91.00 09100	EMERGENCY	0	0	0	0.000000
91.01 09101	FREE STANDING EMERGENCY DEPT	0	0	0	0.000000
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000
95.00 09500	AMBULANCE SERVICES	0	0	0	0.000000
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000
200.00	Total (Lines 50 through 199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XIX		Outpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
		Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)				
	9.00	10.00	11.00	12.00	13.00		
AMBULATORY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0.000000	8,903,141	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0.000000	393,139	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,521,475	0	0	0	54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	0.000000	102,783	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0.000000	295,851	0	0	0	55.00
55.01 05501	WOODLAND CANCER CARE CTR	0.000000	831	0	0	0	55.01
56.00 05600	RADIOISOTOPES	0.000000	0	0	0	0	56.00
57.00 05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0.000000	1,327,235	0	0	0	59.00
60.00 06000	LABORATORY	0.000000	4,575,808	0	0	0	60.00
60.01 06001	FS ED LAB	0.000000	4,447	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0.000000	1,939,684	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0.000000	1,030,130	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020	CV RESOURCE CTR	0.000000	0	0	0	0	76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000	CLINIC	0.000000	0	0	0	0	90.00
90.03 09003	INFUSION/OP SERVICES	0.000000	0	0	0	0	90.03
91.00 09100	EMERGENCY	0.000000	1,962,779	0	0	0	91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	0.000000	105,889	0	0	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0	96.00
97.00 09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0	97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (Lines 50 through 199)		24,163,192	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Component CCN: 15-S015

Period:

From 01/01/2017

To 12/31/2017

Worksheet D

Part II

Date/Time Prepared:

5/30/2018 6:06 pm

Title XIX

Subprovider -

IPF

Cost

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
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	2,687,389	0	0.000000	0	0		
51.00 05100	RECOVERY ROOM	0	0	0.000000	0	0		
52.00 05200	DELIVERY ROOM & LABOR ROOM	319,552	0	0.000000	0	0		
53.00 05300	ANESTHESIOLOGY	33,814	0	0.000000	0	0		
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,722,942	0	0.000000	0	0		
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	1,170,507	0	0.000000	0	0		
55.00 05500	RADIOLOGY-THERAPEUTIC	672,680	0	0.000000	0	0		
55.01 05501	WOODLAND CANCER CARE CTR	461,803	0	0.000000	0	0		
56.00 05600	RADIOISOTOPES	0	0	0.000000	0	0		
57.00 05700	CT SCAN	0	0	0.000000	0	0		
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0		
59.00 05900	CARDIAC CATHETERIZATION	1,404,161	0	0.000000	0	0		
60.00 06000	LABORATORY	509,732	0	0.000000	0	0		
60.01 06001	FS ED LAB	82,041	0	0.000000	0	0		
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00		
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0		
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0		
64.00 06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0		
65.00 06500	RESPIRATORY THERAPY	153,881	0	0.000000	0	0		
66.00 06600	PHYSICAL THERAPY	162,515	0	0.000000	0	0		
67.00 06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0		
68.00 06800	SPEECH PATHOLOGY	0	0	0.000000	0	0		
69.00 06900	ELECTROCARDIOLOGY	425,937	0	0.000000	0	0		
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0		
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,389	0	0.000000	0	0		
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	226,087	0	0.000000	0	0		
73.00 07300	DRUGS CHARGED TO PATIENTS	548,488	0	0.000000	0	0		
74.00 07400	RENAL DIALYSIS	0	0	0.000000	0	0		
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0		
76.00 03020	CV RESOURCE CTR	0	0	0.000000	0	0		
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0		
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0		
90.00 09000	CLINIC	0	0	0.000000	0	0		
90.03 09003	INFUSION OP SERVICES	79,892	0	0.000000	0	0		
91.00 09100	EMERGENCY	1,176,541	0	0.000000	0	0		
91.01 09101	FREE STANDING EMERGENCY DEPT	1,467,000	0	0.000000	0	0		
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0		
OTHER REIMBURSABLE COST CENTERS								
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0		
95.00 09500	AMBULANCE SERVICES					95.00		
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0		
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0		
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0		
200.00	Total (Lines 50 through 199)	13,334,351	0	0	0	200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0	0	55.01
56.00	05600	RADIOTHERAPEUTIC	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
60.01	06001	FS ED LAB	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00	03020	CV RESOURCE CTR	0	0	0	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTSProvider CCN: 15-0015
Component CCN: 15-S015Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XIX		Subprovider - IPF		Cost	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00	
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00	
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0.000000	55.01	
56.00	05600	RADIOISOTOPES	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	60.00	
60.01	06001	FS ED LAB	0	0	0	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00	
76.00	03020	CV RESOURCE CTR	0	0	0	0.000000	76.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS								
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	0	0	0	0.000000	90.00	
90.03	09003	INFUSION OP SERVICES	0	0	0	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00	
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00	
200.00		Total (Lines 50 through 199)	0	0	0	0.000000	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet D

Part IV

Date/Time Prepared:

5/30/2018 6:06 pm

			Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPES	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	FS ED LAB	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	CV RESOURCE CTR	0.000000	0	0	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (Lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0015

Component CCN: 15-T015

Period:

From 01/01/2017

To 12/31/2017

Worksheet D

Part II

Date/Time Prepared:

5/30/2018 6:06 pm

Title XIX

Subprovider -

Cost

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)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,687,389	0	0.000000	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0.000000	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	319,552	0	0.000000	0	0 52.00
53.00 05300	ANESTHESIOLOGY	33,814	0	0.000000	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,722,942	0	0.000000	0	0 54.00
54.01 05401	FSED RADIOLOGY - DIAGNOSTIC	1,170,507	0	0.000000	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	672,680	0	0.000000	0	0 55.00
55.01 05501	WOODLAND CANCER CARE CTR	461,803	0	0.000000	0	0 55.01
56.00 05600	RADIOISOTOPES	0	0	0.000000	0	0 56.00
57.00 05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,404,161	0	0.000000	0	0 59.00
60.00 06000	LABORATORY	509,732	0	0.000000	0	0 60.00
60.01 06001	FS ED LAB	82,041	0	0.000000	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	153,881	0	0.000000	0	0 65.00
66.00 06600	PHYSICAL THERAPY	162,515	0	0.000000	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	425,937	0	0.000000	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	29,389	0	0.000000	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	226,087	0	0.000000	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	548,488	0	0.000000	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0.000000	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00 03020	CV RESOURCE CTR	0	0	0.000000	0	0 76.00
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00 09000	CLINIC	0	0	0.000000	0	0 90.00
90.03 09003	INFUSION OP SERVICES	79,892	0	0.000000	0	0 90.03
91.00 09100	EMERGENCY	1,176,541	0	0.000000	0	0 91.00
91.01 09101	FREE STANDING EMERGENCY DEPT	1,467,000	0	0.000000	0	0 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00 09500	AMBULANCE SERVICES					95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00	Total (Lines 50 through 199)	13,334,351	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0	0	55.01
56.00	05600	RADIOSCOPE	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
60.01	06001	FS ED LAB	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00	03020	CV RESOURCE CTR	0	0	0	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D
Part IV
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XIX		Subprovider - IRF		Cost	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00	
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0	0	0	0.000000	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00	
55.01	05501	WOODLAND CANCER CARE CTR	0	0	0	0.000000	55.01	
56.00	05600	RADIOTRONE	0	0	0	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	60.00	
60.01	06001	FS ED LAB	0	0	0	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00	
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0.000000	75.00	
76.00	03020	CV RESOURCE CTR	0	0	0	0.000000	76.00	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0.000000	77.00	
OUTPATIENT SERVICE COST CENTERS								
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	0	0	0	0.000000	90.00	
90.03	09003	INFUSION OP SERVICES	0	0	0	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00	
91.01	09101	FREE STANDING EMERGENCY DEPT	0	0	0	0.000000	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0	0	0	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0	0	0	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00	
200.00		Total (Lines 50 through 199)	0	0	0	0.000000	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT AMBULATORY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet D

Part IV

Date/Time Prepared:

5/30/2018 6:06 pm

			Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
AMBULATORY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	FSED RADIOLOGY - DIAGNOSTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	WOODLAND CANCER CARE CTR	0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPES	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	FS ED LAB	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	CV RESOURCE CTR	0.000000	0	0	0	0	76.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.03	09003	INFUSION OP SERVICES	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101	FREE STANDING EMERGENCY DEPT	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (Lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D-1
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Hospital

PPS

Cost Center Description

1.00

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	20,502	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	20,502	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)	16,484	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	9,312	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00

SWING BED ADJUSTMENT

17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicare rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicare 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)	26,180,027	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)	26,180,027	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	26,180,027	37.00

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,276.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,890,958	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)	11,890,958	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet D-1
Date/Time Prepared:
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Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Title XVIII Hospital		PPS
						1.00	2.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	5,174,852	2,594	1,994.93	1,121	2,236,317	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,965,096	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					30,092,371	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)					1,789,829	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,275,243	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,065,072	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,027,299	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)					4,018	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,276.95	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,130.785	89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Period:
From 01/01/2017
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Cost Center Description	Cost	Routine Cost (from line 21)	Title XVIII		Hospital	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
			Column 1 ÷ Column 2	Total Observation Bed Cost (from line 89)		
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,409,769	26,180,027	0.130243	5,130,785	668,249	90.00
91.00 Nursing School cost	0	26,180,027	0.000000	5,130,785	0	91.00
92.00 Allied health cost	0	26,180,027	0.000000	5,130,785	0	92.00
93.00 All other Medical Education	0	26,180,027	0.000000	5,130,785	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Component CCN: 15-S015

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

Worksheet D-1

	Title XVIII	Subprovider - IPF	PPS
Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,175	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,175	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,175	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)	842	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,875,630	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)	2,875,630	27.00
PRI VATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,875,630	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	905.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	762,608	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)	762,608	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

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

Worksheet D-1

Component CCN: 15-S015

Date/Time Prepared:
5/30/2018 6:06 pm

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)	
42.00 NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
43.00 INTENSIVE CARE UNIT	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT		0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT		0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						96,702	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48) (see instructions)						859,310	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)						91,786	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						6,017	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						97,803	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						761,507	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 (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet D-1

Component CCN: 15-S015

Date/Time Prepared:

5/30/2018 6:06 pm

Title XVIII

Subprovider -

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)	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	346,112	2,875,630	0.120360	0	0	90.00
91.00 Nursing School cost	0	2,875,630	0.000000	0	0	91.00
92.00 Allied health cost	0	2,875,630	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,875,630	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Component CCN: 15-T015

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

Worksheet D-1

Title XVIII		Subprovider - IRF	Date/Time Prepared: 5/30/2018 6:06 pm	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,607	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,607	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)	2,607	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)	1,718	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00	
15.00	Total nursery days (title V or XIX only)	0	15.00	
16.00	Nursery days (title V or XIX only)	0	16.00	
	SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)	3,894,728	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00	
26.00	Total swing-bed cost (see instructions)	0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,894,728	27.00	
	PRI VATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00	
29.00	Private room charges (excluding swing-bed charges)	0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,894,728	37.00	
	PART II - HOSPITAL AND SUBPROVIDERS ONLY			
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,493.95	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,566,606	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)	2,566,606	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

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

Worksheet D-1

Component CCN: 15-T015

Date/Time Prepared:

5/30/2018 6:06 pm

Title XVIII

Subprovider -

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)	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					764,485	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					3,331,091	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)					378,613	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					33,044	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					411,657	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,919,434	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 (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet D-1

Component CCN: 15-T015

Date/Time Prepared:

5/30/2018 6:06 pm

Title XVIII

Subprovider -

PPS

IRF

Cost Center Description

Cost

Routine Cost
(from line 21)Column 1 ÷
Column 2Total
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	574,519	3,894,728	0.147512	0	0	90.00
91.00	Nursing School cost	0	3,894,728	0.000000	0	0	91.00
92.00	Allied health cost	0	3,894,728	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,894,728	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0015

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

Worksheet D-3

		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		15,871,391		30.00
31.00	03100 INTENSIVE CARE UNIT		2,823,087		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.142048	13,141,287	1,866,694	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.052745	4,063	4,277	52.00
53.00	05300 ANESTHESIOLOGY	0.042522	745,530	31,701	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.097185	10,866,276	1,056,039	54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.164608	0	0	54.01
55.00	05500 RADIOLGY-THERAPEUTIC	0.261924	952,672	249,528	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.965320	0	0	55.01
56.00	05600 RADIOLY SOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.215570	3,084,312	664,885	59.00
60.00	06000 LABORATORY	0.150242	11,164,874	1,677,433	60.00
60.01	06001 FS ED LAB	0.202909	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.154033	6,371,846	981,475	65.00
66.00	06600 PHYSICAL THERAPY	0.211712	2,095,328	443,606	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.146057	3,404,986	497,322	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676	3,742,310	212,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.801044	5,112,560	4,095,386	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172567	18,060,879	3,116,712	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 CV RESOURCE CTR	0.000000	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.03	09003 INFUSION OP SERVICES	0.424332	13,656	5,795	90.03
91.00	09100 EMERGENCY	0.231678	4,584,572	1,062,144	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.516514	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.898635	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		83,345,151	15,965,096	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)		83,345,151		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0015

Period:

Component CCN: 15-S015

From 01/01/2017

To 12/31/2017

Worksheet D-3

		Title XVIII	Subprovider - IPF	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			0
31.00	03100 INTENSIVE CARE UNIT			0
32.00	03200 CORONARY CARE UNIT			0
33.00	03300 BURN INTENSIVE CARE UNIT			0
34.00	03400 SURGICAL INTENSIVE CARE UNIT			0
40.00	04000 SUBPROVIDER - IPF			1,204,595
41.00	04100 SUBPROVIDER - IRF			0
43.00	04300 NURSERY			0
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.142048	27,012	3,837
51.00	05100 RECOVERY ROOM	0.000000	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.052745	0	52.00
53.00	05300 ANESTHESIOLOGY	0.042522	0	0
54.00	05400 RADIOLGY-DIAGNOSTIC	0.097185	33,899	3,294
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.164608	0	0
55.00	05500 RADIOLGY-THERAPEUTIC	0.261924	0	0
55.01	05501 WOODLAND CANCER CARE CTR	0.965320	0	0
56.00	05600 RADIOTRISOTOPES	0.000000	0	0
57.00	05700 CT SCAN	0.000000	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.215570	0	0
60.00	06000 LABORATORY	0.150242	122,007	18,331
60.01	06001 FSED LAB	0.202909	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0
65.00	06500 RESPIRATORY THERAPY	0.154033	13,219	2,036
66.00	06600 PHYSICAL THERAPY	0.211712	9,033	1,912
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0
69.00	06900 ELECTROCARDIOLOGY	0.146057	8,431	1,231
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676	9,246	524
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.801044	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172567	257,954	44,514
74.00	07400 RENAL DIALYSIS	0.000000	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0
76.00	03020 CV RESOURCE CTR	0.000000	0	0
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000 CLINIC	0.000000		0
90.03	09003 INFUSION/OP SERVICES	0.424332	0	0
91.00	09100 EMERGENCY	0.231678	90,741	21,023
91.01	09101 FREE STANDING EMERGENCY DEPT	0.516514	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.898635	0	0
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0
95.00	09500 AMBULANCE SERVICES			0
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0
200.00	Total (sum of lines 50 through 94 and 96 through 98)		571,542	96,702
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	200.00
202.00	Net charges (line 200 minus line 201)		571,542	201.00
				202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0015

Period:

Component CCN: 15-T015

From 01/01/2017

To 12/31/2017

Worksheet D-3

		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			0	30.00
31.00	03100 INTENSIVE CARE UNIT			0	31.00
32.00	03200 CORONARY CARE UNIT			0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT			0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			0	34.00
40.00	04000 SUBPROVIDER - I PF			0	40.00
41.00	04100 SUBPROVIDER - IRF			0	41.00
43.00	04300 NURSERY			2,252,618	43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.142048	43,749	6,214	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.052745	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.042522	0	0	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.097185	140,281	13,633	54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.164608	0	0	54.01
55.00	05500 RADIOLGY-THERAPEUTIC	0.261924	2,846	745	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.965320	0	0	55.01
56.00	05600 RADIOTRISOTOPES	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.215570	4,232	912	59.00
60.00	06000 LABORATORY	0.150242	300,240	45,109	60.00
60.01	06001 FSED LAB	0.202909	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.154033	366,049	56,384	65.00
66.00	06600 PHYSICAL THERAPY	0.211712	2,410,288	510,287	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.146057	36,735	5,365	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.056676	122,663	6,952	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.801044	1,385	1,109	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.172567	682,280	117,739	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 CV RESOURCE CTR	0.000000	0	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	77.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.03	09003 INFUSION/OP SERVICES	0.424332	84	36	90.03
91.00	09100 EMERGENCY	0.231678	0	0	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.516514	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.898635	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)			4,110,832	764,485
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net charges (line 200 minus line 201)			4,110,832	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-0015

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

Worksheet D-3

		Title XIX	Hospital	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		6,439,923	30.00
31.00	03100 INTENSIVE CARE UNIT		1,215,903	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		2,073,441	40.00
41.00	04100 SUBPROVIDER - IRF		417,861	41.00
43.00	04300 NURSERY		829,106	43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000	8,903,141	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	393,139	53.00
54.00	05400 RADIOLGY-DIAGNOSTIC	0.000000	3,521,475	54.00
54.01	05401 FSED RADIOLGY - DIAGNOSTIC	0.000000	102,783	54.01
55.00	05500 RADIOLGY-THERAPEUTIC	0.000000	295,851	55.00
55.01	05501 WOODLAND CANCER CARE CTR	0.000000	831	55.01
56.00	05600 RADIOLI SOTYPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,327,235	59.00
60.00	06000 LABORATORY	0.000000	4,575,808	60.00
60.01	06001 FS ED LAB	0.000000	4,447	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,939,684	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,030,130	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020 CV RESOURCE CTR	0.000000	0	76.00
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	77.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
90.03	09003 INFUSION OP SERVICES	0.000000	0	90.03
91.00	09100 EMERGENCY	0.000000	1,962,779	91.00
91.01	09101 FREE STANDING EMERGENCY DEPT	0.000000	105,889	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES			95.00
96.00	09600 DURABLE MEDICAL EQUIPMENT-RENTED	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIPMENT-SOLD	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		24,163,192	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)		24,163,192	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part A
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Hospital

PPS

1.00

PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS

1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	15,635,304	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	5,441,097	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)	197,440	2.00
2.01	Outlier reconciliation amount	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	2.02
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	137.99	4.00

Indirect Medical Education Adjustment

5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	0	22.01

Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA

23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105(f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	29.01
Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.12	30.00
31.00	Percentage of Medicaid patient days (see instructions)	22.60	31.00
32.00	Sum of lines 30 and 31	28.72	32.00
33.00	All allowable disproportionate share percentage (see instructions)	12.91	33.00
34.00	Disproportionate share adjustment (see instructions)	680,242	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part A
Date/Time Prepared:
5/30/2018 6:06 pm

	Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1
			1.00	2.00
<u>Uncompensated Care Adjustment</u>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000148174	0.000175215	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	885,709	1,185,627	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	662,462	298,843	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	961,305		36.00
<u>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</u>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	22,915,388		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)	22,915,388	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	1,826,818	50.00	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions)	0	52.00	
53.00	Nursing and Allied Health Managed Care payment	0	53.00	
54.00	Special add-on payments for new technologies	0	54.00	
54.01	Islet isolation add-on payment	0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see instructions)	0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35)	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)	24,742,206	59.00	
60.00	Primary payer payments	1,452	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	24,740,754	61.00	
62.00	Deductibles billed to program beneficiaries	2,373,392	62.00	
63.00	Coinsurance billed to program beneficiaries	59,808	63.00	
64.00	Allowable bad debts (see instructions)	368,135	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)	239,288	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	112,005	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	22,546,842	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)	0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)	0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00	
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)	0	70.50	
70.87	Demonstration payment adjustment amount before sequestration	0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)	0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)	0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)	0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)	0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)	0	70.92	
70.93	HVBP payment adjustment amount (see instructions)	-148,548	70.93	
70.94	HRR adjustment amount (see instructions)	-44,674	70.94	
70.95	Recovery of accelerated depreciation	0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part A
Date/Time Prepared:
5/30/2018 6:06 pm

	Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	22,353,620	71.00	
71.01	Sequestration adjustment (see instructions)	447,072	71.01	
71.02	Demonstration payment adjustment amount after sequestration	0	71.02	
72.00	Interim payments	21,774,255	72.00	
73.00	Tentative settlement (for contractor use only)	0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)	132,293	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	488,811	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBPA Adjustment for HSP Bonus Payment			
101.00	HVBPA adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBPA adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
	Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
	Adjustment to Medicare Part A Inpatient Reimbursement			
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
	Comparison of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2018 6:06 pm

	W/S E, Part A line	Amounts (from E, Part A)	Title XVIII		Hospital		Total (Col 2 through 4)	PPS
			Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01			
1.00	DRG amounts other than outlier payments	1.00	0	2.00	3.00	4.00	5.00	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,635,304	0	15,635,304	0	15,635,304	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,441,097	0	0	5,441,097	5,441,097	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	197,440	0	175,163	22,278	197,441	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	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	All allowable disproportionate share percentage (see instructions)	33.00	0.1291	0.1291	0.1291	0.1291	0	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	680,242	0	504,630	175,612	680,242	11.00
11.01	Uncompensated care payments	36.00	961,305	0	662,462	298,843	961,305	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,915,388	0	16,977,558	5,937,830	22,915,388	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	22,915,388	0	16,977,558	5,937,830	22,915,388	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,826,818	0	-471,162	2,297,980	1,826,818	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	68.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

		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
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0 18.00
19.00	Subtotal			0	16,506,396	8,235,810	24,742,206 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	1,704,736	0	-442,184	2,146,920	1,704,736 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	19,968	0	-2,491	22,459	19,968 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	0.0000	0.0000	0.0000	0.0000	22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0 23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0599	0.0599	0.0599	0.0599	24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	102,114	0	-26,487	128,601	102,114 25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,826,818	0	-471,162	2,297,980	1,826,818 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	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: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2018 6:06 pm

		Title XVIII		Hospital		Total (cols. 2 and 3)	PPS
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01		
		0	1.00	2.00	3.00		
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	15,635,304	15,635,304		15,635,304	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,441,097		5,441,097	5,441,097	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	197,440	175,163	22,278	197,441	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1291	0.1291	0.1291		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	680,242	504,630	175,612	680,242	11.00
11.01	Uncompensated care payments	36.00	961,305	662,462	298,843	961,305	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	22,915,388	16,977,558	5,937,830	22,915,388	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	22,915,388	16,977,558	5,937,830	22,915,388	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,826,818	-471,162	2,297,980	1,826,818	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			16,506,396	8,235,810	24,742,206	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2018 6:06 pm

			Title XVIII		Hospital		PPS	
			Wkst. L, Line	(Amt. from Wkst. L)				
			0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier		1.00	1,704,736	-442,184	2,146,920	1,704,736	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	19,968	-2,491	22,459	19,968	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)		6.00	0	0	0	0	23.00
24.00	All allowable disproportionate share percentage (see instructions)		10.00	0.0599	0.0599	0.0599		24.00
25.00	Disproportionate share adjustment (see instructions)		11.00	102,114	-26,487	128,601	102,114	25.00
26.00	Total prospective capital payments (see instructions)		12.00	1,826,818	-471,162	2,297,980	1,826,818	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	-148,548	-119,011	-29,537	-148,548	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	-44,674	-23,453	-21,221	-44,674	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		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.			N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part B
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Hospital

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	5,642	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	24,504,799	2.00
3.00	OPPS payments	20,774,743	3.00
4.00	Outlier payment (see instructions)	72,330	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	5,642	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

12.00	Reasonable charges	32,694	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)	32,694	14.00

Customary charges

15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	32,694	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	27,052	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	5,642	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	20,847,073	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)	4,027,830	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)	16,824,885	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)	16,824,885	30.00
31.00	Primary payer payments	6,375	31.00
32.00	Subtotal (line 30 minus line 31)	16,818,510	32.00

ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	660,853	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	429,554	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	354,867	36.00
37.00	Subtotal (see instructions)	17,248,064	37.00
38.00	MSP-LCC reconciliation amount from PS&R	238	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	17,247,826	40.00
40.01	Sequestration adjustment (see instructions)	344,957	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	16,967,421	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-64,552	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00

TO BE COMPLETED BY CONTRACTOR

90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part B
Date/Time Prepared:
5/30/2018 6:06 pmTitle XVIII
Subprovider -
IPF

			PPS
			1.00
	<u>PART B - MEDICAL AND OTHER HEALTH SERVICES</u>		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	98,361	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	<u>COMPUTATION OF LESSER OF COST OR CHARGES</u>		
	<u>Reasonable charges</u>		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	<u>Customary charges</u>		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	0	24.00
	<u>COMPUTATION OF REIMBURSEMENT SETTLEMENT</u>		
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)	0	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)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	<u>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</u>		
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)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	<u>TO BE COMPLETED BY CONTRACTOR</u>		
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: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E
Part B
Date/Time Prepared:
5/30/2018 6:06 pmTitle XVIII
Subprovider -
IRF

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	763,409	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable charges		
12.00	Ancillary service charges	0
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0
14.00	Total reasonable charges (sum of lines 12 and 13)	0

Customary charges

15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	0	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	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)	0	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)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00

ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	0	40.00
40.01	Sequestration adjustment (see instructions)	0	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00

TO BE COMPLETED BY CONTRACTOR

90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E-1
Part I
Date/Time Prepared:
5/30/2018 6:06 pm

		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			21,774,255	16,967,421
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
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
3.02				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)			21,774,255	16,967,421
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			132,293	0
6.02	SETTLEMENT TO PROGRAM			0	64,552
7.00	Total Medicare program liability (see instructions)			21,906,548	16,902,869
				Contractor Number	NPR Date (Mo/Day/Yr)
8.00 Name of Contractor				0	1.00
					2.00
					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet E-1

Part I

Date/Time Prepared:

5/30/2018 6:06 pm

PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
1.00	Total interim payments paid to provider	1.00	2.00	3.00	4.00	
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		611,270		0	1.00 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)		611,270		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER			0	0	5.01
5.02				0	0	5.02
5.03				0	0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM			0	0	5.50
5.51				0	0	5.51
5.52				0	0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)			0	0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		11,400		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		622,670		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
8.00	Name of Contractor		0	1.00	2.00	8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet E-1

Part I

Date/Time Prepared:

5/30/2018 6:06 pm

PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
1.00	Total interim payments paid to provider					0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,684,074			0
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
3.02				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)			2,684,074		0
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		15,929			0
6.02	SETTLEMENT TO PROGRAM		0			0
7.00	Total Medicare program liability (see instructions)		2,700,003			0
				Contractor Number	NPR Date (Mo/Day/Yr)	
8.00	Name of Contractor		0	1.00	2.00	8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E-1
Part II
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E-3
Part II
Date/Time Prepared:
5/30/2018 6:06 pmTitle XVIII
Subprovider -
IPF

			PPS
			1.00
PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	681,622	1.00
2.00	Net IPF PPS Outlier Payments	31,619	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	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)	8,698.630	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)	713,241	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)	713,241	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	713,241	18.00
19.00	Deductibles	72,380	19.00
20.00	Subtotal (line 18 minus line 19)	640,861	20.00
21.00	Coinsurance	17,108	21.00
22.00	Subtotal (line 20 minus line 21)	623,753	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	17,884	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	11,625	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,008	25.00
26.00	Subtotal (sum of lines 22 and 24)	635,378	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	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	635,378	31.00
31.01	Sequestration adjustment (see instructions)	12,708	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	611,270	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	11,400	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	31,619	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: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet E-3

Part III

Date/Time Prepared:

5/30/2018 6:06 pm

PPS

Title XVIII

Subprovider -
IRF

1.00

PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,466,062
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0302
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	57,952
4.00	Outlier Payments	231,794
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
5.01	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
6.00	New Teaching program adjustment. (see instructions)	0.00
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
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
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00
10.00	Average Daily Census (see instructions)	7,142,466
11.00	Teaching Adjustment Factor (see instructions)	0.000000
12.00	Teaching Adjustment (see instructions)	0
13.00	Total PPS Payment (see instructions)	2,755,808
14.00	Nursing and Allied Health Managed Care payments (see instructions)	0
15.00	Organ acquisition (DO NOT USE THIS LINE)	0
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0
17.00	Subtotal (see instructions)	2,755,808
18.00	Primary payer payments	0
19.00	Subtotal (line 17 less line 18).	2,755,808
20.00	Deductibles	0
21.00	Subtotal (line 19 minus line 20)	2,755,808
22.00	Coinurance	4,606
23.00	Subtotal (line 21 minus line 22)	2,751,202
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,004
25.00	Adjusted reimbursable bad debts (see instructions)	3,903
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	314
27.00	Subtotal (sum of lines 23 and 25)	2,755,105
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0
29.00	Other pass through costs (see instructions)	0
30.00	Outlier payments reconciliation	0
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0
31.99	Demonstration payment adjustment amount before sequestration	0
32.00	Total amount payable to the provider (see instructions)	2,755,105
32.01	Sequestration adjustment (see instructions)	55,102
32.02	Demonstration payment adjustment amount after sequestration	0
33.00	Interim payments	2,684,074
34.00	Tentative settlement (for contractor use only)	0
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	15,929
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0
TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	231,794
51.00	Outlier reconciliation adjustment amount (see instructions)	0
52.00	The rate used to calculate the Time Value of Money	0.00
53.00	Time Value of Money (see instructions)	0

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet E-3
Part VII
Date/Time Prepared:
5/30/2018 6:06 pm

	Title XIX	Hospital	Cost	
		Inpatient	Outpatient	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital /SNF/NF services	0	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)	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)	0	7.00	
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0	8.00	
9.00	Ancillary service charges	24,163,192	0	
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)	24,163,192	0	
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	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	14.00	
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	
16.00	Total customary charges (see instructions)	24,163,192	0	
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	24,163,192	0	
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	18.00	
19.00	Interns and Residents (see instructions)	0	19.00	
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	20.00	
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00	
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	22.00	
23.00	Outlier payments	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	26.00	
27.00	Subtotal (sum of lines 22 through 26)	0	27.00	
28.00	Customary charges (titles V or XIX PPS covered services only)	0	28.00	
29.00	Titles V or XIX (sum of lines 21 and 27)	0	29.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	30.00	
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	31.00	
32.00	Deductibles	0	32.00	
33.00	Coinsurance	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)	0	36.00	
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00	
38.00	Subtotal (line 36 ± line 37)	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)	0	40.00	
41.00	Interim payments	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: 15-0015

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

Worksheet E-3

Component CCN: 15-S015

Part VII

Date/Time Prepared:
5/30/2018 6:06 pm

Title XIX Subprovider - IPF

Cost

Inpatient 1.00 Outpatient 2.00

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES

1.00	Inpatient hospital/SNF/NF services	0	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)	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)	0	7.00

COMPUTATION OF LESSER OF COST OR CHARGES

8.00	Reasonable charges	0	8.00
9.00	Ancillary service charges	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)	0	12.00

CUSTODY CHARGES

13.00	Amount actually collected from patients liable for payment for services on a charge basis	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00

PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.

22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	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	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	27.00
28.00	Customary charges (titles V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	29.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	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)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	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)	0	40.00
41.00	Interim payments	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: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet E-3

Part VII

Date/Time Prepared:

5/30/2018 6:06 pm

Title XIX Subprovider - IRF

	Title XIX	Subprovider - IRF		
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	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)		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)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		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)		0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		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	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (titles V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		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)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		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)		0	40.00
41.00	Interim payments		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

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

Provider CCN: 15-0015

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

Worksheet G
Date/Time Prepared:
5/30/2018 6:06 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
				1.00	2.00
CURRENT ASSETS					
1.00	Cash on hand in banks	128,670,540	0	0	1.00
2.00	Temporary investments	10,783,954	0	0	2.00
3.00	Notes receivable	0	0	0	3.00
4.00	Accounts receivable	30,754,452	0	0	4.00
5.00	Other receivable	0	0	0	5.00
6.00	All allowances for uncollectible notes and accounts receivable	-6,464,978	0	0	6.00
7.00	Inventory	3,514,254	0	0	7.00
8.00	Prepaid expenses	0	0	0	8.00
9.00	Other current assets	1,820,645	0	0	9.00
10.00	Due from other funds	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	169,078,867	0	0	11.00
FIXED ASSETS					
12.00	Land	7,180,112	0	0	12.00
13.00	Land improvements	4,059,275	0	0	13.00
14.00	Accumulated depreciation	-2,469,310	0	0	14.00
15.00	Buildings	92,806,647	0	0	15.00
16.00	Accumulated depreciation	-54,248,994	0	0	16.00
17.00	Leasehold improvements	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	18.00
19.00	Fixed equipment	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	22.00
23.00	Major movable equipment	226,669,703	0	0	23.00
24.00	Accumulated depreciation	-68,891,172	0	0	24.00
25.00	Minor equipment depreciation	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	28.00
29.00	Minor equipment - nondepreciable	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	205,106,261	0	0	30.00
OTHER ASSETS					
31.00	Investments	116,300	0	0	31.00
32.00	Deposits on leases	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	33.00
34.00	Other assets	2,388,493	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,504,793	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	376,689,921	0	0	36.00
CURRENT LIABILITIES					
37.00	Accounts payable	23,894,214	0	0	37.00
38.00	Salaries, wages, and fees payable	4,570,566	0	0	38.00
39.00	Payroll taxes payable	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	40.00
41.00	Deferred income	0	0	0	41.00
42.00	Accelerated payments	0	0	0	42.00
43.00	Due to other funds	948,446	0	0	43.00
44.00	Other current liabilities	1,959,271	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,372,497	0	0	45.00
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	46.00
47.00	Notes payable	0	0	0	47.00
48.00	Unsecured loans	0	0	0	48.00
49.00	Other long term liabilities	-1,953,313	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-1,953,313	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	29,419,184	0	0	51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	347,270,736	0	0	52.00
53.00	Specific purpose fund		0	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)	347,270,736	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	376,689,920	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0015

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

Worksheet G-1

Date/Time Prepared:
5/30/2018 6:06 pm

		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		248,813,782			0	1. 00	
2. 00	Net income (loss) (from Wkst. G-3, line 29)		15,835,095			0	2. 00	
3. 00	Total (sum of line 1 and line 2)		264,648,877			0	3. 00	
4. 00	Additions (credit adjustments) (specify)	0		0		0	4. 00	
5. 00		0		0		0	5. 00	
6. 00		0		0		0	6. 00	
7. 00		0		0		0	7. 00	
8. 00		0		0		0	8. 00	
9. 00		0		0		0	9. 00	
10. 00	Total additions (sum of line 4-9)		0		0	0	10. 00	
11. 00	Subtotal (line 3 plus line 10)		264,648,877			0	11. 00	
12. 00	FUND BALANCE ADJUSTMENT	-83,147,437		0		0	12. 00	
13. 00		0		0		0	13. 00	
14. 00		0		0		0	14. 00	
15. 00		0		0		0	15. 00	
16. 00		0		0		0	16. 00	
17. 00		0		0		0	17. 00	
18. 00	Total deductions (sum of lines 12-17)		-83,147,437			0	18. 00	
19. 00	Fund balance at end of period per balance sheet (line 11 minus line 18)		347,796,314			0	19. 00	
		Endowment Fund	Plant Fund					
		6. 00	7. 00	8. 00				
1. 00	Fund balances at beginning of period	0		0				
2. 00	Net income (loss) (from Wkst. G-3, line 29)	0		0				
3. 00	Total (sum of line 1 and line 2)	0		0				
4. 00	Additions (credit adjustments) (specify)		0	0				
5. 00			0	0				
6. 00			0	0				
7. 00			0	0				
8. 00			0	0				
9. 00			0	0				
10. 00	Total additions (sum of line 4-9)	0		0				
11. 00	Subtotal (line 3 plus line 10)	0		0				
12. 00	FUND BALANCE ADJUSTMENT		0	0				
13. 00			0	0				
14. 00			0	0				
15. 00			0	0				
16. 00			0	0				
17. 00			0	0				
18. 00	Total deductions (sum of lines 12-17)	0		0				
19. 00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0015

Period:

From 01/01/2017

To 12/31/2017

Worksheet G-2

Parts I & II

Date/Time Prepared:

5/30/2018 6:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,467,214		32,467,214	1.00
2.00	SUBPROVIDER - IPF	4,518,415		4,518,415	2.00
3.00	SUBPROVIDER - IRF	6,971,765		6,971,765	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	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,957,394		43,957,394	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,022,300		6,022,300	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,022,300		6,022,300	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	49,979,694		49,979,694	17.00
18.00	Ancillary services	160,866,188	405,878,040	566,744,228	18.00
19.00	Outpatient services	11,841,275	52,892,534	64,733,809	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NON REIMBURSABLE	0	3,023,095	3,023,095	27.00
28.00	Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. G-3, line 1)	222,687,157	461,793,669	684,480,826	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,630,654		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Wkst. G-3, line 4)		170,630,654		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0015

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

Worksheet G-3

Date/Time Prepared:
5/30/2018 6:06 pm

1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	684,480,826	1.00
2.00	Less contractual allowances and discounts on patients' accounts	502,837,347	2.00
3.00	Net patient revenues (line 1 minus line 2)	181,643,479	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	170,630,654	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,012,825	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,243,572	24.00
24.01	PREMIUM REVENUE	549,996	24.01
24.02	BAD DEBT	888,906	24.02
24.03	OTHER (SPECIFY)	0	24.03
24.04	NON OPERATING REVENUE	1,139,796	24.04
25.00	Total other income (sum of lines 6-24)	4,822,270	25.00
26.00	Total (line 5 plus line 25)	15,835,095	26.00
27.00	BAD DEBT	0	27.00
27.01	EQUITY TRANSFERS	0	27.01
27.02	TOTAL NON-OPERATING REVENUE	0	27.02
27.03	CONTRIBUTIONS OF PPE	0	27.03
27.04	MINORITY INTEREST	0	27.04
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,835,095	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 15-0015

Period:
From 01/01/2017
To 12/31/2017Worksheet L
Parts I-III
Date/Time Prepared:
5/30/2018 6:06 pm

Title XVIII

Hospital

PPS

1.00

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	1,704,736	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	19,968	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)	55.35	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01) (see instructions)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.12	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	22.60	8.00
9.00	Sum of lines 7 and 8	28.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.99	10.00
11.00	Disproportionate share adjustment (see instructions)	102,114	11.00
12.00	Total prospective capital payments (see instructions)	1,826,818	12.00

1.00

PART II - PAYMENT UNDER REASONABLE COST

1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00

1.00

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00