

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: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/30/2017 5:06 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/30/2017	Time: 5:06 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by LUTHERAN HOSPITAL OF INDIANA (15-0017) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 SR VICE PRESIDENT-REVENUE MANAGEMENT
 Title

 11/30/2017
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-293,125	-52,674	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-293,125	-52,674	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: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 5:03 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 7950 WEST JEFFERSON BLVD		PO Box:							
2.00	City: FT WAYNE		State: IN		Zip Code: 46804		County: ALLEN			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		LUTHERAN HOSPITAL OF INDIANA	150017	23060	1	07/01/1966	N	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)					4			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,845	1,068	76	120	14,080	172			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 5:03 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
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 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				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.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00	
				V	XIX		
				1.00	2.00		
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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,226,013		354,328		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 state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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.	Y				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.	11/05/2008				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.	02/16/1990				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 5:03 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		449008		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 10301		141.00	
142.00	Street: 4000 MERIDIAN BLVD	PO Box:				142.00	
143.00	City: FRANKLIN	State: TN		Zip Code: 37067		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/30/2017 5:03 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 5:03 pm	
				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)			Y			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.			N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	09/27/2017	Y	09/27/2017
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 5:03 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		Y	12/31/2016	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GENTRY	ZACH		41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 925-4353	ZACHARY_GENTRY@CHS.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/30/2017 5:03 pm
		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.	MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0017

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,710	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	10	3,650	0.00	0	8.01
8.02 NEONATAL INTENSIVE CARE UNIT	31.02	24	8,784	0.00	0	8.02
8.03 CARDIO INTENSIVE CARE UNIT	31.03	84	30,744	0.00	0	8.03
9.00 CORONARY CARE UNIT	32.00	24	8,760	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		396	144,648	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		396				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0017

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	22,570	1,232	64,872			1.00
2.00 HMO and other (see instructions)	19,590	15,670				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,570	1,232	64,872			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	128	1,069			8.01
8.02 NEONATAL INTENSIVE CARE UNIT	0	420	4,115			8.02
8.03 CARDIO INTENSIVE CARE UNIT	7,452	484	20,248			8.03
9.00 CORONARY CARE UNIT	2,570	111	6,933			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		144	1,805			13.00
14.00 Total (see instructions)	32,592	2,519	99,042	6.07	2,071.79	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.07	2,071.79	27.00
28.00 Observation Bed Days		0	531			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	172	363			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0017

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

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

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	6,054	3,297	20,007	1.00
2.00 HMO and other (see instructions)				3,369	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
8.01 PEDIATRIC INTENSIVE CARE UNIT							8.01
8.02 NEONATAL INTENSIVE CARE UNIT							8.02
8.03 CARDIO INTENSIVE CARE UNIT							8.03
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		6,054	3,297	20,007	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 5:03 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	115,292,424	0	115,292,424	4,309,327.00	26.75
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	7,482	0	7,482	122.00	61.33
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,473,613	430,180	2,903,793	114,384.00	25.39
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,510,488	0	5,510,488	67,954.00	81.09
12.00	Contract labor: Top level management and other management and administrative services		547,179	0	547,179	5,039.00	108.59
13.00	Contract Labor: Physician-Part A - Administrative		796,433	0	796,433	5,481.00	145.31
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		12,301,399	0	12,301,399	357,793.00	34.38
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,584,517	0	26,584,517		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		726,155	0	726,155		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,188	0	1,188		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	539,920	0	539,920	20,324.00	26.57
27.00	Administrative & General	5.00	11,336,512	-786,751	10,549,761	431,777.00	24.43

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

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

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2017 5:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,568,414	0	1,568,414	60,749.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	1,407,478	0	1,407,478	109,151.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,421,271	-562,665	858,606	55,519.00	34.00
35.00	Dietary under contract (see instructions)		2,363,115	121,123	2,484,238	0.00	35.00
36.00	Cafeteria	11.00	0	650,979	650,979	48,936.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	5,131,109	-3,005,632	2,125,477	67,398.00	38.00
39.00	Central Services and Supply	14.00	1,625,777	339,196	1,964,973	115,668.00	39.00
40.00	Pharmacy	15.00	6,212,051	0	6,212,051	157,578.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,007,198	729,622	1,736,820	82,498.00	41.00
42.00	Social Service	17.00	0	2,205,071	2,205,071	66,245.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0017

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

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2017 5:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	117,648,057	121,123	117,769,180	4,309,205.00	27.33	1.00
2.00	Excluded area salaries (see instructions)	2,473,613	430,180	2,903,793	114,384.00	25.39	2.00
3.00	Subtotal salaries (line 1 minus line 2)	115,174,444	-309,057	114,865,387	4,194,821.00	27.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,155,499	0	19,155,499	436,267.00	43.91	4.00
5.00	Subtotal wage-related costs (see inst.)	26,584,517	0	26,584,517	0.00	23.14	5.00
6.00	Total (sum of lines 3 thru 5)	160,914,460	-309,057	160,605,403	4,631,088.00	34.68	6.00
7.00	Total overhead cost (see instructions)	32,612,845	-309,057	32,303,788	1,215,843.00	26.57	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2017 5:03 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,283,024	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
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)	15,458,496	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	102,124	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	89,323	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	1,108	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	29,937	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	992,973	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	6,659,052	17.00
18.00	Medicare Taxes - Employers Portion Only	1,557,359	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	434,289	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,607,685	24.00
Part B - Other than Core Related Cost			
25.00	OTHER EMPLOYEE BENEFITS	-295,825	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/30/2017 5:03 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,510,488	27,607,685
2.00	Hospital		5,510,488	27,607,685
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/30/2017 5:03 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.135797	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		56,665,946	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		391,463,159	6.00	
7.00	Medicaid cost (line 1 times line 6)		53,159,523	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		115,552	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		3,099,407	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		420,890	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)		305,338	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		305,338	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	15,647,884	3,039,933	18,687,817	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,124,936	3,039,933	5,164,869	21.00
22.00	Payments received from patients for amounts previously written off as charity care	2,280	183,182	185,462	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,122,656	2,856,751	4,979,407	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		22,042,261	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		733,966	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,129,179	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		20,913,082	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,235,147	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,214,554	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,519,892	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet A Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		7,088,943	7,088,943	4,780,392	11,869,335	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		12,697,705	12,697,705	6,085,823	18,783,528	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	539,920	1,197,627	1,737,547	18,584,219	20,321,766	4.00
5.01 00540	ADMITTING	11,336,512	76,015,460	87,351,972	-76,792,837	10,559,135	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	48,930,717	48,930,717	5.02
7.00 00700	OPERATION OF PLANT	1,568,414	11,069,278	12,637,692	-793	12,636,899	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,649,882	1,649,882	0	1,649,882	8.00
9.00 00900	HOUSEKEEPING	1,407,478	1,433,799	2,841,277	-6,000	2,835,277	9.00
10.00 01000	DIETARY	1,421,271	4,185,338	5,606,609	-2,742,120	2,864,489	10.00
11.00 01100	CAFETERIA	0	0	0	2,934,401	2,934,401	11.00
13.00 01300	NURSING ADMINISTRATION	5,131,109	1,517,473	6,648,582	-4,291,267	2,357,315	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,625,777	47,551,484	49,177,261	-42,078,787	7,098,474	14.00
15.00 01500	PHARMACY	6,212,051	31,321,087	37,533,138	-29,425,763	8,107,375	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,007,198	3,266,418	4,273,616	1,627,488	5,901,104	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	2,463,140	2,463,140	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	7,482	2,669,587	2,677,069	-2,669,030	8,039	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,669,030	2,669,030	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	109,455	155,090	264,545	-1,003	263,542	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	202,733	24,091	226,824	0	226,824	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	19,110,289	7,606,880	26,717,169	-1,991,554	24,725,615	30.00
31.00 03100	INTENSIVE CARE UNIT	15,966,315	5,273,677	21,239,992	-21,239,992	0	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	2,284,957	557,386	2,842,343	-1,670,976	1,171,367	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	2,832,592	2,832,592	31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	0	0	14,871,189	14,871,189	31.03
32.00 03200	CORONARY CARE UNIT	0	0	0	5,197,274	5,197,274	32.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
43.00 04300	NURSERY	0	67,023	67,023	267,442	334,465	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	9,783,846	12,629,161	22,413,007	-4,057,142	18,355,865	50.00
51.00 05100	RECOVERY ROOM	3,043,680	823,712	3,867,392	-3,867,392	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,682,484	1,682,484	52.00
53.00 05300	ANESTHESIOLOGY	77,065	3,495,891	3,572,956	-88,637	3,484,319	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,801,592	3,223,538	8,025,130	64,331	8,089,461	54.00
54.01 05401	PET SCAN	747,543	236,364	983,907	-871,098	112,809	54.01
56.00 05600	RADIOISOTOPE	517,296	1,651,227	2,168,523	-789,578	1,378,945	56.00
57.00 05700	CT SCAN	893,898	424,463	1,318,361	9,874	1,328,235	57.00
58.00 05800	MRI	406,868	46,591	453,459	-453,459	0	58.00
60.00 06000	LABORATORY	4,354,048	10,048,158	14,402,206	-364,368	14,037,838	60.00
65.00 06500	RESPIRATORY THERAPY	3,961,539	2,637,636	6,599,175	-424,581	6,174,594	65.00
66.00 06600	PHYSICAL THERAPY	2,581,545	605,110	3,186,655	1,159,709	4,346,364	66.00
67.00 06700	OCCUPATIONAL THERAPY	919,056	70,271	989,327	-983,591	5,736	67.00
68.00 06800	SPEECH PATHOLOGY	444,222	40,600	484,822	-474,900	9,922	68.00
69.00 06900	ELECTROCARDIOLOGY	4,625,801	2,490,986	7,116,787	-4,687,948	2,428,839	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,548,467	1,548,467	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,709,864	14,709,864	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,314,779	27,314,779	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,926,155	28,926,155	73.00
74.00 07400	RENAL DIALYSIS	0	2,458,157	2,458,157	0	2,458,157	74.00
76.00 03140	CARDIO CATH LAB	0	0	0	2,995,937	2,995,937	76.00
76.01 03050	ENDOSCOPY	478,345	93,823	572,168	4,511,698	5,083,866	76.01
76.02 03950	CARDIAC REHAB	27,671	2,079	29,750	515,107	544,857	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	2,285,287	956,332	3,241,619	1,366,453	4,608,072	90.00
91.00 09100	EMERGENCY	5,250,736	5,827,200	11,077,936	-109,402	10,968,534	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	2,118,122	7,348,589	9,466,711	-142,164	9,324,547	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	1,823,305	1,823,305	-24,120	1,799,185	96.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION	0	0	0	1,178,110	1,178,110	105.00
106.00 10600	HEART ACQUISITION	0	0	0	501,951	501,951	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	115,249,121	272,281,421	387,530,542	-2,519,876	385,010,666	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	600	415,680	416,280	0	416,280	192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0	194.00
194.01 07951	MARKETING	0	0	0	2,394,817	2,394,817	194.01
194.02 07952	SENIOR CIRCLE	42,703	29,248	71,951	-703	71,248	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	125,762	125,762	194.03
200.00	TOTAL (SUM OF LINES 118-199)	115,292,424	272,726,349	388,018,773	0	388,018,773	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0017

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

Worksheet A
Date/Time Prepared:
11/30/2017 5:03 pm

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	2,751,230	14,620,565	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,363,536	20,147,064	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-140,045	20,181,721	4.00
5.01	00540	ADMINISTRATIVE	-576,849	9,982,286	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	6,652,691	55,583,408	5.02
7.00	00700	OPERATION OF PLANT	-67,671	12,569,228	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-275,853	1,374,029	8.00
9.00	00900	HOUSEKEEPING	0	2,835,277	9.00
10.00	01000	DIETARY	0	2,864,489	10.00
11.00	01100	CAFETERIA	-1,024,252	1,910,149	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,357,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,098,474	14.00
15.00	01500	PHARMACY	0	8,107,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-314,486	5,586,618	16.00
17.00	01700	SOCIAL SERVICE	0	2,463,140	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	8,039	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,669,030	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	263,542	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	226,824	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,041,674	23,683,941	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	1,171,367	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	2,832,592	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	14,871,189	31.03
32.00	03200	CORONARY CARE UNIT	0	5,197,274	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
43.00	04300	NURSERY	-2,585	331,880	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-797,093	17,558,772	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,682,484	52.00
53.00	05300	ANESTHESIOLOGY	-3,324,516	159,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-353	8,089,108	54.00
54.01	05401	PET SCAN	0	112,809	54.01
56.00	05600	RADIOISOTOPE	0	1,378,945	56.00
57.00	05700	CT SCAN	0	1,328,235	57.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	14,037,838	60.00
65.00	06500	RESPIRATORY THERAPY	-706,520	5,468,074	65.00
66.00	06600	PHYSICAL THERAPY	0	4,346,364	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,736	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,922	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,428,839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	900	1,549,367	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,709,864	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,314,779	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,926,155	73.00
74.00	07400	RENAL DIALYSIS	0	2,458,157	74.00
76.00	03140	CARDIO CATH LAB	-421,299	2,574,638	76.00
76.01	03050	ENDOSCOPY	-98,550	4,985,316	76.01
76.02	03950	CARDIAC REHAB	0	544,857	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-632,157	3,975,915	90.00
91.00	09100	EMERGENCY	-3,335,123	7,633,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-4,579,397	4,745,150	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-1,799,185	0	96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	1,178,110	105.00
106.00	10600	HEART ACQUISITION	0	501,951	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,369,251	376,641,415	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	416,280	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	194.00
194.01	07951	MARKETING	0	2,394,817	194.01
194.02	07952	SENIOR CIRCLE	0	71,248	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	125,762	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-8,369,251	379,649,522	200.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,589,162	1.00
2.00	OPERATION OF PLANT	7.00	0	365	2.00
3.00	NURSING ADMINISTRATION	13.00	0	3,764	3.00
TOTALS			0	18,593,291	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	549,039	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	549,039	
C - RENTAL AND LEASE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,006,008	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	85,489	2.00
3.00	CT SCAN	57.00	0	9,874	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	6,101,371	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	185,641	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,709,276	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	79,815	3.00
TOTALS			0	4,974,732	
E - MARKETING DEPARTMENT					
1.00	MARKETING	194.01	316,323	2,078,494	1.00
TOTALS			316,323	2,078,494	
F - CNO RECLASS					
1.00	NURSING ADMINISTRATION	13.00	369,311	0	1.00
TOTALS			369,311	0	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,160,825	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,314,779	2.00
3.00	OPERATING ROOM	50.00	0	637,717	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
TOTALS			0	42,113,321	
H - DRUGS / IVS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,926,155	1.00
TOTALS			0	28,926,155	
I - A&G COSTS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	6,413,958	65,886,264	1.00
2.00	DIETARY	10.00	88,314	133,963	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	339,196	1,403,182	3.00
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.03	113,857	11,905	4.00
TOTALS			6,955,325	67,435,314	

RECLASSIFICATIONS

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Period:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
J - RADIOLOGY COSTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,154,410	241,746	1.00
2.00	PET SCAN	54.01	25,652	87,156	2.00
3.00		0.00	0	0	3.00
TOTALS			1,180,062	328,902	
K - DIETARY					
1.00	CAFETERIA	11.00	650,979	2,283,422	1.00
TOTALS			650,979	2,283,422	
L - MISC DEPARTMENT					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	440,250	41,387	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	729,622	950,518	2.00
3.00	SOCIAL SERVICE	17.00	2,205,071	258,069	3.00
4.00	OPERATING ROOM	50.00	3,043,680	823,562	4.00
5.00	CARDIAC REHAB	76.02	457,043	58,064	5.00
6.00	PHYSICAL THERAPY	66.00	1,363,278	95,213	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	1,075,905	472,562	7.00
8.00	CARDIO CATH LAB	76.00	1,453,094	1,542,843	8.00
9.00	ENDOSCOPY	76.01	2,965,266	2,126,150	9.00
TOTALS			13,733,209	6,368,368	
M - ORGAN ACQUISITION					
1.00	KIDNEY ACQUISITION	105.00	0	1,178,110	1.00
2.00	HEART ACQUISITION	106.00	0	501,951	2.00
3.00	CLINIC	90.00	777,531	605,526	3.00
TOTALS			777,531	2,285,587	
N - ICU COSTS					
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	926,919	244,110	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	31.02	2,284,957	547,635	2.00
3.00	CARDIO INTENSIVE CARE UNIT	31.03	10,983,670	3,887,519	3.00
4.00	CORONARY CARE UNIT	32.00	4,055,726	1,141,548	4.00
TOTALS			18,251,272	5,820,812	
O - LABOR AND DELIVERY					
1.00	NURSERY	43.00	273,129	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,384,638	297,846	2.00
TOTALS			1,657,767	297,846	
P - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,669,030	1.00
TOTALS			0	2,669,030	
500.00	Grand Total: Increases		43,891,779	190,825,684	500.00

RECLASSIFICATIONS

Provider CCN: 15-0017

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - EMPLOYEE BENEFITS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	18,592,588	0	1.00
2.00	SENIOR CIRCLE	194.02	0	703	0	2.00
3.00	TOTALS	0.00	0	0	0	3.00
B - OXYGEN						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,224	0	1.00
2.00	ANESTHESIOLOGY	53.00	0	88,637	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	412,178	0	3.00
TOTALS						
C - RENTAL AND LEASE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	114,525	10	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,943	0	2.00
3.00	ADMINISTRATIVE	5.01	0	7,381	0	3.00
4.00	OPERATION OF PLANT	7.00	0	1,158	0	4.00
5.00	HOUSEKEEPING	9.00	0	6,000	0	5.00
6.00	DIETARY	10.00	0	29,996	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	39,425	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,883,013	0	8.00
9.00	PHARMACY	15.00	0	499,608	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	52,652	0	10.00
11.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	1,003	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	41,616	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	500	0	13.00
14.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	9,413	0	14.00
15.00	OPERATING ROOM	50.00	0	407,567	0	15.00
16.00	RECOVERY ROOM	51.00	0	150	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,200,405	0	17.00
18.00	PET SCAN	54.01	0	41,209	0	18.00
19.00	RADIOISOTOPE	56.00	0	605,059	0	19.00
20.00	LABORATORY	60.00	0	364,368	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	12,403	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	298,782	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	180,355	0	23.00
24.00	ENDOSCOPY	76.01	0	7,550	0	24.00
25.00	CLINIC	90.00	0	16,604	0	25.00
26.00	EMERGENCY	91.00	0	109,402	0	26.00
27.00	AMBULANCE SERVICES	95.00	0	142,164	0	27.00
28.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	24,120	0	28.00
TOTALS						
D - OTHER CAPITAL COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,974,732	12	1.00
2.00		0.00	0	0	13	2.00
3.00	TOTALS	0.00	0	0	12	3.00
E - MARKETING DEPARTMENT						
1.00	ADMINISTRATIVE	5.01	316,323	2,078,494	0	1.00
TOTALS						
F - CNO RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	369,311	0	0	1.00
TOTALS						
G - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,889,928	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	12	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,612	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	20,250	0	4.00
5.00	RADIOISOTOPE	56.00	0	184,519	0	5.00
TOTALS						
H - DRUGS / IVS						
1.00	PHARMACY	15.00	0	28,926,155	0	1.00
TOTALS						
I - A&G COSTS						
1.00	ADMINISTRATIVE	5.01	6,955,325	67,435,314	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00	TOTALS	0.00	0	0	0	4.00
TOTALS						
			6,955,325	67,435,314		

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	25,652	87,156	0		1.00
2.00	PET SCAN	54.01	747,542	195,155	0		2.00
3.00	MRI	58.00	406,868	46,591	0		3.00
	TOTALS		1,180,062	328,902			
K - DIETARY							
1.00	DIETARY	10.00	650,979	2,283,422	0		1.00
	TOTALS		650,979	2,283,422			
L - MISC DEPARTMENT							
1.00	OPERATING ROOM	50.00	2,965,266	2,126,150	0		1.00
2.00	ENDOSCOPY	76.01	478,345	93,823	0		2.00
3.00	RECOVERY ROOM	51.00	3,043,680	823,562	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	2,507,697	1,979,646	0		4.00
5.00	OCCUPATIONAL THERAPY	67.00	919,056	64,535	0		5.00
6.00	SPEECH PATHOLOGY	68.00	444,222	30,678	0		6.00
7.00	NURSING ADMINISTRATION	13.00	3,374,943	1,249,974	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		13,733,209	6,368,368			
M - ORGAN ACQUISITION							
1.00	OPERATING ROOM	50.00	777,531	2,285,587	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		777,531	2,285,587			
N - ICU COSTS							
1.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	2,284,957	547,635	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	15,966,315	5,273,177	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		18,251,272	5,820,812			
O - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,657,767	292,159	0		1.00
2.00	NURSERY	43.00	0	5,687	0		2.00
	TOTALS		1,657,767	297,846			
P - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,669,030	0		1.00
	TOTALS		0	2,669,030			
500.00	Grand Total: Decreases		43,891,779	190,825,684			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

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

Worksheet A-7
Part I
Date/Time Prepared:
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		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	9,046,915	455,414	0	455,414	0	1.00
2.00	Land Improvements	11,112,974	25,169	0	25,169	0	2.00
3.00	Buildings and Fixtures	147,516,114	6,571,993	0	6,571,993	0	3.00
4.00	Building Improvements	26,223,004	8,359,038	0	8,359,038	0	4.00
5.00	Fixed Equipment	50,641,017	561,890	0	561,890	0	5.00
6.00	Movable Equipment	145,330,233	7,982,737	0	7,982,737	12,964,850	6.00
7.00	HIT designated Assets	2,905,310	114,772	0	114,772	20,382	7.00
8.00	Subtotal (sum of lines 1-7)	392,775,567	24,071,013	0	24,071,013	12,985,232	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	392,775,567	24,071,013	0	24,071,013	12,985,232	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,502,329	0				1.00
2.00	Land Improvements	11,138,143	0				2.00
3.00	Buildings and Fixtures	154,088,107	0				3.00
4.00	Building Improvements	34,582,042	0				4.00
5.00	Fixed Equipment	51,202,907	0				5.00
6.00	Movable Equipment	140,348,120	0				6.00
7.00	HIT designated Assets	2,999,700	0				7.00
8.00	Subtotal (sum of lines 1-7)	403,861,348	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	403,861,348	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

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

Worksheet A-7
Part II
Date/Time Prepared:
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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	7,088,943	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,697,705	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,786,648	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	7,088,943				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,697,705				2.00
3.00	Total (sum of lines 1-2)	0	19,786,648				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0017

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	209,310,621	0	209,310,621	0.518273	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	194,550,727	0	194,550,727	0.481727	0	2.00
3.00	Total (sum of lines 1-2)	403,861,348	0	403,861,348	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,425,107	-114,525	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,901,331	6,006,008	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,326,438	5,891,483	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,415,066	185,641	4,709,276	0	14,620,565	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,159,910	79,815	0	0	20,147,064	2.00
3.00	Total (sum of lines 1-2)	5,574,976	265,456	4,709,276	0	34,767,629	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0017

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

Worksheet A-8

Date/Time Prepared:
11/30/2017 5:03 pm

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-926,662		CAP REL COSTS-BLDG & FIXT	1.00	9	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	-18,069,545				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-353		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	12,939,411				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,024,252		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 school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-30,605		OTHER ADMINISTRATIVE AND GENERAL	5.02	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-808,131		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	304,261		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 SPECIAL EVENTS	A	-108,066		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
33.01 OTHER MI SC REVENUES	B	-1,320,860	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.01
33.02 PATIENT PHONES WAGE COST	A	-134,994	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.02
33.03 PATIENT PHONEES BENEFITS COST	A	-31,979	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.03
33.04 PATIENT PHONES EXPENSE	A	-92,593	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.04
33.05 SPECIAL EVENTS	A	-225	AMBULANCE SERVICES	95.00	0 33.05
33.06 PATIENT TV - CABLE EXPENSE	A	-67,671	OPERATION OF PLANT	7.00	0 33.06
33.07 MARKETING	A	-31,209	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.07
33.08 LEGAL FEES	A	19,081	OTHER ADMINI STRATIVE AND GENERAL	5.02	9 33.08
33.09 PHYSICIAN RECRUITING	A	-988,537	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.09
33.10 LOBBYING IN ASSOCIATION DUES	A	-34,399	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.10
33.11 CHARITABLE CONTRIBUTIONS	A	-380,131	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.11
33.12 PENALTIES	A	-1,666	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.12
33.13 SPECIAL EVENTS	A	-2,016	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.13
33.14 INTERCOMPANY LEASE RECEIPTS	A	2,421,890	OTHER ADMINI STRATIVE AND GENERAL	5.02	0 33.14
33.15		0		0.00	0 33.15
33.16		0		0.00	0 33.16
33.17		0		0.00	0 33.17
33.18		0		0.00	0 33.18
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,369,251			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: 15-0017

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

Worksheet A-8-1

Date/Time Prepared: 11/30/2017 5:03 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT CAPITAL INTEREST	4,228,994	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL - BLDG	70,957	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL - EQUIP	19,866	0
3.01	5.02	OTHER ADMINISTRATIVE AND GEN	FRANCHISE TAXES	1,000	2,150
3.02	5.02	OTHER ADMINISTRATIVE AND GEN	CORPORATE OVERHEAD ALLOCATIO	0	2,496,067
3.03	5.02	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE CENTER ALLOCA	5,495,922	0
4.00	5.01	ADMITTING	PASI OPERATING	1,044,882	0
4.01	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL - BLDG	186,072	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL - EQUIP	1,159,910	0
4.03	5.02	OTHER ADMINISTRATIVE AND GEN	POOLED HOME OFFICE COSTS	10,755,616	0
4.04	5.02	OTHER ADMINISTRATIVE AND GEN	MALPRACTICE	1,580,341	2,836,739
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	CIG ASSETS	614,667	735,168
4.06	8.00	LAUNDRY & LINEN SERVICE	HLS - CAPITAL	118,126	0
4.07	8.00	LAUNDRY & LINEN SERVICE	HLS - OPERATING	1,176,750	1,570,729
4.08	5.02	OTHER ADMINISTRATIVE AND GEN	MANAGEMENT FEES	0	2,444,995
4.09	5.02	OTHER ADMINISTRATIVE AND GEN	401K FEES	0	8,989
4.10	5.02	OTHER ADMINISTRATIVE AND GEN	AUDIT FEES	0	99,445
4.16	5.02	OTHER ADMINISTRATIVE AND GEN	PPSI FEES	0	34,863
4.19	5.01	ADMITTING	PASI COLLECTION FEES	0	1,251,763
4.20	0.00			0	0
4.21	0.00			0	0
4.22	5.01	ADMITTING	PASI LIEN UNIT COLLECTION FE	0	369,968
4.23	5.02	OTHER ADMINISTRATIVE AND GEN	INTEREST EXPENSE	0	1,662,816
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			26,453,103	13,513,692

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

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

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

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

6.00	B	0.00	COMMUNITY HEALT	100.00	6.00
7.00	B	0.00	PASI	100.00	7.00
8.00	E	0.00	HOSPITAL LAUNDR	100.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 15-0017

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

Worksheet A-8-1

Date/Time Prepared:
11/30/2017 5:03 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	4,228,994	11		1.00
2.00	70,957	9		2.00
3.00	19,866	9		3.00
3.01	-1,150	0		3.01
3.02	-2,496,067	0		3.02
3.03	5,495,922	0		3.03
4.00	1,044,882	0		4.00
4.01	186,072	11		4.01
4.02	1,159,910	11		4.02
4.03	10,755,616	0		4.03
4.04	-1,256,398	0		4.04
4.05	-120,501	9		4.05
4.06	118,126	9		4.06
4.07	-393,979	0		4.07
4.08	-2,444,995	0		4.08
4.09	-8,989	0		4.09
4.10	-99,445	0		4.10
4.16	-34,863	0		4.16
4.19	-1,251,763	0		4.19
4.20	0	9		4.20
4.21	0	0		4.21
4.22	-369,968	0		4.22
4.23	-1,662,816	0		4.23
5.00	12,939,411			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:		

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

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

6.00	HOSP COMPANY		6.00
7.00	COLLECTIONS		7.00
8.00	LAUNDRY		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0017

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

Worksheet A-8-2

Date/Time Prepared:
11/30/2017 5:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	1,021,746	1,016,363	5,383	211,500	36	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	335,026	302,998	32,028	211,500	202	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,041,674	1,041,674	0	0	0	3.00
4.00	43.00	NURSERY	2,585	2,585	0	0	0	4.00
5.00	50.00	OPERATING ROOM	797,093	797,093	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	3,324,516	3,324,516	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	706,520	706,520	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	-900	-900	0	0	0	8.00
9.00	76.00	CARDIO CATH LAB	421,299	421,299	0	0	0	9.00
10.00	76.01	ENDOSCOPY	98,550	98,550	0	0	0	10.00
11.00	90.00	CLINIC	632,157	632,157	0	0	0	11.00
12.00	91.00	EMERGENCY	3,335,123	3,335,123	0	0	0	12.00
13.00	95.00	AMBULANCE SERVICES	4,579,172	4,579,172	0	0	0	13.00
14.00	96.00	DURABLE MEDICAL EQUIP-RENTED	1,799,185	1,799,185	0	0	0	14.00
200.00			18,093,746	18,056,335	37,411		238	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	3,661	183	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	20,540	1,027	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	76.00	CARDIO CATH LAB	0	0	0	0	0	9.00
10.00	76.01	ENDOSCOPY	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
13.00	95.00	AMBULANCE SERVICES	0	0	0	0	0	13.00
14.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	14.00
200.00			24,201	1,210	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	3,661	1,722	1,018,085		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	20,540	11,488	314,486		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,041,674		3.00
4.00	43.00	NURSERY	0	0	0	2,585		4.00
5.00	50.00	OPERATING ROOM	0	0	0	797,093		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	3,324,516		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	706,520		7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	-900		8.00
9.00	76.00	CARDIO CATH LAB	0	0	0	421,299		9.00
10.00	76.01	ENDOSCOPY	0	0	0	98,550		10.00
11.00	90.00	CLINIC	0	0	0	632,157		11.00
12.00	91.00	EMERGENCY	0	0	0	3,335,123		12.00
13.00	95.00	AMBULANCE SERVICES	0	0	0	4,579,172		13.00
14.00	96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	1,799,185		14.00
200.00			0	24,201	13,210	18,069,545		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,620,565	14,620,565			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	20,147,064		20,147,064		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	20,181,721	382,989	22,358	20,587,068	4.00
5.01 00540	ADMITTING	9,982,286	318,510	36,658	729,253	11,066,707
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	55,583,408	619,126	9,270,223	1,163,416	0
7.00 00700	OPERATION OF PLANT	12,569,228	3,165,013	516,833	281,380	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,374,029	18,364	0	0	0
9.00 00900	HOUSEKEEPING	2,835,277	61,657	29,089	252,507	0
10.00 01000	DIETARY	2,864,489	593,379	78,127	154,037	0
11.00 01100	CAFETERIA	1,910,149	0	0	116,788	0
13.00 01300	NURSING ADMINISTRATION	2,357,315	140,308	19,862	381,319	0
14.00 01400	CENTRAL SERVICES & SUPPLY	7,098,474	256,239	223,193	352,524	0
15.00 01500	PHARMACY	8,107,375	146,688	140,337	1,114,467	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,586,618	156,668	17,493	311,592	0
17.00 01700	SOCIAL SERVICE	2,463,140	105,543	0	395,599	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,039	0	0	1,342	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,669,030	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	263,542	59,142	282	19,637	0
23.01 02301	PHARMACY RESIDENCY PROGRAM	226,824	0	0	36,371	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,683,941	2,038,994	809,699	3,131,061	507,079
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	1,171,367	134,868	29,180	166,293	16,181
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,832,592	226,341	694,109	409,930	58,293
31.03 03101	CARDIO INTENSIVE CARE UNIT	14,871,189	808,759	293,773	1,970,514	294,103
32.00 03200	CORONARY CARE UNIT	5,197,274	314,931	33,695	727,613	115,863
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00 04300	NURSERY	331,880	11,166	1,063	49,000	6,846
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,558,772	2,162,328	2,126,510	1,629,837	1,903,502
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,682,484	0	0	248,410	34,704
53.00 05300	ANESTHESIOLOGY	159,803	1,636	0	13,826	229,692
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,089,108	324,072	1,535,124	1,063,929	529,321
54.01 05401	PET SCAN	112,809	35,276	32,920	4,602	24,503
56.00 05600	RADIOISOTOPE	1,378,945	82,168	45,228	92,805	147,681
57.00 05700	CT SCAN	1,328,235	40,634	88,330	160,369	474,250
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	14,037,838	345,667	347,933	781,134	878,050
65.00 06500	RESPIRATORY THERAPY	5,468,074	117,486	174,940	710,716	312,591
66.00 06600	PHYSICAL THERAPY	4,346,364	248,673	20,858	707,717	108,003
67.00 06700	OCCUPATIONAL THERAPY	5,736	0	0	0	1,147
68.00 06800	SPEECH PATHOLOGY	9,922	0	0	0	2,245
69.00 06900	ELECTROCARDIOLOGY	2,428,839	294,317	385,869	379,996	338,862
70.00 07000	ELECTROENCEPHALOGRAPHY	1,549,367	30,757	339,216	193,022	39,200
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,709,864	0	0	0	871,036
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	27,314,779	0	0	0	830,737
73.00 07300	DRUGS CHARGED TO PATIENTS	28,926,155	0	0	0	1,970,366
74.00 07400	RENAL DIALYSIS	2,458,157	162,373	2,519	0	44,968
76.00 03140	CARDIO CATH LAB	2,574,638	132,353	771,453	260,691	422,434
76.01 03050	ENDOSCOPY	4,985,316	142,251	809,075	531,981	272,035
76.02 03950	CARDIAC REHAB	544,857	0	15,854	86,960	16,943
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,975,915	417,836	45,244	549,482	15,476
91.00 09100	EMERGENCY	7,633,411	412,539	246,266	942,003	547,105
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	4,745,150	9,448	769,759	380,000	33,492
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,178,110	52,904	0	0	6,007
106.00 10600	HEART ACQUISITION	501,951	0	0	0	13,992
118.00	SUBTOTALS (SUM OF LINES 1-117)	376,641,415	14,571,403	19,973,072	20,502,123	11,066,707
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,162	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	416,280	0	162,646	108	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	2,394,817	0	4,971	56,750	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	71,248	0	0	7,661	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	125,762	0	6,375	20,426	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	379,649,522	14,620,565	20,147,064	20,587,068	11,066,707	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.02	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560	66,636,173	66,636,173				5.02
7.00	00700	16,532,454	3,519,528	20,051,982			7.00
8.00	00800	1,392,393	296,421	36,334	1,725,148		8.00
9.00	00900	3,178,530	676,665	121,988	0	3,977,183	9.00
10.00	01000	3,690,032	785,556	1,174,002	0	234,709	10.00
11.00	01100	2,026,937	431,507	0	0	0	11.00
13.00	01300	2,898,804	617,115	277,600	0	55,498	13.00
14.00	01400	7,930,430	1,688,278	506,970	0	101,355	14.00
15.00	01500	9,508,867	2,024,305	290,223	0	58,022	15.00
16.00	01600	6,072,371	1,292,723	309,968	0	61,969	16.00
17.00	01700	2,964,282	631,054	208,817	0	41,747	17.00
21.00	02100	9,381	1,997	0	0	0	21.00
22.00	02200	2,669,030	568,199	0	0	0	22.00
23.00	02300	342,603	72,935	117,012	5,199	23,393	23.00
23.01	02301	263,195	56,031	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,170,774	6,422,935	4,034,155	661,461	806,517	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	1,517,889	323,137	266,837	47,464	53,347	31.01
31.02	02060	4,221,265	898,648	447,817	8,158	89,528	31.02
31.03	03101	18,238,338	3,882,687	1,600,132	219,297	319,902	31.03
32.00	03200	6,389,376	1,360,209	623,092	71,040	124,570	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	399,955	85,145	22,091	0	4,417	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,380,949	5,403,249	4,278,170	281,049	855,301	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	1,965,598	418,448	0	0	0	52.00
53.00	05300	404,957	86,210	3,237	0	647	53.00
54.00	05400	11,541,554	2,457,035	641,178	76,830	128,186	54.00
54.01	05401	210,110	44,729	69,794	0	13,953	54.01
56.00	05600	1,746,827	371,875	162,570	0	32,501	56.00
57.00	05700	2,091,818	445,319	80,395	29,608	16,073	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	16,390,622	3,489,334	683,904	1,168	136,728	60.00
65.00	06500	6,783,807	1,444,178	232,446	6,871	46,471	65.00
66.00	06600	5,431,615	1,156,315	492,000	0	98,362	66.00
67.00	06700	6,883	1,465	0	0	0	67.00
68.00	06800	12,167	2,590	0	0	0	68.00
69.00	06900	3,827,883	814,903	582,308	7,254	116,416	69.00
70.00	07000	2,151,562	458,037	60,853	0	12,166	70.00
71.00	07100	15,580,900	3,316,955	0	0	0	71.00
72.00	07200	28,145,516	5,991,786	0	0	0	72.00
73.00	07300	30,896,521	6,577,448	0	0	0	73.00
74.00	07400	2,668,017	567,983	321,256	0	64,226	74.00
76.00	03140	4,161,569	885,940	261,860	15,769	52,352	76.00
76.01	03050	6,740,658	1,434,992	281,443	40,187	56,267	76.01
76.02	03950	664,614	141,487	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	5,003,953	1,065,272	826,689	30,881	165,273	90.00
91.00	09100	9,781,324	2,082,307	816,210	222,912	163,178	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	5,937,849	1,264,085	18,693	0	3,737	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	1,237,021	263,344	104,671	0	20,926	105.00
106.00	10600	515,943	109,837	0	0	0	106.00
118.00		376,333,316	65,930,198	19,954,715	1,725,148	3,957,737	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	49,162	10,466	97,267	0	19,446	190.00
192.00	19200	579,034	123,268	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	2,456,538	522,963	0	0	0	194.01
194.02	07952	78,909	16,799	0	0	0	194.02
194.03	07953	152,563	32,479	0	0	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.02	7.00	8.00	9.00	
202.00 TOTAL (sum lines 118-201)	379,649,522	66,636,173	20,051,982	1,725,148	3,977,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,884,299					10.00
11.00	01100	0	2,458,444				11.00
13.00	01300	0	46,241	3,895,258			13.00
14.00	01400	0	79,367	0	10,306,400		14.00
15.00	01500	0	108,125	0	244,660	12,234,202	15.00
16.00	01600	0	56,603	0	2,279	0	16.00
17.00	01700	0	45,456	0	5,552	0	17.00
21.00	02100	0	86	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	2,412	0	159	0	23.00
23.01	02301	0	4,196	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,579,665	485,680	1,014,205	334,905	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	35,919	20,537	53,865	28,017	0	31.01
31.02	02060	35,418	47,826	132,783	36,325	0	31.02
31.03	03101	120,737	247,220	638,283	244,195	0	31.03
32.00	03200	0	84,819	235,686	86,994	0	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	0	5,880	15,872	10,424	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	222,687	527,932	1,087,541	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	29,800	80,464	0	0	52.00
53.00	05300	0	3,725	0	12,434	0	53.00
54.00	05400	0	150,641	344,625	117,667	0	54.00
54.01	05401	0	599	1,491	0	0	54.01
56.00	05600	0	10,818	30,061	60,193	0	56.00
57.00	05700	0	23,249	51,946	34,640	0	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	124,452	0	922,508	0	60.00
65.00	06500	0	95,908	0	148,269	0	65.00
66.00	06600	0	75,942	0	12,642	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	419	0	68.00
69.00	06900	0	70,689	0	11,275	0	69.00
70.00	07000	0	26,032	0	69,660	0	70.00
71.00	07100	0	0	0	2,191,616	0	71.00
72.00	07200	0	0	0	3,867,672	0	72.00
73.00	07300	0	0	0	0	12,234,202	73.00
74.00	07400	0	0	0	8,479	0	74.00
76.00	03140	0	28,458	84,442	184,338	0	76.00
76.01	03050	0	74,928	172,318	254,941	0	76.01
76.02	03950	0	14,657	28,168	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	69,576	177,986	70,414	0	90.00
91.00	09100	0	129,933	305,131	228,614	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	60,670	0	28,233	0	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
118.00		1,771,739	2,447,212	3,895,258	10,305,065	12,234,202	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	4,112,560	29	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	7,250	0	1,116	0	194.01
194.02	07952	0	1,427	0	98	0	194.02
194.03	07953	0	2,526	0	121	0	194.03
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
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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	
202.00 TOTAL (sum lines 118-201)	5,884,299	2,458,444	3,895,258	10,306,400	12,234,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	7,795,913				16.00
17.00 01700	SOCIAL SERVICE	0	3,896,908			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	11,464		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,237,229	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	563,713
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	357,266	178,509	1,315	371,242	360,909
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	11,400	5,696	53	14,850	5,124
31.02 02060	NEONATAL INTENSIVE CARE UNIT	41,071	20,521	999	282,144	28,348
31.03 03101	CARDIO INTENSIVE CARE UNIT	207,212	103,534	0	0	117,563
32.00 03200	CORONARY CARE UNIT	81,632	40,788	0	0	40,429
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
43.00 04300	NURSERY	4,823	2,410	0	0	11,340
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,341,125	670,096	3,103	876,131	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,451	12,217	0	0	0
53.00 05300	ANESTHESIOLOGY	161,831	80,859	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	372,937	186,339	0	0	0
54.01 05401	PET SCAN	17,264	8,626	0	0	0
56.00 05600	RADIOISOTOPE	104,050	51,989	0	0	0
57.00 05700	CT SCAN	334,136	166,952	0	0	0
58.00 05800	MRI	0	0	0	0	0
60.00 06000	LABORATORY	618,636	309,103	0	0	0
65.00 06500	RESPIRATORY THERAPY	220,238	110,042	105	29,699	0
66.00 06600	PHYSICAL THERAPY	76,094	38,021	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	808	404	0	0	0
68.00 06800	SPEECH PATHOLOGY	1,582	790	0	0	0
69.00 06900	ELECTROCARDIOLOGY	238,747	119,291	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	27,619	13,800	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	613,694	306,634	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	585,301	292,447	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,387,028	694,691	0	0	0
74.00 07400	RENAL DIALYSIS	31,682	15,830	0	0	0
76.00 03140	CARDIO CATH LAB	297,628	148,711	421	118,797	0
76.01 03050	ENDOSCOPY	191,664	95,765	0	0	0
76.02 03950	CARDIAC REHAB	11,937	5,965	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	10,904	5,448	4,942	1,395,869	0
91.00 09100	EMERGENCY	385,466	192,599	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	23,597	11,790	0	0	0
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	4,232	2,115	0	0	0
106.00 10600	HEART ACQUISITION	9,858	4,926	0	0	0
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	7,795,913	3,896,908	10,938	3,088,732	563,713
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	526	148,497	0
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0
194.01 07951	MARKETING	0	0	0	0	0
194.02 07952	SENIOR CIRCLE	0	0	0	0	0
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

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

Worksheet B
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	7,795,913	3,896,908	11,464	3,237,229	563,713	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.01	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01 00540	ADMITTING				5.01	
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL				5.02	
7.00 00700	OPERATION OF PLANT				7.00	
8.00 00800	LAUNDRY & LINEN SERVICE				8.00	
9.00 00900	HOUSEKEEPING				9.00	
10.00 01000	DIETARY				10.00	
11.00 01100	CAFETERIA				11.00	
13.00 01300	NURSING ADMINISTRATION				13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00 01500	PHARMACY				15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00 01700	SOCIAL SERVICE				17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00	
23.00 02300	PARAMED ED PRGM-(SPECIFY)				23.00	
23.01 02301	PHARMACY RESIDENCY PROGRAM	323,422			23.01	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	46,779,538	-372,557	46,406,981	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	2,384,135	-14,903	2,369,232	31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	6,290,851	-283,143	6,007,708	31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	25,939,100	0	25,939,100	31.03
32.00 03200	CORONARY CARE UNIT	0	9,138,635	0	9,138,635	32.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
43.00 04300	NURSERY	0	562,357	0	562,357	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	40,927,333	-879,234	40,048,099	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	2,530,978	0	2,530,978	52.00
53.00 05300	ANESTHESIOLOGY	0	753,900	0	753,900	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	16,016,992	0	16,016,992	54.00
54.01 05401	PET SCAN	0	366,566	0	366,566	54.01
56.00 05600	RADIOISOTOPE	0	2,570,884	0	2,570,884	56.00
57.00 05700	CT SCAN	0	3,274,136	0	3,274,136	57.00
58.00 05800	MRI	0	0	0	0	58.00
60.00 06000	LABORATORY	0	22,676,455	0	22,676,455	60.00
65.00 06500	RESPIRATORY THERAPY	0	9,118,034	-29,804	9,088,230	65.00
66.00 06600	PHYSICAL THERAPY	0	7,380,991	0	7,380,991	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,560	0	9,560	67.00
68.00 06800	SPEECH PATHOLOGY	0	17,548	0	17,548	68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,788,766	0	5,788,766	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,819,729	0	2,819,729	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,009,799	0	22,009,799	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,882,722	0	38,882,722	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	323,422	52,113,312	0	52,113,312	73.00
74.00 07400	RENAL DIALYSIS	0	3,677,473	0	3,677,473	74.00
76.00 03140	CARDIO CATH LAB	0	6,240,285	-119,218	6,121,067	76.00
76.01 03050	ENDOSCOPY	0	9,343,163	0	9,343,163	76.01
76.02 03950	CARDIAC REHAB	0	866,828	0	866,828	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	8,827,207	-1,400,811	7,426,396	90.00
91.00 09100	EMERGENCY	0	14,307,674	0	14,307,674	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	7,348,654	0	7,348,654	95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	1,632,309	0	1,632,309	105.00
106.00 10600	HEART ACQUISITION	0	640,564	0	640,564	106.00
118.00 0	SUBTOTALS (SUM OF LINES 1-117)	323,422	371,236,478	-3,099,670	368,136,808	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	176,341	0	176,341	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	4,963,914	-149,023	4,814,891	192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01 07951	MARKETING	0	2,987,867	0	2,987,867	194.01
194.02 07952	SENIOR CIRCLE	0	97,233	0	97,233	194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	187,689	0	187,689	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0017

Period:
From 07/01/2016
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Worksheet B
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
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 118-201)	323,422	379,649,522	-3,248,693	376,400,829		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	382,989	22,358	405,347	405,347 4.00
5.01 00540	ADMITTING	0	318,510	36,658	355,168	14,357 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	0	619,126	9,270,223	9,889,349	22,905 5.02
7.00 00700	OPERATION OF PLANT	0	3,165,013	516,833	3,681,846	5,540 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,364	0	18,364	0 8.00
9.00 00900	HOUSEKEEPING	0	61,657	29,089	90,746	4,971 9.00
10.00 01000	DIETARY	0	593,379	78,127	671,506	3,033 10.00
11.00 01100	CAFETERIA	0	0	0	0	2,299 11.00
13.00 01300	NURSING ADMINISTRATION	0	140,308	19,862	160,170	7,507 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	256,239	223,193	479,432	6,940 14.00
15.00 01500	PHARMACY	0	146,688	140,337	287,025	21,941 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	156,668	17,493	174,161	6,134 16.00
17.00 01700	SOCIAL SERVICE	0	105,543	0	105,543	7,788 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	26 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	59,142	282	59,424	387 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	0	0	716 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,038,994	809,699	2,848,693	61,686 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	0	134,868	29,180	164,048	3,274 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	0	226,341	694,109	920,450	8,070 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	0	808,759	293,773	1,102,532	38,794 31.03
32.00 03200	CORONARY CARE UNIT	0	314,931	33,695	348,626	14,325 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	0	11,166	1,063	12,229	965 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,162,328	2,126,510	4,288,838	32,087 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	4,891 52.00
53.00 05300	ANESTHESIOLOGY	0	1,636	0	1,636	272 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	324,072	1,535,124	1,859,196	20,946 54.00
54.01 05401	PET SCAN	0	35,276	32,920	68,196	91 54.01
56.00 05600	RADIOISOTOPE	0	82,168	45,228	127,396	1,827 56.00
57.00 05700	CT SCAN	0	40,634	88,330	128,964	3,157 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	345,667	347,933	693,600	15,378 60.00
65.00 06500	RESPIRATORY THERAPY	0	117,486	174,940	292,426	13,992 65.00
66.00 06600	PHYSICAL THERAPY	0	248,673	20,858	269,531	13,933 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	294,317	385,869	680,186	7,481 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	30,757	339,216	369,973	3,800 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	162,373	2,519	164,892	0 74.00
76.00 03140	CARDIO CATH LAB	0	132,353	771,453	903,806	5,132 76.00
76.01 03050	ENDOSCOPY	0	142,251	809,075	951,326	10,473 76.01
76.02 03950	CARDIAC REHAB	0	0	15,854	15,854	1,712 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	417,836	45,244	463,080	10,818 90.00
91.00 09100	EMERGENCY	0	412,539	246,266	658,805	18,546 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	9,448	769,759	779,207	7,481 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	52,904	0	52,904	0 105.00
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,571,403	19,973,072	34,544,475	403,675 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,162	0	49,162	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	162,646	162,646	2 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	4,971	4,971	1,117 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	151 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	6,375	6,375	402	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	14,620,565	20,147,064	34,767,629	405,347	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 5:03 pm		
Cost Center Description			ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.01	5.02	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMINISTRATIVE	369,525				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	0	9,912,254			5.02
7.00	00700	OPERATION OF PLANT	0	523,533	4,210,919		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	44,093	7,630	70,087	8.00
9.00	00900	HOUSEKEEPING	0	100,655	25,618	0	9.00
10.00	01000	DIETARY	0	116,852	246,541	0	10.00
11.00	01100	CAFETERIA	0	64,187	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	91,796	58,296	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	251,133	106,464	0	14.00
15.00	01500	PHARMACY	0	301,117	60,947	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	192,294	65,093	0	16.00
17.00	01700	SOCIAL SERVICE	0	93,870	43,852	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	297	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	84,520	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	10,849	24,572	211	23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	0	8,335	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,894	955,418	847,173	26,874	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	539	48,067	56,036	1,928	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,942	133,675	94,042	331	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	9,799	577,553	336,028	8,909	31.03
32.00	03200	CORONARY CARE UNIT	3,860	202,332	130,849	2,886	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	228	12,665	4,639	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,419	803,739	898,415	11,418	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,156	62,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,653	12,824	680	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,635	365,486	134,647	3,121	54.00
54.01	05401	PET SCAN	816	6,654	14,657	0	54.01
56.00	05600	RADIOLOGY-SOFT	4,920	55,317	34,140	0	56.00
57.00	05700	CT SCAN	15,801	66,242	16,883	1,203	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	29,254	519,042	143,620	47	60.00
65.00	06500	RESPIRATORY THERAPY	10,415	214,823	48,814	279	65.00
66.00	06600	PHYSICAL THERAPY	3,598	172,003	103,320	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	38	218	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	75	385	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,290	121,218	122,285	295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,306	68,134	12,779	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	29,020	493,400	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,678	891,284	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,464	978,461	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,498	84,488	67,464	0	74.00
76.00	03140	CARDIO CATH LAB	14,074	131,784	54,991	641	76.00
76.01	03050	ENDOSCOPY	9,063	213,456	59,103	1,633	76.01
76.02	03950	CARDIAC REHAB	564	21,046	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	516	158,460	173,605	1,255	90.00
91.00	09100	EMERGENCY	18,228	309,745	171,404	9,056	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,116	188,034	3,925	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	200	39,173	21,981	0	105.00
106.00	10600	HEART ACQUISITION	466	16,338	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	369,525	9,807,240	4,190,493	70,087	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,557	20,426	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,336	0	0	192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	194.00
194.01	07951	MARKETING	0	77,791	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	2,499	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	4,831	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.01	5.02	7.00	8.00	9.00		
202.00	TOTAL (sum lines 118-201)	369,525	9,912,254	4,210,919	70,087	221,990	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

Period:
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,051,032					10.00
11.00	01100		66,486				11.00
13.00	01300		1,251	322,118			13.00
14.00	01400		2,146		851,772		14.00
15.00	01500		2,924		20,220	697,413	15.00
16.00	01600		1,531		188		16.00
17.00	01700		1,229		459		17.00
21.00	02100		2				21.00
22.00	02200		0				22.00
23.00	02300		65		13		23.00
23.01	02301		113		0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	282,154	13,134	83,846	27,678		30.00
31.00	03100		0	0	0		31.00
31.01	02080	6,416	555	4,455	2,315		31.01
31.02	02060	6,326	1,293	10,982	3,002		31.02
31.03	03101	21,566	6,686	52,788	20,181		31.03
32.00	03200		2,294	19,492	7,190		32.00
40.00	04000		0	0	0		40.00
43.00	04300		159	1,313	861		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		6,022	43,661	89,879		50.00
51.00	05100		0	0	0		51.00
52.00	05200		806	6,655	0		52.00
53.00	05300		101	0	1,028		53.00
54.00	05400		4,074	28,501	9,724		54.00
54.01	05401		16	123	0		54.01
56.00	05600		293	2,486	4,975		56.00
57.00	05700		629	4,296	2,863		57.00
58.00	05800		0	0	0		58.00
60.00	06000		3,366	0	76,240		60.00
65.00	06500		2,594	0	12,253		65.00
66.00	06600		2,054	0	1,045		66.00
67.00	06700		0	0	0		67.00
68.00	06800		0	0	35		68.00
69.00	06900		1,912	0	932		69.00
70.00	07000		704	0	5,757		70.00
71.00	07100		0	0	181,123		71.00
72.00	07200		0	0	319,651		72.00
73.00	07300		0	0	0	697,413	73.00
74.00	07400		0	0	701		74.00
76.00	03140		770	6,984	15,234		76.00
76.01	03050		2,026	14,251	21,069		76.01
76.02	03950		396	2,330	0		76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		1,882	14,720	5,819		90.00
91.00	09100		3,514	25,235	18,894		91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		1,641	0	2,333		95.00
96.00	09600		0	0	0		96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500		0	0	0		105.00
106.00	10600		0	0	0		106.00
118.00		316,462	66,182	322,118	851,662	697,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		0	0	0		190.00
192.00	19200	734,570	1	0	0		192.00
194.00	07950		0	0	0		194.00
194.01	07951		196	0	92		194.01
194.02	07952		39	0	8		194.02
194.03	07953		68	0	10		194.03
200.00							200.00
201.00			0	0	0		201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017			Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,051,032	66,486	322,118	851,772	697,413	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	442,860				16.00
17.00 01700	SOCIAL SERVICE	0	255,071			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	325		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		84,520	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,248	11,677			30.00
31.00 03100	INTENSIVE CARE UNIT	0	0			31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	646	373			31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	2,328	1,342			31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	11,744	6,773			31.03
32.00 03200	CORONARY CARE UNIT	4,627	2,668			32.00
40.00 04000	SUBPROVIDER - I/PF	0	0			40.00
43.00 04300	NURSERY	273	158			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	76,010	43,834			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,386	799			52.00
53.00 05300	ANESTHESIOLOGY	9,172	5,289			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,137	12,189			54.00
54.01 05401	PET SCAN	978	564			54.01
56.00 05600	RADIOISOTOPE	5,897	3,401			56.00
57.00 05700	CT SCAN	18,937	10,921			57.00
58.00 05800	MRI	0	0			58.00
60.00 06000	LABORATORY	35,062	20,220			60.00
65.00 06500	RESPIRATORY THERAPY	12,482	7,198			65.00
66.00 06600	PHYSICAL THERAPY	4,313	2,487			66.00
67.00 06700	OCCUPATIONAL THERAPY	46	26			67.00
68.00 06800	SPEECH PATHOLOGY	90	52			68.00
69.00 06900	ELECTROCARDIOLOGY	13,531	7,803			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,565	903			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,782	20,058			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	33,172	19,130			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	79,629	45,602			73.00
74.00 07400	RENAL DIALYSIS	1,796	1,036			74.00
76.00 03140	CARDIO CATH LAB	16,868	9,728			76.00
76.01 03050	ENDOSCOPY	10,863	6,264			76.01
76.02 03950	CARDIAC REHAB	677	390			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	618	356			90.00
91.00 09100	EMERGENCY	21,847	12,599			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,337	771			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	240	138			105.00
106.00 10600	HEART ACQUISITION	559	322			106.00
118.00 0	SUBTOTALS (SUM OF LINES 1-117)	442,860	255,071	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
194.00 07950	CLOSED PSYCH UNIT	0	0			194.00
194.01 07951	MARKETING	0	0			194.01
194.02 07952	SENIOR CIRCLE	0	0			194.02
194.03 07953	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0017

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

Worksheet B
Part II
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			16.00	17.00			21.00
200.00 Cross Foot Adjustments				325	84,520	96,827	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	442,860	255,071	325	84,520	96,827	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00540	ADMITTING				5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION				13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00	
15.00	01500	PHARMACY				15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00	
17.00	01700	SOCIAL SERVICE				17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00	
23.01	02301	PHARMACY RESIDENCY PROGRAM	9,164			23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,240,491	0	5,240,491	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	291,630	0	291,630	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	1,188,780	0	1,188,780	31.02	
31.03	03101	CARDIO INTENSIVE CARE UNIT	2,211,209	0	2,211,209	31.03	
32.00	03200	CORONARY CARE UNIT	746,102	0	746,102	32.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00	
43.00	04300	NURSERY	33,737	0	33,737	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,405,059	0	6,405,059	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,938	0	77,938	52.00	
53.00	05300	ANESTHESIOLOGY	38,691	0	38,691	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,483,811	0	2,483,811	54.00	
54.01	05401	PET SCAN	92,874	0	92,874	54.01	
56.00	05600	RADIOISOTOPE	242,466	0	242,466	56.00	
57.00	05700	CT SCAN	270,793	0	270,793	57.00	
58.00	05800	MRI	0	0	0	58.00	
60.00	06000	LABORATORY	1,543,461	0	1,543,461	60.00	
65.00	06500	RESPIRATORY THERAPY	617,870	0	617,870	65.00	
66.00	06600	PHYSICAL THERAPY	577,774	0	577,774	66.00	
67.00	06700	OCCUPATIONAL THERAPY	328	0	328	67.00	
68.00	06800	SPEECH PATHOLOGY	637	0	637	68.00	
69.00	06900	ELECTROCARDIOLOGY	973,431	0	973,431	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	465,600	0	465,600	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	758,383	0	758,383	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,290,915	0	1,290,915	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	1,867,569	0	1,867,569	73.00	
74.00	07400	RENAL DIALYSIS	325,460	0	325,460	74.00	
76.00	03140	CARDIO CATH LAB	1,162,934	0	1,162,934	76.00	
76.01	03050	ENDOSCOPY	1,302,668	0	1,302,668	76.01	
76.02	03950	CARDIAC REHAB	42,969	0	42,969	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	840,354	0	840,354	90.00	
91.00	09100	EMERGENCY	1,276,981	0	1,276,981	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	986,054	0	986,054	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	115,804	0	115,804	105.00	
106.00	10600	HEART ACQUISITION	17,685	0	17,685	106.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	33,490,458	0	33,490,458	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,230	0	72,230	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	915,555	0	915,555	192.00	
194.00	07950	CLOSED PSYCH UNIT	0	0	0	194.00	
194.01	07951	MARKETING	84,167	0	84,167	194.01	
194.02	07952	SENIOR CIRCLE	2,697	0	2,697	194.02	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	11,686	0	11,686	194.03	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description		PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	9,164	190,836	0	190,836		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	9,164	34,767,629	0	34,767,629		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	714,940				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		13,511,206			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,728	14,994	114,752,504		4.00
5.01 00540	ADMITTING	15,575	24,584	4,064,864	2,710,936,516	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	30,275	6,216,879	6,484,897	0	-66,636,173 5.02
7.00 00700	OPERATION OF PLANT	154,768	346,603	1,568,414	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	898	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,015	19,508	1,407,478	0	0 9.00
10.00 01000	DIETARY	29,016	52,394	858,606	0	0 10.00
11.00 01100	CAFETERIA	0	0	650,979	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	6,861	13,320	2,125,477	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,530	149,680	1,964,973	0	0 14.00
15.00 01500	PHARMACY	7,173	94,114	6,212,051	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,661	11,731	1,736,820	0	0 16.00
17.00 01700	SOCIAL SERVICE	5,161	0	2,205,071	0	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	7,482	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	2,892	189	109,455	0	0 23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0	0	202,733	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	99,706	543,008	17,452,522	124,223,130	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	6,595	19,569	926,919	3,963,878	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	11,068	465,490	2,284,957	14,280,494	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	39,548	197,013	10,983,670	72,048,846	0 31.03
32.00 03200	CORONARY CARE UNIT	15,400	22,597	4,055,726	28,383,945	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	546	713	273,129	1,677,041	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	105,737	1,426,100	9,084,729	466,316,094	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,384,638	8,501,822	0 52.00
53.00 05300	ANESTHESIOLOGY	80	0	77,065	56,269,497	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,847	1,029,499	5,930,350	129,671,987	0 54.00
54.01 05401	PET SCAN	1,725	22,077	25,653	6,002,817	0 54.01
56.00 05600	RADIOISOTOPE	4,018	30,331	517,296	36,178,553	0 56.00
57.00 05700	CT SCAN	1,987	59,237	893,898	116,180,696	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	16,903	233,334	4,354,048	215,102,948	0 60.00
65.00 06500	RESPIRATORY THERAPY	5,745	117,320	3,961,539	76,577,823	0 65.00
66.00 06600	PHYSICAL THERAPY	12,160	13,988	3,944,823	26,458,318	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	281,049	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	550,078	0 68.00
69.00 06900	ELECTROCARDIOLOGY	14,392	258,775	2,118,104	83,013,730	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,504	227,488	1,075,905	9,603,125	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	213,384,511	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	203,512,249	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	482,533,684	0 73.00
74.00 07400	RENAL DIALYSIS	7,940	1,689	0	11,016,050	0 74.00
76.00 03140	CARDIO CATH LAB	6,472	517,359	1,453,094	103,486,921	0 76.00
76.01 03050	ENDOSCOPY	6,956	542,589	2,965,266	66,642,557	0 76.01
76.02 03950	CARDIAC REHAB	0	10,632	484,714	4,150,728	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	20,432	30,342	3,062,818	3,791,378	0 90.00
91.00 09100	EMERGENCY	20,173	165,153	5,250,736	134,028,553	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	462	516,223	2,118,122	8,204,817	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,587	0	0	1,471,509	0 105.00
106.00 10600	HEART ACQUISITION	0	0	0	3,427,688	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	712,536	13,394,522	114,279,021	2,710,936,516	-66,636,173 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,404	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	109,075	600	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	3,334	316,323	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	42,703	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	4,275	113,857	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	14,620,565	20,147,064	20,587,068	11,066,707		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	20.450059	1.491137	0.179404	0.004082		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			405,347	369,525		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003532	0.000136		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	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-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	ADMITTING					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	313,013,349				5.02
7.00	00700	OPERATION OF PLANT	16,532,454	495,594			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,392,393	898	2,080,084		8.00
9.00	00900	HOUSEKEEPING	3,178,530	3,015	0	491,681	9.00
10.00	01000	DIETARY	3,690,032	29,016	0	29,016	634,648 10.00
11.00	01100	CAFETERIA	2,026,937	0	0	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	2,898,804	6,861	0	6,861	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,930,430	12,530	0	12,530	0 14.00
15.00	01500	PHARMACY	9,508,867	7,173	0	7,173	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,072,371	7,661	0	7,661	0 16.00
17.00	01700	SOCIAL SERVICE	2,964,282	5,161	0	5,161	0 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,381	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,669,030	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	342,603	2,892	6,269	2,892	0 23.00
23.01	02301	PHARMACY RESIDENCY PROGRAM	263,195	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,170,774	99,706	797,553	99,706	170,374 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,517,889	6,595	57,229	6,595	3,874 31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,221,265	11,068	9,836	11,068	3,820 31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	18,238,338	39,548	264,416	39,548	13,022 31.03
32.00	03200	CORONARY CARE UNIT	6,389,376	15,400	85,656	15,400	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	399,955	546	0	546	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,380,949	105,737	338,873	105,737	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,965,598	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	404,957	80	0	80	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,541,554	15,847	92,637	15,847	0 54.00
54.01	05401	PET SCAN	210,110	1,725	0	1,725	0 54.01
56.00	05600	RADIOISOTOPE	1,746,827	4,018	0	4,018	0 56.00
57.00	05700	CT SCAN	2,091,818	1,987	35,699	1,987	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
60.00	06000	LABORATORY	16,390,622	16,903	1,408	16,903	0 60.00
65.00	06500	RESPIRATORY THERAPY	6,783,807	5,745	8,285	5,745	0 65.00
66.00	06600	PHYSICAL THERAPY	5,431,615	12,160	0	12,160	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	6,883	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	12,167	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,827,883	14,392	8,747	14,392	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,151,562	1,504	0	1,504	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,580,900	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,145,516	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,896,521	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	2,668,017	7,940	0	7,940	0 74.00
76.00	03140	CARDIO CATH LAB	4,161,569	6,472	19,013	6,472	0 76.00
76.01	03050	ENDOSCOPY	6,740,658	6,956	48,455	6,956	0 76.01
76.02	03950	CARDIAC REHAB	664,614	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,003,953	20,432	37,234	20,432	0 90.00
91.00	09100	EMERGENCY	9,781,324	20,173	268,774	20,173	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,937,849	462	0	462	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,237,021	2,587	0	2,587	0 105.00
106.00	10600	HEART ACQUISITION	515,943	0	0	0	0 106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	309,697,143	493,190	2,080,084	489,277	191,090 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	49,162	2,404	0	2,404	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	579,034	0	0	0	443,558 192.00
194.00	07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01	07951	MARKETING	2,456,538	0	0	0	0 194.01
194.02	07952	SENIOR CIRCLE	78,909	0	0	0	0 194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	152,563	0	0	0	0 194.03
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.02	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	66,636,173	20,051,982	1,725,148	3,977,183	5,884,299	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.212886	40.460502	0.829365	8.088950	9.271752	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	9,912,254	4,210,919	70,087	221,990	1,051,032	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.031667	8.496711	0.033694	0.451492	1.656087	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS NG SALAR)	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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	172,256					11.00
13.00	01300	3,240	67,030,115				13.00
14.00	01400	5,561	0	63,545,067			14.00
15.00	01500	7,576	0	1,508,478	28,926,155		15.00
16.00	01600	3,966	0	14,050	0	2,710,936,516	16.00
17.00	01700	3,185	0	34,230	0	0	17.00
21.00	02100	6	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	169	0	983	0	0	23.00
23.01	02301	294	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	34,030	17,452,522	2,064,895	0	124,223,130	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	02080	1,439	926,919	172,741	0	3,963,878	31.01
31.02	02060	3,351	2,284,957	223,968	0	14,280,494	31.02
31.03	03101	17,322	10,983,671	1,505,609	0	72,048,846	31.03
32.00	03200	5,943	4,055,726	536,372	0	28,383,945	32.00
40.00	04000	0	0	0	0	0	40.00
43.00	04300	412	273,129	64,271	0	1,677,041	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,603	9,084,729	6,705,351	0	466,316,094	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2,088	1,384,638	0	0	8,501,822	52.00
53.00	05300	261	0	76,663	0	56,269,497	53.00
54.00	05400	10,555	5,930,351	725,490	0	129,671,987	54.00
54.01	05401	42	25,652	0	0	6,002,817	54.01
56.00	05600	758	517,296	371,124	0	36,178,553	56.00
57.00	05700	1,629	893,898	213,575	0	116,180,696	57.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	8,720	0	5,687,821	0	215,102,948	60.00
65.00	06500	6,720	0	914,167	0	76,577,823	65.00
66.00	06600	5,321	0	77,943	0	26,458,318	66.00
67.00	06700	0	0	0	0	281,049	67.00
68.00	06800	0	0	2,581	0	550,078	68.00
69.00	06900	4,953	0	69,516	0	83,013,730	69.00
70.00	07000	1,824	0	429,497	0	9,603,125	70.00
71.00	07100	0	0	13,512,645	0	213,384,511	71.00
72.00	07200	0	0	23,846,400	0	203,512,249	72.00
73.00	07300	0	0	0	28,926,155	482,533,684	73.00
74.00	07400	0	0	52,281	0	11,016,050	74.00
76.00	03140	1,994	1,453,094	1,136,557	0	103,486,921	76.00
76.01	03050	5,250	2,965,266	1,571,866	0	66,642,557	76.01
76.02	03950	1,027	484,713	0	0	4,150,728	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,875	3,062,818	434,143	0	3,791,378	90.00
91.00	09100	9,104	5,250,736	1,409,543	0	134,028,553	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	4,251	0	174,074	0	8,204,817	95.00
96.00	09600	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	1,471,509	105.00
106.00	10600	0	0	0	0	3,427,688	106.00
118.00		171,469	67,030,115	63,536,834	28,926,155	2,710,936,516	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	2	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	508	0	6,882	0	0	194.01
194.02	07952	100	0	607	0	0	194.02
194.03	07953	177	0	744	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRS ING SALAR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,458,444	3,895,258	10,306,400	12,234,202	7,795,913	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.272037	0.058112	0.162190	0.422946	0.002876	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	66,486	322,118	851,772	697,413	442,860	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.385972	0.004806	0.013404	0.024110	0.000163	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	ADMITTING					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	2,710,936,516				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,900			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		10,900		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			102,747	23.00
23.01 02301	PHARMACY RESIDENCY PROGRAM	0				10,000 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	124,223,130	1,250	1,250	65,782	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01 02080	PEDIATRIC INTENSIVE CARE UNIT	3,963,878	50	50	934	0 31.01
31.02 02060	NEONATAL INTENSIVE CARE UNIT	14,280,494	950	950	5,167	0 31.02
31.03 03101	CARDIO INTENSIVE CARE UNIT	72,048,846	0	0	21,428	0 31.03
32.00 03200	CORONARY CARE UNIT	28,383,945	0	0	7,369	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00 04300	NURSERY	1,677,041	0	0	2,067	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	466,316,094	2,950	2,950	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,501,822	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	56,269,497	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	129,671,987	0	0	0	0 54.00
54.01 05401	PET SCAN	6,002,817	0	0	0	0 54.01
56.00 05600	RADIOISOTOPE	36,178,553	0	0	0	0 56.00
57.00 05700	CT SCAN	116,180,696	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
60.00 06000	LABORATORY	215,102,948	0	0	0	0 60.00
65.00 06500	RESPIRATORY THERAPY	76,577,823	100	100	0	0 65.00
66.00 06600	PHYSICAL THERAPY	26,458,318	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	281,049	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	550,078	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	83,013,730	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	9,603,125	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,384,511	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	203,512,249	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	482,533,684	0	0	0	10,000 73.00
74.00 07400	RENAL DIALYSIS	11,016,050	0	0	0	0 74.00
76.00 03140	CARDIO CATH LAB	103,486,921	400	400	0	0 76.00
76.01 03050	ENDOSCOPY	66,642,557	0	0	0	0 76.01
76.02 03950	CARDIAC REHAB	4,150,728	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	3,791,378	4,700	4,700	0	0 90.00
91.00 09100	EMERGENCY	134,028,553	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	8,204,817	0	0	0	0 95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,471,509	0	0	0	0 105.00
106.00 10600	HEART ACQUISITION	3,427,688	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,710,936,516	10,400	10,400	102,747	10,000 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	500	500	0	0 192.00
194.00 07950	CLOSED PSYCH UNIT	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	0 194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0017

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

Worksheet B-1

Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY PROGRAM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		17.00	21.00			
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,896,908	11,464	3,237,229	563,713	323,422	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.001437	1.051743	296.993486	5.486418	32.342200	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	255,071	325	84,520	96,827	9,164	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000094	0.029817	7.754128	0.942383	0.916400	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		46,406,981	0	46,406,981	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		2,369,232	0	2,369,232	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		6,007,708	0	6,007,708	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		25,939,100	0	25,939,100	31.03
32.00	03200 CORONARY CARE UNIT		9,138,635	0	9,138,635	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300 NURSERY		562,357	0	562,357	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		40,048,099	0	40,048,099	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,530,978	0	2,530,978	52.00
53.00	05300 ANESTHESIOLOGY		753,900	0	753,900	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,016,992	0	16,016,992	54.00
54.01	05401 PET SCAN		366,566	0	366,566	54.01
56.00	05600 RADIOISOTOPE		2,570,884	0	2,570,884	56.00
57.00	05700 CT SCAN		3,274,136	0	3,274,136	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		22,676,455	0	22,676,455	60.00
65.00	06500 RESPIRATORY THERAPY	0	9,088,230	0	9,088,230	65.00
66.00	06600 PHYSICAL THERAPY	0	7,380,991	0	7,380,991	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,560	0	9,560	67.00
68.00	06800 SPEECH PATHOLOGY	0	17,548	0	17,548	68.00
69.00	06900 ELECTROCARDIOLOGY		5,788,766	0	5,788,766	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,819,729	0	2,819,729	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,009,799	0	22,009,799	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		38,882,722	0	38,882,722	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		52,113,312	0	52,113,312	73.00
74.00	07400 RENAL DIALYSIS		3,677,473	0	3,677,473	74.00
76.00	03140 CARDIO CATH LAB		6,121,067	0	6,121,067	76.00
76.01	03050 ENDOSCOPY		9,343,163	0	9,343,163	76.01
76.02	03950 CARDIAC REHAB		866,828	0	866,828	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		7,426,396	0	7,426,396	90.00
91.00	09100 EMERGENCY		14,307,674	0	14,307,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		376,771	0	376,771	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		7,348,654	0	7,348,654	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,632,309	0	1,632,309	105.00
106.00	10600 HEART ACQUISITION		640,564	0	640,564	106.00
200.00	Subtotal (see instructions)	0	368,513,579	0	368,513,579	200.00
201.00	Less Observation Beds		376,771	0	376,771	201.00
202.00	Total (see instructions)	0	368,136,808	0	368,136,808	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

		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	105,824,530		105,824,530		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,963,878		3,963,878		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,280,494		14,280,494		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	72,048,846		72,048,846		31.03
32.00	03200	CORONARY CARE UNIT	28,383,945		28,383,945		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,677,041		1,677,041		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	263,567,529	202,748,565	466,316,094	0.085882	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,330,302	171,520	8,501,822	0.297698	52.00
53.00	05300	ANESTHESIOLOGY	32,488,645	23,780,852	56,269,497	0.013398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,288,006	83,383,981	129,671,987	0.123519	54.00
54.01	05401	PET SCAN	116,778	5,886,039	6,002,817	0.061066	54.01
56.00	05600	RADIOISOTOPE	7,005,219	29,173,334	36,178,553	0.071061	56.00
57.00	05700	CT SCAN	45,469,225	70,711,471	116,180,696	0.028181	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	129,856,723	85,246,225	215,102,948	0.105421	60.00
65.00	06500	RESPIRATORY THERAPY	72,888,299	3,689,524	76,577,823	0.118680	65.00
66.00	06600	PHYSICAL THERAPY	17,343,307	9,115,011	26,458,318	0.278967	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,475	263,574	281,049	0.034015	67.00
68.00	06800	SPEECH PATHOLOGY	2,020	548,058	550,078	0.031901	68.00
69.00	06900	ELECTROCARDIOLOGY	38,348,730	44,665,000	83,013,730	0.069733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,229,059	8,374,066	9,603,125	0.293626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	133,477,676	79,906,835	213,384,511	0.103146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,269,253	62,242,996	203,512,249	0.191058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,778,885	176,754,799	482,533,684	0.107999	73.00
74.00	07400	RENAL DIALYSIS	10,761,043	255,007	11,016,050	0.333829	74.00
76.00	03140	CARDIO CATH LAB	53,382,315	50,104,606	103,486,921	0.059148	76.00
76.01	03050	ENDOSCOPY	10,678,433	55,964,124	66,642,557	0.140198	76.01
76.02	03950	CARDIAC REHAB	2,774,522	1,376,206	4,150,728	0.208838	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	144,078	3,647,300	3,791,378	1.958759	90.00
91.00	09100	EMERGENCY	43,148,169	90,880,384	134,028,553	0.106751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,464,504	14,934,096	18,398,600	0.020478	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	8,204,817	8,204,817	0.895651	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,471,509	0	1,471,509		105.00
106.00	10600	HEART ACQUISITION	3,427,688	0	3,427,688		106.00
200.00		Subtotal (see instructions)	1,598,908,126	1,112,028,390	2,710,936,516		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,598,908,126	1,112,028,390	2,710,936,516		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 5:03 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT			31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT			31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT			31.03
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERV			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.085882		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297698		52.00
53.00	05300	ANESTHESIOLOGY	0.013398		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123519		54.00
54.01	05401	PET SCAN	0.061066		54.01
56.00	05600	RADIOISOTOPE	0.071061		56.00
57.00	05700	CT SCAN	0.028181		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.105421		60.00
65.00	06500	RESPIRATORY THERAPY	0.118680		65.00
66.00	06600	PHYSICAL THERAPY	0.278967		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.034015		67.00
68.00	06800	SPEECH PATHOLOGY	0.031901		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069733		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.293626		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103146		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191058		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107999		73.00
74.00	07400	RENAL DIALYSIS	0.333829		74.00
76.00	03140	CARDIO CATH LAB	0.059148		76.00
76.01	03050	ENDOSCOPY	0.140198		76.01
76.02	03950	CARDIAC REHAB	0.208838		76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.958759		90.00
91.00	09100	EMERGENCY	0.106751		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.020478		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.895651		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		46,406,981	0	46,406,981	30.00
31.00	03100 INTENSIVE CARE UNIT		0	0	0	31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		2,369,232	0	2,369,232	31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		6,007,708	0	6,007,708	31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		25,939,100	0	25,939,100	31.03
32.00	03200 CORONARY CARE UNIT		9,138,635	0	9,138,635	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
43.00	04300 NURSERY		562,357	0	562,357	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		40,048,099	0	40,048,099	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,530,978	0	2,530,978	52.00
53.00	05300 ANESTHESIOLOGY		753,900	0	753,900	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,016,992	0	16,016,992	54.00
54.01	05401 PET SCAN		366,566	0	366,566	54.01
56.00	05600 RADIOISOTOPE		2,570,884	0	2,570,884	56.00
57.00	05700 CT SCAN		3,274,136	0	3,274,136	57.00
58.00	05800 MRI		0	0	0	58.00
60.00	06000 LABORATORY		22,676,455	0	22,676,455	60.00
65.00	06500 RESPIRATORY THERAPY	0	9,088,230	0	9,088,230	65.00
66.00	06600 PHYSICAL THERAPY	0	7,380,991	0	7,380,991	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,560	0	9,560	67.00
68.00	06800 SPEECH PATHOLOGY	0	17,548	0	17,548	68.00
69.00	06900 ELECTROCARDIOLOGY		5,788,766	0	5,788,766	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,819,729	0	2,819,729	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,009,799	0	22,009,799	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		38,882,722	0	38,882,722	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		52,113,312	0	52,113,312	73.00
74.00	07400 RENAL DIALYSIS		3,677,473	0	3,677,473	74.00
76.00	03140 CARDIO CATH LAB		6,121,067	0	6,121,067	76.00
76.01	03050 ENDOSCOPY		9,343,163	0	9,343,163	76.01
76.02	03950 CARDIAC REHAB		866,828	0	866,828	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		7,426,396	0	7,426,396	90.00
91.00	09100 EMERGENCY		14,307,674	0	14,307,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		376,771	0	376,771	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		7,348,654	0	7,348,654	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,632,309	0	1,632,309	105.00
106.00	10600 HEART ACQUISITION		640,564	0	640,564	106.00
200.00	Subtotal (see instructions)	0	368,513,579	0	368,513,579	200.00
201.00	Less Observation Beds		376,771	0	376,771	201.00
202.00	Total (see instructions)	0	368,136,808	0	368,136,808	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0017

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

Worksheet C
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

		Title XIX			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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	105,824,530		105,824,530		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	3,963,878		3,963,878		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	14,280,494		14,280,494		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	72,048,846		72,048,846		31.03
32.00	03200	CORONARY CARE UNIT	28,383,945		28,383,945		32.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
43.00	04300	NURSERY	1,677,041		1,677,041		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	263,567,529	202,748,565	466,316,094	0.085882	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,330,302	171,520	8,501,822	0.297698	52.00
53.00	05300	ANESTHESIOLOGY	32,488,645	23,780,852	56,269,497	0.013398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,288,006	83,383,981	129,671,987	0.123519	54.00
54.01	05401	PET SCAN	116,778	5,886,039	6,002,817	0.061066	54.01
56.00	05600	RADIOISOTOPE	7,005,219	29,173,334	36,178,553	0.071061	56.00
57.00	05700	CT SCAN	45,469,225	70,711,471	116,180,696	0.028181	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
60.00	06000	LABORATORY	129,856,723	85,246,225	215,102,948	0.105421	60.00
65.00	06500	RESPIRATORY THERAPY	72,888,299	3,689,524	76,577,823	0.118680	65.00
66.00	06600	PHYSICAL THERAPY	17,343,307	9,115,011	26,458,318	0.278967	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,475	263,574	281,049	0.034015	67.00
68.00	06800	SPEECH PATHOLOGY	2,020	548,058	550,078	0.031901	68.00
69.00	06900	ELECTROCARDIOLOGY	38,348,730	44,665,000	83,013,730	0.069733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,229,059	8,374,066	9,603,125	0.293626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	133,477,676	79,906,835	213,384,511	0.103146	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,269,253	62,242,996	203,512,249	0.191058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,778,885	176,754,799	482,533,684	0.107999	73.00
74.00	07400	RENAL DIALYSIS	10,761,043	255,007	11,016,050	0.333829	74.00
76.00	03140	CARDIO CATH LAB	53,382,315	50,104,606	103,486,921	0.059148	76.00
76.01	03050	ENDOSCOPY	10,678,433	55,964,124	66,642,557	0.140198	76.01
76.02	03950	CARDIAC REHAB	2,774,522	1,376,206	4,150,728	0.208838	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	144,078	3,647,300	3,791,378	1.958759	90.00
91.00	09100	EMERGENCY	43,148,169	90,880,384	134,028,553	0.106751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,464,504	14,934,096	18,398,600	0.020478	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	8,204,817	8,204,817	0.895651	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,471,509	0	1,471,509		105.00
106.00	10600	HEART ACQUISITION	3,427,688	0	3,427,688		106.00
200.00		Subtotal (see instructions)	1,598,908,126	1,112,028,390	2,710,936,516		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,598,908,126	1,112,028,390	2,710,936,516		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/30/2017 5:03 pm
	Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
31.01	02080 PEDIATRIC INTENSIVE CARE UNIT		31.01
31.02	02060 NEONATAL INTENSIVE CARE UNIT		31.02
31.03	03101 CARDIO INTENSIVE CARE UNIT		31.03
32.00	03200 CORONARY CARE UNIT		32.00
40.00	04000 SUBPROVIDER - IPF		40.00
43.00	04300 NURSERY		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.085882	50.00
51.00	05100 RECOVERY ROOM	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297698	52.00
53.00	05300 ANESTHESIOLOGY	0.013398	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.123519	54.00
54.01	05401 PET SCAN	0.061066	54.01
56.00	05600 RADIOISOTOPE	0.071061	56.00
57.00	05700 CT SCAN	0.028181	57.00
58.00	05800 MRI	0.000000	58.00
60.00	06000 LABORATORY	0.105421	60.00
65.00	06500 RESPIRATORY THERAPY	0.118680	65.00
66.00	06600 PHYSICAL THERAPY	0.278967	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.034015	67.00
68.00	06800 SPEECH PATHOLOGY	0.031901	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069733	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.293626	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103146	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.191058	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.107999	73.00
74.00	07400 RENAL DIALYSIS	0.333829	74.00
76.00	03140 CARDIO CATH LAB	0.059148	76.00
76.01	03050 ENDOSCOPY	0.140198	76.01
76.02	03950 CARDIAC REHAB	0.208838	76.02
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1.958759	90.00
91.00	09100 EMERGENCY	0.106751	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.020478	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.895651	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION		105.00
106.00	10600 HEART ACQUISITION		106.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0017

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

Worksheet C Part II Date/Time Prepared: 11/30/2017 5:03 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,048,099	6,405,059	33,643,040	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,530,978	77,938	2,453,040	0	0	52.00
53.00	05300	ANESTHESIOLOGY	753,900	38,691	715,209	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,016,992	2,483,811	13,533,181	0	0	54.00
54.01	05401	PET SCAN	366,566	92,874	273,692	0	0	54.01
56.00	05600	RADIOISOTOPE	2,570,884	242,466	2,328,418	0	0	56.00
57.00	05700	CT SCAN	3,274,136	270,793	3,003,343	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	22,676,455	1,543,461	21,132,994	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	9,088,230	617,870	8,470,360	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,380,991	577,774	6,803,217	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,560	328	9,232	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,548	637	16,911	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,788,766	973,431	4,815,335	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,819,729	465,600	2,354,129	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,009,799	758,383	21,251,416	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,882,722	1,290,915	37,591,807	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,113,312	1,867,569	50,245,743	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,677,473	325,460	3,352,013	0	0	74.00
76.00	03140	CARDIO CATH LAB	6,121,067	1,162,934	4,958,133	0	0	76.00
76.01	03050	ENDOSCOPY	9,343,163	1,302,668	8,040,495	0	0	76.01
76.02	03950	CARDIAC REHAB	866,828	42,969	823,859	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,426,396	840,354	6,586,042	0	0	90.00
91.00	09100	EMERGENCY	14,307,674	1,276,981	13,030,693	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	376,771	42,547	334,224	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,348,654	986,054	6,362,600	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,632,309	115,804	1,516,505	0	0	105.00
106.00	10600	HEART ACQUISITION	640,564	17,685	622,879	0	0	106.00
200.00		Subtotal (sum of lines 50 thru 199)	278,089,566	23,821,056	254,268,510	0	0	200.00
201.00		Less Observation Beds	376,771	42,547	334,224	0	0	201.00
202.00		Total (line 200 minus line 201)	277,712,795	23,778,509	253,934,286	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 15-0017

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

Worksheet C Part II Date/Time Prepared: 11/30/2017 5:03 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	40,048,099	466,316,094	0.085882		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,530,978	8,501,822	0.297698		52.00
53.00	05300 ANESTHESIOLOGY	753,900	56,269,497	0.013398		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,016,992	129,671,987	0.123519		54.00
54.01	05401 PET SCAN	366,566	6,002,817	0.061066		54.01
56.00	05600 RADIOISOTOPE	2,570,884	36,178,553	0.071061		56.00
57.00	05700 CT SCAN	3,274,136	116,180,696	0.028181		57.00
58.00	05800 MRI	0	0	0.000000		58.00
60.00	06000 LABORATORY	22,676,455	215,102,948	0.105421		60.00
65.00	06500 RESPIRATORY THERAPY	9,088,230	76,577,823	0.118680		65.00
66.00	06600 PHYSICAL THERAPY	7,380,991	26,458,318	0.278967		66.00
67.00	06700 OCCUPATIONAL THERAPY	9,560	281,049	0.034015		67.00
68.00	06800 SPEECH PATHOLOGY	17,548	550,078	0.031901		68.00
69.00	06900 ELECTROCARDIOLOGY	5,788,766	83,013,730	0.069733		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,819,729	9,603,125	0.293626		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,009,799	213,384,511	0.103146		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,882,722	203,512,249	0.191058		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,113,312	482,533,684	0.107999		73.00
74.00	07400 RENAL DIALYSIS	3,677,473	11,016,050	0.333829		74.00
76.00	03140 CARDIO CATH LAB	6,121,067	103,486,921	0.059148		76.00
76.01	03050 ENDOSCOPY	9,343,163	66,642,557	0.140198		76.01
76.02	03950 CARDIAC REHAB	866,828	4,150,728	0.208838		76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	7,426,396	3,791,378	1.958759		90.00
91.00	09100 EMERGENCY	14,307,674	134,028,553	0.106751		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	376,771	18,398,600	0.020478		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	7,348,654	8,204,817	0.895651		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	1,632,309	1,471,509	1.109276		105.00
106.00	10600 HEART ACQUISITION	640,564	3,427,688	0.186879		106.00
200.00	Subtotal (sum of lines 50 thru 199)	278,089,566	2,484,757,782			200.00
201.00	Less Observation Beds	376,771	0			201.00
202.00	Total (line 200 minus line 201)	277,712,795	2,484,757,782			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0017

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

Worksheet D
Part I
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,240,491	0	5,240,491	65,403	80.13	30.00	
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT	291,630		291,630	1,069	272.81	31.01	
31.02	NEONATAL INTENSIVE CARE UNIT	1,188,780		1,188,780	4,115	288.89	31.02	
31.03	CARDIO INTENSIVE CARE UNIT	2,211,209		2,211,209	20,248	109.21	31.03	
32.00	CORONARY CARE UNIT	746,102		746,102	6,933	107.62	32.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
43.00	NURSERY	33,737		33,737	1,805	18.69	43.00	
200.00	Total (Lines 30-199)	9,711,949		9,711,949	99,573		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	22,570	1,808,534					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					31.01
31.02	NEONATAL INTENSIVE CARE UNIT	0	0					31.02
31.03	CARDIO INTENSIVE CARE UNIT	7,452	813,833					31.03
32.00	CORONARY CARE UNIT	2,570	276,583					32.00
40.00	SUBPROVIDER - IPF	0	0					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	32,592	2,898,950					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0017

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2017 5:03 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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,405,059	466,316,094	0.013735	81,458,320	1,118,830	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,938	8,501,822	0.009167	22,481	206	52.00
53.00	05300	ANESTHESIOLOGY	38,691	56,269,497	0.000688	9,823,918	6,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,483,811	129,671,987	0.019155	16,106,304	308,516	54.00
54.01	05401	PET SCAN	92,874	6,002,817	0.015472	51,016	789	54.01
56.00	05600	RADIOISOTOPE	242,466	36,178,553	0.006702	2,609,930	17,492	56.00
57.00	05700	CT SCAN	270,793	116,180,696	0.002331	14,605,627	34,046	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,543,461	215,102,948	0.007175	44,775,195	321,262	60.00
65.00	06500	RESPIRATORY THERAPY	617,870	76,577,823	0.008069	25,156,098	202,985	65.00
66.00	06600	PHYSICAL THERAPY	577,774	26,458,318	0.021837	6,903,445	150,751	66.00
67.00	06700	OCCUPATIONAL THERAPY	328	281,049	0.001167	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	637	550,078	0.001158	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	973,431	83,013,730	0.011726	13,196,864	154,746	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	465,600	9,603,125	0.048484	330,235	16,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	758,383	213,384,511	0.003554	41,854,234	148,750	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,290,915	203,512,249	0.006343	48,258,188	306,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,867,569	482,533,684	0.003870	100,365,665	388,415	73.00
74.00	07400	RENAL DIALYSIS	325,460	11,016,050	0.029544	5,992,758	177,050	74.00
76.00	03140	CARDIO CATH LAB	1,162,934	103,486,921	0.011237	16,600,287	186,537	76.00
76.01	03050	ENDOSCOPY	1,302,668	66,642,557	0.019547	3,859,370	75,439	76.01
76.02	03950	CARDIAC REHAB	42,969	4,150,728	0.010352	910,629	9,427	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	840,354	3,791,378	0.221649	40,176	8,905	90.00
91.00	09100	EMERGENCY	1,276,981	134,028,553	0.009528	14,454,171	137,719	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	42,547	18,398,600	0.002313	1,798,382	4,160	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50-199)	22,701,513	2,471,653,768		449,173,293	3,774,897	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	360,909	0	0	360,909	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,124	0	0	5,124	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	28,348	0	0	28,348	
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	117,563	0	0	117,563	
32.00	03200	CORONARY CARE UNIT	0	40,429	0	0	40,429	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	
43.00	04300	NURSERY	0	11,340	0	0	11,340	
200.00		Total (lines 30-199)	0	563,713	0	0	563,713	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,403	5.52	22,570	124,586	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0	31.00	
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,069	4.79	0	0	31.01	
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,115	6.89	0	0	31.02	
31.03	03101	CARDIO INTENSIVE CARE UNIT	20,248	5.81	7,452	43,296	31.03	
32.00	03200	CORONARY CARE UNIT	6,933	5.83	2,570	14,983	32.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00	
43.00	04300	NURSERY	1,805	6.28	0	0	43.00	
200.00		Total (lines 30-199)	99,573		32,592	182,865	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
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	PET SCAN	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
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 PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	323,422	0	323,422
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	2,930	0	2,930
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	326,352	0	326,352

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	466,316,094	0.000000	0.000000	81,458,320	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,501,822	0.000000	0.000000	22,481	52.00
53.00	05300	ANESTHESIOLOGY	0	56,269,497	0.000000	0.000000	9,823,918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	129,671,987	0.000000	0.000000	16,106,304	54.00
54.01	05401	PET SCAN	0	6,002,817	0.000000	0.000000	51,016	54.01
56.00	05600	RADIOISOTOPE	0	36,178,553	0.000000	0.000000	2,609,930	56.00
57.00	05700	CT SCAN	0	116,180,696	0.000000	0.000000	14,605,627	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	215,102,948	0.000000	0.000000	44,775,195	60.00
65.00	06500	RESPIRATORY THERAPY	0	76,577,823	0.000000	0.000000	25,156,098	65.00
66.00	06600	PHYSICAL THERAPY	0	26,458,318	0.000000	0.000000	6,903,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	281,049	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	550,078	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	83,013,730	0.000000	0.000000	13,196,864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,603,125	0.000000	0.000000	330,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	213,384,511	0.000000	0.000000	41,854,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	203,512,249	0.000000	0.000000	48,258,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	323,422	482,533,684	0.000670	0.000670	100,365,665	73.00
74.00	07400	RENAL DIALYSIS	0	11,016,050	0.000000	0.000000	5,992,758	74.00
76.00	03140	CARDIO CATH LAB	0	103,486,921	0.000000	0.000000	16,600,287	76.00
76.01	03050	ENDOSCOPY	0	66,642,557	0.000000	0.000000	3,859,370	76.01
76.02	03950	CARDIAC REHAB	0	4,150,728	0.000000	0.000000	910,629	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,791,378	0.000000	0.000000	40,176	90.00
91.00	09100	EMERGENCY	0	134,028,553	0.000000	0.000000	14,454,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,930	18,398,600	0.000159	0.000159	1,798,382	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	326,352	2,471,653,768			449,173,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	44,298,417	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	724	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,893,424	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,198,178	0	54.00
54.01	05401 PET SCAN	0	1,706,300	0	54.01
56.00	05600 RADIOISOTOPE	0	8,233,988	0	56.00
57.00	05700 CT SCAN	0	14,750,913	0	57.00
58.00	05800 MRI	0	0	0	58.00
60.00	06000 LABORATORY	0	12,648,559	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	624,220	0	65.00
66.00	06600 PHYSICAL THERAPY	0	6,046,747	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,718,416	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,564,540	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,947,632	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,752,939	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	67,245	31,387,863	21,030	73.00
74.00	07400 RENAL DIALYSIS	0	188,450	0	74.00
76.00	03140 CARDIO CATH LAB	0	15,507,885	0	76.00
76.01	03050 ENDOSCOPY	0	13,185,044	0	76.01
76.02	03950 CARDIAC REHAB	0	398,790	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	523,768	0	90.00
91.00	09100 EMERGENCY	0	13,979,883	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	286	2,075,639	330	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	67,531	243,632,319	21,360	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 5:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.085882	44,298,417	0	0	3,804,437	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297698	724	0	0	216	52.00
53.00	05300	ANESTHESIOLOGY	0.013398	4,893,424	0	0	65,562	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123519	17,198,178	0	0	2,124,302	54.00
54.01	05401	PET SCAN	0.061066	1,706,300	0	0	104,197	54.01
56.00	05600	RADIOISOTOPE	0.071061	8,233,988	0	0	585,115	56.00
57.00	05700	CT SCAN	0.028181	14,750,913	0	0	415,695	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.105421	12,648,559	1,384	0	1,333,424	60.00
65.00	06500	RESPIRATORY THERAPY	0.118680	624,220	0	0	74,082	65.00
66.00	06600	PHYSICAL THERAPY	0.278967	6,046,747	0	0	1,686,843	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.034015	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.031901	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069733	13,718,416	0	0	956,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.293626	1,564,540	0	0	459,390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103146	24,947,632	0	0	2,573,248	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191058	15,752,939	0	0	3,009,725	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107999	31,387,863	0	190,710	3,389,858	73.00
74.00	07400	RENAL DIALYSIS	0.333829	188,450	0	0	62,910	74.00
76.00	03140	CARDIO CATH LAB	0.059148	15,507,885	0	0	917,260	76.00
76.01	03050	ENDOSCOPY	0.140198	13,185,044	0	0	1,848,517	76.01
76.02	03950	CARDIAC REHAB	0.208838	398,790	0	0	83,283	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.958759	523,768	132	0	1,025,935	90.00
91.00	09100	EMERGENCY	0.106751	13,979,883	0	0	1,492,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.020478	2,075,639	0	0	42,505	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.895651	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		243,632,319	1,516	190,710	26,055,496	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		243,632,319	1,516	190,710	26,055,496	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 5:03 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
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 PET SCAN	0	0		54.01
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	146	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,596		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03140 CARDIO CATH LAB	0	0		76.00
76.01 03050 ENDOSCOPY	0	0		76.01
76.02 03950 CARDIAC REHAB	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	259	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00 Subtotal (see instructions)	405	20,596		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	405	20,596		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,240,491	0	5,240,491	65,403	80.13	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	291,630		291,630	1,069	272.81	31.01
31.02	NEONATAL INTENSIVE CARE UNIT	1,188,780		1,188,780	4,115	288.89	31.02
31.03	CARDIO INTENSIVE CARE UNIT	2,211,209		2,211,209	20,248	109.21	31.03
32.00	CORONARY CARE UNIT	746,102		746,102	6,933	107.62	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
43.00	NURSERY	33,737		33,737	1,805	18.69	43.00
200.00	Total (Lines 30-199)	9,711,949		9,711,949	99,573		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	1,232	98,720				
31.00	INTENSIVE CARE UNIT	0	0				
31.01	PEDIATRIC INTENSIVE CARE UNIT	128	34,920				
31.02	NEONATAL INTENSIVE CARE UNIT	420	121,334				
31.03	CARDIO INTENSIVE CARE UNIT	484	52,858				
32.00	CORONARY CARE UNIT	111	11,946				
40.00	SUBPROVIDER - IPF	0	0				
43.00	NURSERY	144	2,691				
200.00	Total (Lines 30-199)	2,519	322,469				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0017

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

Worksheet D
Part II
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,405,059	466,316,094	0.013735	4,457,481	61,224	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	77,938	8,501,822	0.009167	425,882	3,904	52.00
53.00	05300	ANESTHESIOLOGY	38,691	56,269,497	0.000688	554,206	381	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,483,811	129,671,987	0.019155	1,022,088	19,578	54.00
54.01	05401	PET SCAN	92,874	6,002,817	0.015472	0	0	54.01
56.00	05600	RADIOISOTOPE	242,466	36,178,553	0.006702	90,947	610	56.00
57.00	05700	CT SCAN	270,793	116,180,696	0.002331	935,298	2,180	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	1,543,461	215,102,948	0.007175	2,869,564	20,589	60.00
65.00	06500	RESPIRATORY THERAPY	617,870	76,577,823	0.008069	2,617,720	21,122	65.00
66.00	06600	PHYSICAL THERAPY	577,774	26,458,318	0.021837	313,817	6,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	328	281,049	0.001167	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	637	550,078	0.001158	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	973,431	83,013,730	0.011726	497,118	5,829	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	465,600	9,603,125	0.048484	42,175	2,045	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	758,383	213,384,511	0.003554	1,920,915	6,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,290,915	203,512,249	0.006343	1,807,625	11,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,867,569	482,533,684	0.003870	7,718,264	29,870	73.00
74.00	07400	RENAL DIALYSIS	325,460	11,016,050	0.029544	410,728	12,135	74.00
76.00	03140	CARDIO CATH LAB	1,162,934	103,486,921	0.011237	157,968	1,775	76.00
76.01	03050	ENDOSCOPY	1,302,668	66,642,557	0.019547	133,504	2,610	76.01
76.02	03950	CARDIAC REHAB	42,969	4,150,728	0.010352	19,406	201	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	840,354	3,791,378	0.221649	1,594	353	90.00
91.00	09100	EMERGENCY	1,276,981	134,028,553	0.009528	839,907	8,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	42,547	18,398,600	0.002313	53,856	125	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (Lines 50-199)	22,701,513	2,471,653,768		26,890,063	217,680	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	360,909	0	0	360,909	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	0	5,124	0	0	5,124	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	0	28,348	0	0	28,348	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	0	117,563	0	0	117,563	31.03
32.00	03200	CORONARY CARE UNIT	0	40,429	0	0	40,429	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	11,340	0	0	11,340	43.00
200.00		Total (lines 30-199)	0	563,713	0	0	563,713	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,403	5.52	1,232	6,801		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT	1,069	4.79	128	613		31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT	4,115	6.89	420	2,894		31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT	20,248	5.81	484	2,812		31.03
32.00	03200	CORONARY CARE UNIT	6,933	5.83	111	647		32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
43.00	04300	NURSERY	1,805	6.28	144	904		43.00
200.00		Total (lines 30-199)	99,573		2,519	14,671		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	PET SCAN	0	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	323,422	0	323,422	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03140	CARDIO CATH LAB	0	0	0	0	0	0	76.00
76.01	03050	ENDOSCOPY	0	0	0	0	0	0	76.01
76.02	03950	CARDIAC REHAB	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	323,422	0	323,422	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0017

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

Worksheet D
Part IV
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	466,316,094	0.000000	0.000000	4,457,481	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,501,822	0.000000	0.000000	425,882	52.00
53.00	05300	ANESTHESIOLOGY	0	56,269,497	0.000000	0.000000	554,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	129,671,987	0.000000	0.000000	1,022,088	54.00
54.01	05401	PET SCAN	0	6,002,817	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	36,178,553	0.000000	0.000000	90,947	56.00
57.00	05700	CT SCAN	0	116,180,696	0.000000	0.000000	935,298	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	215,102,948	0.000000	0.000000	2,869,564	60.00
65.00	06500	RESPIRATORY THERAPY	0	76,577,823	0.000000	0.000000	2,617,720	65.00
66.00	06600	PHYSICAL THERAPY	0	26,458,318	0.000000	0.000000	313,817	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	281,049	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	550,078	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	83,013,730	0.000000	0.000000	497,118	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,603,125	0.000000	0.000000	42,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	213,384,511	0.000000	0.000000	1,920,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	203,512,249	0.000000	0.000000	1,807,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	323,422	482,533,684	0.000670	0.000670	7,718,264	73.00
74.00	07400	RENAL DIALYSIS	0	11,016,050	0.000000	0.000000	410,728	74.00
76.00	03140	CARDIO CATH LAB	0	103,486,921	0.000000	0.000000	157,968	76.00
76.01	03050	ENDOSCOPY	0	66,642,557	0.000000	0.000000	133,504	76.01
76.02	03950	CARDIAC REHAB	0	4,150,728	0.000000	0.000000	19,406	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,791,378	0.000000	0.000000	1,594	90.00
91.00	09100	EMERGENCY	0	134,028,553	0.000000	0.000000	839,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,398,600	0.000000	0.000000	53,856	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	323,422	2,471,653,768			26,890,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 PET SCAN	0	0	0		54.01
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,171	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03140 CARDIO CATH LAB	0	0	0		76.00
76.01	03050 ENDOSCOPY	0	0	0		76.01
76.02	03950 CARDIAC REHAB	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (lines 50-199)	5,171	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 5:03 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.085882	0	2,198,093	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297698	0	11,346	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013398	0	312,729	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123519	0	943,904	0	0	54.00
54.01	05401	PET SCAN	0.061066	0	74,209	0	0	54.01
56.00	05600	RADIOISOTOPE	0.071061	0	122,786	0	0	56.00
57.00	05700	CT SCAN	0.028181	0	977,266	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.105421	0	1,237,635	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.118680	0	77,022	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.278967	0	415,407	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.034015	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.031901	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069733	0	368,815	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.293626	0	132,888	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103146	0	521,963	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191058	0	421,863	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107999	0	3,848,570	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.333829	0	4,589	0	0	74.00
76.00	03140	CARDIO CATH LAB	0.059148	0	159,139	0	0	76.00
76.01	03050	ENDOSCOPY	0.140198	0	352,677	0	0	76.01
76.02	03950	CARDIAC REHAB	0.208838	0	366	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.958759	0	115,839	0	0	90.00
91.00	09100	EMERGENCY	0.106751	0	2,160,030	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.020478	0	358,136	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.895651	0	240,597	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	15,055,869	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	15,055,869	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/30/2017 5:03 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	188,777	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,378	0		52.00
53.00 05300 ANESTHESIOLOGY	4,190	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	116,590	0		54.00
54.01 05401 PET SCAN	4,532	0		54.01
56.00 05600 RADIOISOTOPE	8,725	0		56.00
57.00 05700 CT SCAN	27,540	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	130,473	0		60.00
65.00 06500 RESPIRATORY THERAPY	9,141	0		65.00
66.00 06600 PHYSICAL THERAPY	115,885	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	25,719	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	39,019	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	53,838	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	80,600	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	415,642	0		73.00
74.00 07400 RENAL DIALYSIS	1,532	0		74.00
76.00 03140 CARDIO CATH LAB	9,413	0		76.00
76.01 03050 ENDOSCOPY	49,445	0		76.01
76.02 03950 CARDIAC REHAB	76	0		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	226,901	0		90.00
91.00 09100 EMERGENCY	230,585	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	7,334	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	215,491			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00	Subtotal (see instructions)	1,964,826	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,964,826	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 5:03 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		65,403	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,403	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)		64,872	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)		22,570	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)		46,406,981	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)		46,406,981	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)		46,406,981	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)		709.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,014,544	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		16,014,544	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	2,369,232	1,069	2,216.31	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	6,007,708	4,115	1,459.95	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	25,939,100	20,248	1,281.07	7,452	9,546,534	43.03
44.00	CORONARY CARE UNIT	9,138,635	6,933	1,318.14	2,570	3,387,620	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					50,121,360	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					79,070,058	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)					3,081,815	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,842,428	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,924,243	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					72,145,815	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)					531	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					709.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					376,771	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,240,491	46,406,981	0.112925	376,771	42,547	90.00
91.00	Nursing School cost	0	46,406,981	0.000000	376,771	0	91.00
92.00	Allied health cost	360,909	46,406,981	0.007777	376,771	2,930	92.00
93.00	All other Medical Education	0	46,406,981	0.000000	376,771	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 5:03 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		65,403	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,403	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)		64,872	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)		1,232	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,805	15.00
16.00	Nursery days (title V or XIX only)		144	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)		46,406,981	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)		46,406,981	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)		46,406,981	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)		709.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		874,166	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)		874,166	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/30/2017 5:03 pm
				Title XIX	Hospital	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	562,357	1,805	311.56	144	44,865	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	2,369,232	1,069	2,216.31	128	283,688	43.01
43.02 NEONATAL INTENSIVE CARE UNIT	6,007,708	4,115	1,459.95	420	613,179	43.02
43.03 CARDIO INTENSIVE CARE UNIT	25,939,100	20,248	1,281.07	484	620,038	43.03
44.00 CORONARY CARE UNIT	9,138,635	6,933	1,318.14	111	146,314	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,064,045	48.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					337,140	49.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					222,851	50.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					559,991	51.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,086,304	52.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	53.00
55.00 Target amount per discharge					0.00	54.00
56.00 Target amount (line 54 x line 55)					0	55.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	56.00
58.00 Bonus payment (see instructions)					0	57.00
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	58.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	59.00
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	60.00
62.00 Relief payment (see instructions)					0	61.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	62.00
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	63.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	65.00
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	66.00
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	67.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	68.00
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)						69.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						70.00
72.00 Program routine service cost (line 9 x line 71)						71.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						72.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						73.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						74.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						75.00
77.00 Program capital-related costs (line 9 x line 76)						76.00
78.00 Inpatient routine service cost (line 74 minus line 77)						77.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						78.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						79.00
81.00 Inpatient routine service cost per diem limitation						80.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						81.00
83.00 Reasonable inpatient routine service costs (see instructions)						82.00
84.00 Program inpatient ancillary services (see instructions)						83.00
85.00 Utilization review - physician compensation (see instructions)						84.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						85.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					531	86.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					709.55	87.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					376,771	88.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0017		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/30/2017 5:03 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,240,491	46,406,981	0.112925	376,771	42,547	90.00
91.00	Nursing School cost	0	46,406,981	0.000000	376,771	0	91.00
92.00	Allied health cost	360,909	46,406,981	0.007777	376,771	2,930	92.00
93.00	All other Medical Education	0	46,406,981	0.000000	376,771	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 5:03 pm	
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		37,168,977	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		0	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		0	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		26,376,675	31.03
32.00	03200	CORONARY CARE UNIT		10,505,010	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.085882	81,458,320	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297698	22,481	52.00
53.00	05300	ANESTHESIOLOGY	0.013398	9,823,918	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123519	16,106,304	54.00
54.01	05401	PET SCAN	0.061066	51,016	54.01
56.00	05600	RADIOISOTOPE	0.071061	2,609,930	56.00
57.00	05700	CT SCAN	0.028181	14,605,627	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.105421	44,775,195	60.00
65.00	06500	RESPIRATORY THERAPY	0.118680	25,156,098	65.00
66.00	06600	PHYSICAL THERAPY	0.278967	6,903,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.034015	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.031901	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069733	13,196,864	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.293626	330,235	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103146	41,854,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191058	48,258,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107999	100,365,665	73.00
74.00	07400	RENAL DIALYSIS	0.333829	5,992,758	74.00
76.00	03140	CARDIO CATH LAB	0.059148	16,600,287	76.00
76.01	03050	ENDOSCOPY	0.140198	3,859,370	76.01
76.02	03950	CARDIAC REHAB	0.208838	910,629	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.958759	40,176	90.00
91.00	09100	EMERGENCY	0.106751	14,454,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.020478	1,798,382	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		449,173,293	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)		449,173,293	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/30/2017 5:03 pm	
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		2,009,237	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02080	PEDIATRIC INTENSIVE CARE UNIT		467,798	31.01
31.02	02060	NEONATAL INTENSIVE CARE UNIT		1,453,611	31.02
31.03	03101	CARDIO INTENSIVE CARE UNIT		1,834,838	31.03
32.00	03200	CORONARY CARE UNIT		457,835	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		138,376	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.085882	4,457,481	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297698	425,882	52.00
53.00	05300	ANESTHESIOLOGY	0.013398	554,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.123519	1,022,088	54.00
54.01	05401	PET SCAN	0.061066	0	54.01
56.00	05600	RADIOISOTOPE	0.071061	90,947	56.00
57.00	05700	CT SCAN	0.028181	935,298	57.00
58.00	05800	MRI	0.000000	0	58.00
60.00	06000	LABORATORY	0.105421	2,869,564	60.00
65.00	06500	RESPIRATORY THERAPY	0.118680	2,617,720	65.00
66.00	06600	PHYSICAL THERAPY	0.278967	313,817	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.034015	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.031901	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069733	497,118	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.293626	42,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103146	1,920,915	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.191058	1,807,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.107999	7,718,264	73.00
74.00	07400	RENAL DIALYSIS	0.333829	410,728	74.00
76.00	03140	CARDIO CATH LAB	0.059148	157,968	76.00
76.01	03050	ENDOSCOPY	0.140198	133,504	76.01
76.02	03950	CARDIAC REHAB	0.208838	19,406	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.958759	1,594	90.00
91.00	09100	EMERGENCY	0.106751	839,907	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.020478	53,856	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		26,890,063	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)		26,890,063	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2017 5:03 pm

Cost Center Description		Kidney			Hospital	PPS
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	1,564	709.55	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,216.31	1	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,459.95	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	66,042	1,281.07	17	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,318.14	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1-6)		67,606		18	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
Worksheet C Line Numbers			Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
8.00	OPERATING ROOM	50.00	0.085882	1,033,710	88,777	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.297698	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.013398	100,663	1,349	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.123519	314,267	38,818	12.00
12.01	PET SCAN	54.01	0.061066	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.071061	1,330,789	94,567	14.00
15.00	CT SCAN	57.00	0.028181	854,446	24,079	15.00
16.00	MRI	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.105421	1,567,152	165,211	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.118680	158,642	18,828	23.00
24.00	PHYSICAL THERAPY	66.00	0.278967	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.034015	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.031901	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.069733	518,567	36,161	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.293626	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.103146	502,857	51,868	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.191058	11,311	2,161	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.107999	522,367	56,415	31.00
32.00	RENAL DIALYSIS	74.00	0.333829	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB	76.00	0.059148	10,172	602	34.00
34.01	ENDOSCOPY	76.01	0.140198	28,802	4,038	34.01
34.02	CARDIAC REHAB	76.02	0.208838	0	0	34.02
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	1.958759	115,816	226,856	37.00
38.00	EMERGENCY	91.00	0.106751	1,191	127	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.020478	-4,604	-94	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			7,066,148	809,763	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

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

Worksheet D-4

Date/Time Prepared: 11/30/2017 5:03 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	1	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	17	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			18	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	115,816	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	1,191	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	-4,604	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		112,403		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	833,757		7,133,754			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,632,309		1,633,376			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,466,066		8,767,130			61.00
62.00	Total Usable Organs (see instructions)		53				62.00
63.00	Medicare Usable Organs (see instructions)		44				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.830189				64.00
65.00	Medicare Cost/Charges (see instructions)	2,047,301		7,278,375			65.00
66.00	Revenue for Organs Sold	171,422		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,875,879		7,278,375			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,875,879	0	7,278,375	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)	8		33		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)	0		0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals	0		0		72.00	
73.00	Organs Purchased from OPOs	0		12		73.00	
74.00	Total (sum of lines 70 through 73)	8		45		74.00	
75.00	Organs Transplanted	20		0		75.00	
76.00	Organs Sold to Other Hospitals	0		0		76.00	
77.00	Organs Sold to OPOs	0		33		171,422 77.00	
78.00	Organs Sold to Transplant Hospitals	0		0		78.00	
79.00	Organs Sold to Military or VA Hospitals	0		0		79.00	
80.00	Organs Sold Outside the U.S.	0		0		80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)	0		0		81.00	
82.00	Organs Used for Research	0		0		82.00	
83.00	Unusable/Discarded Organs	0		0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)	20		33		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 11/30/2017 5:03 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	709.55	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	2,216.31	0	0	2.01
2.02	NEONATAL INTENSIVE CARE UNIT	43.02	0	1,459.95	0	0	2.02
2.03	CARDIO INTENSIVE CARE UNIT	43.03	1,715	1,281.07	8	10,249	2.03
3.00	CORONARY CARE UNIT	44.00	0	1,318.14	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		1,715		8	10,249	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.085882	155,360	13,343	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.297698	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.013398	8,755	117	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.123519	9,872	1,219	12.00
12.01	PET SCAN		54.01	0.061066	0	0	12.01
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.071061	503	36	14.00
15.00	CT SCAN		57.00	0.028181	11,618	327	15.00
16.00	MRI		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.105421	56,303	5,936	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.118680	20,571	2,441	23.00
24.00	PHYSICAL THERAPY		66.00	0.278967	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.034015	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.031901	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.069733	47,169	3,289	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.293626	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.103146	7,689	793	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.191058	672	128	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.107999	60,267	6,509	31.00
32.00	RENAL DIALYSIS		74.00	0.333829	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	CARDIO CATH LAB		76.00	0.059148	0	0	34.00
34.01	ENDOSCOPY		76.01	0.140198	0	0	34.01
34.02	CARDIAC REHAB		76.02	0.208838	0	0	34.02
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	1.958759	671	1,314	37.00
38.00	EMERGENCY		91.00	0.106751	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.020478	-1,116	-23	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				378,334	35,429	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 15-0017

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

Worksheet D-4

Date/Time Prepared: 11/30/2017 5:03 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
43.02	NEONATAL INTENSIVE CARE UNIT	3.02	0.00	0	0	0	43.02
43.03	CARDIO INTENSIVE CARE UNIT	3.03	0.00	8	0	0	43.03
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			8	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	671	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	-1,116	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		-445		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	45,678		380,049			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	640,564		631,071			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	686,242		1,011,120			61.00
62.00	Total Usable Organs (see instructions)		16				62.00
63.00	Medicare Usable Organs (see instructions)		10				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.625000				64.00
65.00	Medicare Cost/Charges (see instructions)	428,901		631,950			65.00
66.00	Revenue for Organs Sold	37,486		0			66.00
67.00	Subtotal (line 65 minus line 66)	391,415		631,950			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	391,415	0	631,950	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	8			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	8			73.00
74.00	Total (sum of lines 70 through 73)		0	16			74.00
75.00	Organs Transplanted		8	0	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0	0	76.00
77.00	Organs Sold to OPOs		0	8	37,486		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	0	81.00
82.00	Organs Used for Research		0	0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		8	8			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 5:03 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)		14,696,958	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		44,189,579	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)		3,487,642	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		33,263,726	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		394.84	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)		10.13	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		10.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.42	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)		6.42	12.00
13.00	Total allowable FTE count for the prior year.		6.07	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		8.36	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.95	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		6.95	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.017602	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019720	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.017602	21.00
22.00	IME payment adjustment (see instructions)		563,780	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		318,467	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-3.71	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)		563,780	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		318,467	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.13	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.47	31.00
32.00	Sum of lines 30 and 31		22.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.86	33.00
34.00	Disproportionate share adjustment (see instructions)		1,157,120	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 5:03 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,324,047	3,048,511	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	835,552	2,280,119	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,115,671		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	67,210,750		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)		67,529,217	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,642,101	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).		267,622	52.00
53.00	Nursing and Allied Health Managed Care payment		277,568	53.00
54.00	Special add-on payments for new technologies		3,107	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)		2,267,294	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).		182,865	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		67,531	58.00
59.00	Total (sum of amounts on lines 49 through 58)		76,237,305	59.00
60.00	Primary payer payments		99,104	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		76,138,201	61.00
62.00	Deductibles billed to program beneficiaries		5,431,356	62.00
63.00	Coinurance billed to program beneficiaries		230,797	63.00
64.00	Allowable bad debts (see instructions)		427,839	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		278,095	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		160,885	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		70,754,143	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	MSP PASS THROUGH RECONCILIATION		-166	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-317,610	70.93
70.94	HRR adjustment amount (see instructions)		-72,156	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/30/2017 5:03 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			724,783	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			69,639,428	71.00
71.01	Sequestration adjustment (see instructions)			1,392,789	71.01
72.00	Interim payments			68,539,764	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-293,125	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,712,567	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	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	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	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/30/2017 5:03 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,001	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,034,136	2.00
3.00	PPS payments		25,030,287	3.00
4.00	Outlier payment (see instructions)		174,720	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		21,360	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,001	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		192,226	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)		192,226	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)		192,226	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		171,225	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		21,001	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		25,226,367	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		82,567	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,549,334	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)		20,615,467	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		85,873	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)		20,701,340	30.00
31.00	Primary payer payments		9,346	31.00
32.00	Subtotal (line 30 minus line 31)		20,691,994	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)		701,340	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		455,871	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		542,711	36.00
37.00	Subtotal (see instructions)		21,147,865	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-169	38.00
39.00	OTHER ADJUSTMENTS		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,148,034	40.00
40.01	Sequestration adjustment (see instructions)		422,961	40.01
41.00	Interim payments		20,777,747	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-52,674	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: 15-0017

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

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2017 5:03 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		65,056,888		20,158,078		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,373,576		559,569		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	05/26/2017	109,300	01/06/2017	60,100		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		109,300		60,100		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		68,539,764		20,777,747		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		293,125		52,674		6.02
7.00	Total Medicare program liability (see instructions)		68,246,639		20,725,073		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/30/2017 5:03 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		20,007	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		32,592	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		19,590	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		97,237	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		2,710,936,516	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		18,687,817	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2017 5:03 pm	
		Title XIX	Hospital	PPS	
			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			1,964,826	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,964,826	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	1,964,826	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		26,890,063	15,055,869	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)		26,890,063	15,055,869	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		26,890,063	15,055,869	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		26,890,063	13,091,043	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	1,964,826	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		19,842	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		19,842	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		19,842	1,964,826	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		19,842	1,964,826	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		19,842	1,964,826	36.00
37.00	PPS PAYMENT METHODOLOGY ADJUSTMENT		-19,842	-1,964,826	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/30/2017 5:03 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.95	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			8.95	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.42	6.00
7.00	Enter the lesser of line 5 or line 6			6.42	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.42	0.00	6.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	6.42	0.00	6.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	6.42	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.07	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	8.36	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.95	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	6.95	0.00		17.00
18.00	Per resident amount	100,461.63	96,460.03		18.00
19.00	Approved amount for resident costs	698,208	0	698,208	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			698,208	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,592	19,590		26.00
27.00	Total Inpatient Days (see instructions)	97,600	97,600		27.00
28.00	Ratio of inpatient days to total inpatient days	0.333934	0.200717		28.00
29.00	Program direct GME amount	233,155	140,142		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		19,802		30.00
31.00	Net Program direct GME amount			353,495	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/30/2017 5:03 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		11,016,050	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		79,070,058	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,267,294	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		99,104	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		81,238,248	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,076,497	42.00
43.00	Primary payer payments (see instructions)		9,346	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,067,151	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		107,305,399	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.757075	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.242925	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		353,495	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		267,622	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		85,873	50.00

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

Provider CCN: 15-0017

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

Worksheet G
Date/Time Prepared:
11/30/2017 5:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-2,632,942	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	97,552,013	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-15,017,619	0	0	0	6.00
7.00	Inventory	15,798,074	0	0	0	7.00
8.00	Prepaid expenses	4,601,909	0	0	0	8.00
9.00	Other current assets	1,214,452	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	101,515,887	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,479,606	0	0	0	12.00
13.00	Land improvements	3,946,145	0	0	0	13.00
14.00	Accumulated depreciation	-1,647,859	0	0	0	14.00
15.00	Buildings	236,375,933	0	0	0	15.00
16.00	Accumulated depreciation	-45,861,961	0	0	0	16.00
17.00	Leasehold improvements	33,220,009	0	0	0	17.00
18.00	Accumulated depreciation	-9,684,115	0	0	0	18.00
19.00	Fixed equipment	10,950,965	0	0	0	19.00
20.00	Accumulated depreciation	-4,087,378	0	0	0	20.00
21.00	Automobiles and trucks	1,621,661	0	0	0	21.00
22.00	Accumulated depreciation	-1,227,922	0	0	0	22.00
23.00	Major movable equipment	69,236,570	0	0	0	23.00
24.00	Accumulated depreciation	-50,366,849	0	0	0	24.00
25.00	Minor equipment depreciable	22,974,560	0	0	0	25.00
26.00	Accumulated depreciation	-15,876,392	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	263,052,973	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	14,387,909	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,387,909	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	378,956,769	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,591,644	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,526,061	0	0	0	38.00
39.00	Payroll taxes payable	1,221,657	0	0	0	39.00
40.00	Notes and loans payable (short term)	127,110	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-1,032,433,310	0	0	0	43.00
44.00	Other current liabilities	6,797,549	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-993,169,289	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	170,564	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	61,143	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	231,707	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-992,937,582	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,371,894,351	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,371,894,351	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	378,956,769	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0017

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

Worksheet G-1

Date/Time Prepared:
11/30/2017 5:03 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		1,238,690,362		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		177,469,235			2.00
3.00	Total (sum of line 1 and line 2)		1,416,159,597		0	3.00
4.00	Additions (credit adjustments) (W/0)	-3,286,558		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		-3,286,558		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,412,873,039		0	11.00
12.00	ROUNDING	12		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		12		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,412,873,027		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (W/0)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ROUNDING		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0017

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2017 5:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	107,501,571		107,501,571	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	107,501,571		107,501,571	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	3,963,878		3,963,878	11.01
11.02	NEONATAL INTENSIVE CARE UNIT	14,280,494		14,280,494	11.02
11.03	CARDIO INTENSIVE CARE UNIT	72,048,846		72,048,846	11.03
12.00	CORONARY CARE UNIT	28,383,945		28,383,945	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	118,677,163		118,677,163	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	226,178,734		226,178,734	17.00
18.00	Ancillary services	1,372,729,392	994,361,793	2,367,091,185	18.00
19.00	Outpatient services	46,756,751	109,461,780	156,218,531	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	8,204,817	8,204,817	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,645,664,877	1,112,028,390	2,757,693,267	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		388,018,773		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)		388,018,773		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0017

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

Worksheet G-3

Date/Time Prepared:
11/30/2017 5:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,757,693,267	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,189,316,225	2.00
3.00	Net patient revenues (line 1 minus line 2)	568,377,042	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	388,018,773	4.00
5.00	Net income from service to patients (line 3 minus line 4)	180,358,269	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 REVENUE	-2,889,034	24.00
25.00	Total other income (sum of lines 6-24)	-2,889,034	25.00
26.00	Total (line 5 plus line 25)	177,469,235	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	177,469,235	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0017	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/30/2017 5:03 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,712,169	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		674,061	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)		267.40	3.00
4.00	Number of interns & residents (see instructions)		6.95	4.00
5.00	Indirect medical education percentage (see instructions)		0.74	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)		34,870	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.13	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.47	8.00
9.00	Sum of lines 7 and 8		22.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.69	10.00
11.00	Disproportionate share adjustment (see instructions)		221,001	11.00
12.00	Total prospective capital payments (see instructions)		5,642,101	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