

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: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S Parts I-III Date/Time Prepared: 10/30/2017 4:19 pm
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PART I - COST REPORT STATUS

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

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

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 10/30/2017 Time: 4:19 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST JOSEPH MEDICAL CENTER (15-0047) for the cost reporting period beginning 06/01/2016 and ending 05/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 10/30/2017 Time: 4:19 pm
 .qKetdnRnY.otsGST:hGqqkjMKC0x0
 wZ8WIOBHxLLvAR46eUehlM6NEkhokS
 e7M.lhTvx308ka.Y
 PI: Date: 10/30/2017 Time: 4:19 pm
 jwbUSfiqR6vhhLFwhUPovt41emq400
 eytdU0ewx5VyT7DmnNpxyjN:8Cf8j9
 JR.X0RNCh908H6Kh

(Signed)

Mark K. Smith
 Officer or Administrator of Provider(s)

Vice President, Revenue Mgmt
 Title

10/30/17
 Date

	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	366,979	-149,677	0	0	1.00
2.00 Subprovider - IPF	0	7,356	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	374,335	-149,677	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: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet S-2 Part I Date/Time Prepared: 10/30/2017 4:18 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 700 BROADWAY STREET		PO Box:									
2.00 City: FORT WAYNE		State: IN		Zip Code: 46802		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		ST JOSEPH MEDICAL CENTER		150047	23060	1	07/01/1996	N	P	P	3.00
4.00 Subprovider - IPF		ST JOSPEH GENERATIONS		155047	23060	4	06/01/2003	N	P	P	4.00
5.00 Subprovider - IRF											5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF											7.00
8.00 Swing Beds - NF											8.00
9.00 Hospital-Based SNF		SKILLED NURSING FACILITY ST JOSEPH		155356	23060		04/01/1990	N	P	N	9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA											12.00
13.00 Separately Certified ASC											13.00
14.00 Hospital-Based Hospice											14.00
15.00 Hospital-Based Health Clinic - RHC											15.00
16.00 Hospital-Based Health Clinic - FQHC											16.00
17.00 Hospital-Based (CMHC) I											17.00
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							06/01/2016	05/31/2017		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.		1,736	476	69	43	7,088	114		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0		25.00		

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		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)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	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)		Teaching Hospitals that Claim Residents in Nonprovider Settings		0.00		62.01
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	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
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.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0
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)			N	N	0
				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:	337,432		161,573		0	
						1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				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.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-2 Part I Date/Time Prepared: 10/30/2017 4:18 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		679005		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, INC.		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: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-2 Part I Date/Time Prepared: 10/30/2017 4:18 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			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: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet S-2 Part II Date/Time Prepared: 10/30/2017 4:18 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/29/2017	Y	08/29/2017		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-2 Part II Date/Time Prepared: 10/30/2017 4:18 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	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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
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	12/31/2015	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
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.	VICTORIA	ROMANKO		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 925-4333	VICTORIA_ROMANKO@CHS.NET		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-2 Part II Date/Time Prepared: 10/30/2017 4:18 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.	MANGER, REVENUE MANAGEMENT		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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	72	26,280	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)		72	26,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	19	6,935	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	8	2,920	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	12	4,380	0.00	0	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)		111	40,515	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	30	10,950		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	21	7,665		0	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)		162				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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	5,174	1,134	20,714			1.00
2.00 HMO and other (see instructions)	3,582	7,823				2.00
3.00 HMO IPF Subprovider	1,354	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)	5,174	1,134	20,714			7.00
8.00 INTENSIVE CARE UNIT	14	1	37			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	220	567			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	187	10	1,423			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		224	637			13.00
14.00 Total (see instructions)	5,375	1,589	23,378	5.29	497.04	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,278	139	5,427	0.00	28.50	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	1,776	0	4,685	0.00	15.00	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)				5.29	540.54	27.00
28.00 Observation Bed Days		0	3,681			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	114	120			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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
10/30/2017 4:18 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	983	2,064	4,876	1.00
2.00	HMO and other (see instructions)			578	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	NEONATAL INTENSIVE CARE UNIT						8.01
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	983	2,064	4,876	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	235	33	403	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
10/30/2017 4:18 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	30,572,564	0	30,572,564	1,124,325.00	27.19
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	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	936,019	0	936,019	31,197.00	30.00
10.00	Excluded area salaries (see instructions)		1,388,102	149,671	1,537,773	64,546.00	23.82
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		615,755	0	615,755	9,336.00	65.95
12.00	Contract labor: Top level management and other management and administrative services		102,880	0	102,880	760.00	135.37
13.00	Contract Labor: Physician-Part A - Administrative		78,788	0	78,788	521.00	151.22
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		2,543,879	0	2,543,879	84,439.00	30.13
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)		6,235,811	0	6,235,811		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		368,779	0	368,779		
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)		0	0	0		
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	215,212	0	215,212	7,684.00	28.01
27.00	Administrative & General	5.00	3,797,235	68,300	3,865,535	148,728.00	25.99

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
10/30/2017 4:18 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	903,461	0	903,461	45,115.00	20.03
31.00	Laundry & Linen Service	8.00	1,157	-1,157	0	0.00	0.00
32.00	Housekeeping	9.00	661,804	0	661,804	54,822.00	12.07
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		914,640	0	914,640	53,053.00	17.24
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,754,688	76,558	1,831,246	53,120.00	34.47
39.00	Central Services and Supply	14.00	293,372	-293,372	0	0.00	0.00
40.00	Pharmacy	15.00	1,397,097	0	1,397,097	33,724.00	41.43
41.00	Medical Records & Medical Records Library	16.00	100,620	0	100,620	8,879.00	11.33
42.00	Social Service	17.00	0	0	0	2,211.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet S-3 Part III Date/Time Prepared: 10/30/2017 4:18 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)	31,487,204	0	31,487,204	1,177,378.00	26.74	1.00
2.00	Excluded area salaries (see instructions)	2,324,121	149,671	2,473,792	95,743.00	25.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,163,083	-149,671	29,013,412	1,081,635.00	26.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,341,302	0	3,341,302	95,056.00	35.15	4.00
5.00	Subtotal wage-related costs (see inst.)	6,235,811	0	6,235,811	0.00	21.49	5.00
6.00	Total (sum of lines 3 thru 5)	38,740,196	-149,671	38,590,525	1,176,691.00	32.80	6.00
7.00	Total overhead cost (see instructions)	10,039,286	-149,671	9,889,615	407,336.00	24.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 10/30/2017 4:18 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		481,425	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)		3,082,881	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		28,152	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		22,056	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		451	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		9,142	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		603,331	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		1,748,748	17.00
18.00	Medicare Taxes - Employers Portion Only		408,981	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		117,250	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)		6,502,417	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		102,174	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-3 Part V Date/Time Prepared: 10/30/2017 4:18 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	615,755	6,502,417	1.00
2.00	Hospital	615,755	6,502,417	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-7

Date/Time Prepared:
10/30/2017 4:18 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	15	0	15	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	14	0	14	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	66	0	66	12.00
13.00	RUB	110	0	110	13.00
14.00	RUA	96	0	96	14.00
15.00	RVC	74	0	74	15.00
16.00	RVB	258	0	258	16.00
17.00	RVA	360	0	360	17.00
18.00	RHC	80	0	80	18.00
19.00	RHB	180	0	180	19.00
20.00	RHA	250	0	250	20.00
21.00	RMC	22	0	22	21.00
22.00	RMB	30	0	30	22.00
23.00	RMA	82	0	82	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	55	0	55	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	2	0	2	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	7	0	7	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	7	0	7	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	1	0	1	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	4	0	4	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	60	0	60	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet S-7

Date/Time Prepared:
10/30/2017 4:18 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,776	0	1,776	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	23060	23060	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,625,338			207.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet S-10 Date/Time Prepared: 10/30/2017 4:18 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)		0.151306	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		23,818,306	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		5,452,527	5.00
6.00	Medicaid charges		169,511,200	6.00
7.00	Medicaid cost (line 1 times line 6)		25,648,062	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)		194,703	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,628,055	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		397,640	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)		202,937	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)		202,937	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)	8,546,346	5,670	8,552,016
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,293,113	5,670	1,298,783
22.00	Payments received from patients for amounts previously written off as charity care	0	696	696
23.00	Cost of charity care (line 21 minus line 22)	1,293,113	4,974	1,298,087
			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)		11,898,128	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		119,127	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		183,271	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		11,714,857	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,836,672	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,134,759	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,337,696	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,068,614	2,068,614	1,067,630	3,136,244	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,671,073	3,671,073	1,302,319	4,973,392	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	215,212	165,667	380,879	4,322,804	4,703,683	4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	3,797,235	21,846,542	25,643,777	-25,643,777	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	1,883,363	1,883,363	5.02
5.03	00591	PURCHASING AND RECEIVING	0	0	0	1,049,246	1,049,246	5.03
5.04	00540	CENTRAL SCHEDULING	0	0	0	1,288,639	1,288,639	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,900,608	1,900,608	5.05
5.06	00590	ADMIN & GENERAL	0	0	0	14,301,538	14,301,538	5.06
7.00	00700	OPERATION OF PLANT	903,461	2,416,176	3,319,637	82,990	3,402,627	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,157	443,073	444,230	-51,442	392,788	8.00
9.00	00900	HOUSEKEEPING	661,804	315,273	977,077	3,631	980,708	9.00
10.00	01000	DIETARY	0	2,034,089	2,034,089	-801,312	1,232,777	10.00
11.00	01100	CAFETERIA	0	0	0	799,707	799,707	11.00
13.00	01300	NURSING ADMINISTRATION	1,711,576	216,844	1,928,420	76,309	2,004,729	13.00
13.01	01850	PASTORAL CARE	43,112	23,326	66,438	0	66,438	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	293,372	6,604,655	6,898,027	-6,898,027	0	14.00
15.00	01500	PHARMACY	1,397,097	4,055,676	5,452,773	-1,094,277	4,358,496	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	100,620	498,544	599,164	-525	598,639	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,223,608	2,223,608	-2,223,608	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,223,608	2,223,608	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,699,861	2,379,864	9,079,725	-1,333,213	7,746,512	30.00
31.00	03100	INTENSIVE CARE UNIT	39,200	18,063	57,263	0	57,263	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	646,213	146,625	792,838	0	792,838	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	1,564,647	1,564,647	33.00
40.00	04000	SUBPROVIDER - I PF	1,388,014	171,985	1,559,999	0	1,559,999	40.00
43.00	04300	NURSERY	0	0	0	281,730	281,730	43.00
44.00	04400	SKILLED NURSING FACILITY	936,019	138,190	1,074,209	0	1,074,209	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,356,849	1,189,451	2,546,300	-397,280	2,149,020	50.00
50.01	03330	ENDOSCOPY	0	0	0	397,280	397,280	50.01
51.00	05100	RECOVERY ROOM	310,922	46,399	357,321	-112	357,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	768,989	396,517	1,165,506	-514,990	650,516	52.00
53.00	05300	ANESTHESIOLOGY	0	1,193,318	1,193,318	0	1,193,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,182,700	1,015,785	2,198,485	690,573	2,889,058	54.00
54.01	03630	ULTRA SOUND	310,514	128,227	438,741	-438,741	0	54.01
56.00	05600	RADIOISOTOPE	80,195	217,211	297,406	-297,406	0	56.00
57.00	05700	CT SCAN	173,145	25,059	198,204	-198,204	0	57.00
58.00	05800	MRI	0	2,961	2,961	-2,961	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,274,209	1,274,209	59.00
60.00	06000	LABORATORY	2,052,423	2,053,051	4,105,474	-562,094	3,543,380	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	413,091	413,091	62.00
65.00	06500	RESPIRATORY THERAPY	587,211	170,407	757,618	-27,246	730,372	65.00
66.00	06600	PHYSICAL THERAPY	422,924	138,315	561,239	-96,595	464,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	338,838	27,852	366,690	0	366,690	67.00
68.00	06800	SPEECH PATHOLOGY	67,285	6,251	73,536	0	73,536	68.00
69.00	06900	ELECTROCARDIOLOGY	1,145,941	446,818	1,592,759	-1,274,263	318,496	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,014,388	3,014,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,562,611	2,562,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	818,111	818,111	73.00
74.00	07400	RENAL DIALYSIS	0	392,099	392,099	0	392,099	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	311,501	27,205	338,706	-153	338,553	76.02
76.03	03952	WOUND CARE	582,105	142,083	724,188	-408	723,780	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	83,354	24,082	107,436	0	107,436	90.00
91.00	09100	EMERGENCY	1,963,627	1,232,055	3,195,682	0	3,195,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,572,476	58,313,033	88,885,509	-537,602	88,347,907	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,338	19,338	0	19,338	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88	2,275	2,363	0	2,363	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	537,602	537,602	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	0	194.03
194.04	07954	FREE MEALS	0	0	0	0	0	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017	Worksheet A Date/Time Prepared: 10/30/2017 4:18 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	30,572,564	58,334,646	88,907,210	0	88,907,210	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A
Date/Time Prepared:
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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	3,172,177	6,308,421	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,364,656	3,608,736	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,473	4,700,210	4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	5.01
5.02	00550	DATA PROCESSING	0	1,883,363	5.02
5.03	00591	PURCHASING AND RECEIVING	0	1,049,246	5.03
5.04	00540	CENTRAL SCHEDULING	0	1,288,639	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-34,371	1,866,237	5.05
5.06	00590	ADMIN & GENERAL	-942,855	13,358,683	5.06
7.00	00700	OPERATION OF PLANT	-22,980	3,379,647	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	63,662	456,450	8.00
9.00	00900	HOUSEKEEPING	0	980,708	9.00
10.00	01000	DIETARY	0	1,232,777	10.00
11.00	01100	CAFETERIA	-57,117	742,590	11.00
13.00	01300	NURSING ADMINISTRATION	-2,707	2,002,022	13.00
13.01	01850	PASTORAL CARE	0	66,438	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	4,358,496	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,034	597,605	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,223,608	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-881,635	6,864,877	30.00
31.00	03100	INTENSIVE CARE UNIT	0	57,263	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	792,838	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	-391,325	1,173,322	33.00
40.00	04000	SUBPROVIDER - IPF	0	1,559,999	40.00
43.00	04300	NURSERY	-58,476	223,254	43.00
44.00	04400	SKILLED NURSING FACILITY	-2,625	1,071,584	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-605,012	1,544,008	50.00
50.01	03330	ENDOSCOPY	0	397,280	50.01
51.00	05100	RECOVERY ROOM	0	357,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-274,967	375,549	52.00
53.00	05300	ANESTHESIOLOGY	-1,192,470	848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,068	2,887,990	54.00
54.01	03630	ULTRA SOUND	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
59.00	05900	CARDIAC CATHETERIZATION	0	1,274,209	59.00
60.00	06000	LABORATORY	-1,260	3,542,120	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	413,091	62.00
65.00	06500	RESPIRATORY THERAPY	0	730,372	65.00
66.00	06600	PHYSICAL THERAPY	0	464,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	366,690	67.00
68.00	06800	SPEECH PATHOLOGY	0	73,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0	318,496	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-295	3,014,093	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,562,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	818,111	73.00
74.00	07400	RENAL DIALYSIS	0	392,099	74.00
76.00	03950	MISC ANCILLARY	0	0	76.00
76.01	03951	SLEEP LAB	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	338,553	76.02
76.03	03952	WOUND CARE	0	723,780	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-8,150	99,286	90.00
91.00	09100	EMERGENCY	0	3,195,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,610,637	85,737,270	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,338	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,363	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	194.00
194.01	07951	MARKETING	0	537,602	194.01
194.02	07952	SENIOR CIRCLE	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	194.03
194.04	07954	FREE MEALS	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-2,610,637	86,296,573	200.00

RECLASSIFICATIONS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-6

Date/Time Prepared:
10/30/2017 4:18 pm

		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	4,323,005	1.00
2.00		0.00	0	0	2.00
	O		0	4,323,005	
B - OXYGEN					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	44,788	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		0	44,788	
C - LEASE AND RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,288,876	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
	O		0	1,288,876	
D - OTHER CAPITAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	92,562	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	975,068	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,443	3.00
	O		0	1,081,073	
E - MARKETING					
1.00	MARKETING	194.01	149,671	387,931	1.00
	O		149,671	387,931	
F - CNO					
1.00	NURSING ADMINISTRATION	13.00	76,558	0	1.00
	O		76,558	0	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,969,600	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,562,611	2.00
3.00		0.00	0	0	3.00
	O		0	5,532,211	
H - DRUGS AND IV COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	818,111	1.00
	O		0	818,111	
I - A&G COSTS					
1.00	DATA PROCESSING	5.02	588,574	1,294,789	1.00
2.00	PURCHASING AND RECEIVING	5.03	358,391	690,855	2.00
3.00	CENTRAL SCHEDULING	5.04	1,125,869	162,770	3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,157	1,899,451	4.00
5.00	ADMIN & GENERAL	5.06	2,017,772	18,319,716	5.00
	O		4,091,763	22,367,581	
J - RADIOLOGY					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	563,854	362,381	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	O		563,854	362,381	
K - DIETARY					
1.00	CAFETERIA	11.00	0	799,707	1.00
	O		0	799,707	
L - MISC DEPARTMENTS					
1.00	BURN INTENSIVE CARE UNIT	33.00	957,887	606,760	1.00
2.00	CARDIAC CATHETERIZATION	59.00	855,551	418,658	2.00
3.00	ENDOSCOPY	50.01	259,296	137,984	3.00
4.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	413,091	4.00

RECLASSIFICATIONS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0		2,072,734	1,576,493	
M - UTILITIES RECLASS					
1.00	OPERATION OF PLANT	7.00	0	85,341	1.00
2.00	HOUSEKEEPING	9.00	0	3,631	2.00
3.00		0.00	0	0	3.00
	0		0	88,972	
N - INTERNS AND RESIDENT COSTS					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	2,223,608	1.00
	COSTS APPRV				
	0		0	2,223,608	
O - OB/GYN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	135,900	97,360	1.00
2.00	NURSERY	43.00	191,323	90,407	2.00
	0		327,223	187,767	
500.00	Grand Total: Increases		7,281,803	41,082,504	500.00

RECLASSIFICATIONS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-6

Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	ADMIN & GENERAL	5.06	0	4,322,989	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	16	0		2.00
	0		0	4,323,005			
B - OXYGEN							
1.00	OPERATION OF PLANT	7.00	0	1,458	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,149	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	27,093	0		3.00
4.00	ELECTROCARDIOLOGY	69.00	0	54	0		4.00
5.00	LABORATORY	60.00	0	34	0		5.00
	0		0	44,788			
C - LEASE AND RENTAL							
1.00	ADMIN & GENERAL	5.06	0	17,508	10		1.00
2.00	OPERATION OF PLANT	7.00	0	893	0		2.00
3.00	DIETARY	10.00	0	1,605	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	233	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	575,091	0		5.00
6.00	PHARMACY	15.00	0	276,166	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,826	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	168,399	0		8.00
9.00	LABORATORY	60.00	0	148,969	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	96,595	0		10.00
11.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	153	0		11.00
12.00	WOUND CARE	76.03	0	408	0		12.00
13.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	201	0		13.00
14.00	LAUNDRY & LINEN SERVICE	8.00	0	192	0		14.00
15.00	RECOVERY ROOM	51.00	0	112	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	16.00	0	525	0		16.00
	0		0	1,288,876			
D - OTHER CAPITAL COSTS							
1.00	ADMIN & GENERAL	5.06	0	1,081,073	12		1.00
2.00		0.00	0	0	13		2.00
3.00		0.00	0	0	12		3.00
	0		0	1,081,073			
E - MARKETING							
1.00	ADMIN & GENERAL	5.06	149,671	387,931	0		1.00
	0		149,671	387,931			
F - CNO							
1.00	ADMIN & GENERAL	5.06	76,558	0	0		1.00
	0		76,558	0			
G - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,520,981	0		1.00
2.00	RADIOISOTOPE	56.00	0	11,077	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	153	0		3.00
	0		0	5,532,211			
H - DRUGS AND IV COSTS							
1.00	PHARMACY	15.00	0	818,111	0		1.00
	0		0	818,111			
I - A&G COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	3,797,234	21,846,543	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	1,157	28,604	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	293,372	492,434	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		4,091,763	22,367,581			
J - RADIOLOGY							
1.00	ULTRA SOUND	54.01	310,514	128,227	0		1.00
2.00	RADIOISOTOPE	56.00	80,195	206,134	0		2.00
3.00	CT SCAN	57.00	173,145	25,059	0		3.00
4.00	MRI	58.00	0	2,961	0		4.00
	0		563,854	362,381			
K - DIETARY							
1.00	DIETARY	10.00	0	799,707	0		1.00
	0		0	799,707			
L - MISC DEPARTMENTS							
1.00	ADULTS & PEDIATRICS	30.00	957,887	606,760	0		1.00
2.00	LABORATORY	60.00	0	413,091	0		2.00
3.00	ELECTROCARDIOLOGY	69.00	855,551	418,658	0		3.00
4.00	OPERATING ROOM	50.00	259,296	137,984	0		4.00
	0		2,072,734	1,576,493			

RECLASSIFICATIONS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - UTILITIES RECLASS						
1.00	ADMIN & GENERAL	5.06	0	220	0		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	21,489	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	67,263	0		3.00
	0		0	88,972			
	N - INTERNS AND RESIDENT COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,223,608	0		1.00
	0		0	2,223,608			
	O - OB/GYN COSTS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	327,223	187,767	0		1.00
2.00		0.00	0	0	0		2.00
	0		327,223	187,767			
500.00	Grand Total: Decreases			7,281,803	41,082,504		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

	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	9,348,028	0	0	0	1.00
2.00	Land Improvements	1,764,690	0	0	0	2.00
3.00	Buildings and Fixtures	28,532,005	6,164	0	6,164	3.00
4.00	Building Improvements	29,610,005	561,656	0	561,656	4.00
5.00	Fixed Equipment	17,657,206	13,762	0	13,762	5.00
6.00	Movable Equipment	49,203,330	1,113,348	0	1,113,348	6.00
7.00	HIT designated Assets	2,833,813	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	138,949,077	1,694,930	0	1,694,930	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	138,949,077	1,694,930	0	1,694,930	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,348,028	0			1.00
2.00	Land Improvements	1,764,690	0			2.00
3.00	Buildings and Fixtures	28,538,169	0			3.00
4.00	Building Improvements	30,171,661	0			4.00
5.00	Fixed Equipment	17,670,968	0			5.00
6.00	Movable Equipment	50,313,720	0			6.00
7.00	HIT designated Assets	2,833,813	0			7.00
8.00	Subtotal (sum of lines 1-7)	140,641,049	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	140,641,049	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
10/30/2017 4:18 pm

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	2,068,614	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,671,073	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,739,687	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	2,068,614				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,671,073				2.00
3.00	Total (sum of lines 1-2)	0	5,739,687				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	69,822,548	0	69,822,548	0.496459	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	70,818,501	0	70,818,501	0.503541	0	2.00
3.00	Total (sum of lines 1-2)	140,641,049	0	140,641,049	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	3,244,621	-36,256	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,306,417	1,288,876	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,551,038	1,252,620	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	2,032,426	92,562	975,068	0	6,308,421	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,443	0	0	3,608,736	2.00
3.00	Total (sum of lines 1-2)	2,032,426	106,005	975,068	0	9,917,157	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-8

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			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	-36,256		CAP REL COSTS-BLDG & FIXT	1.00		10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-9,571		ADMIN & GENERAL	5.06		0	7.00
8.00 Television and radio service (chapter 21)	A	-22,980		OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,964,020					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,068		RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,099,969					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-57,117		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-1,034		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-1,866		ADMIN & GENERAL	5.06		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	929,497		CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-957,938		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			OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 INSERVICE EDUCATION REVENUE	B	-145		NURSING ADMINISTRATION	13.00		0	33.00
33.01 FITNESS REVENUE	B	-65		ADMIN & GENERAL	5.06		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-8

Date/Time Prepared:
10/30/2017 4:18 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		
33.02 TELEPHONE COMMISSION	B	-270	ADMIN & GENERAL	5.06	0	33.02
33.03 SALE OF SUPPLIES	B	-295	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.03
33.04 MISC REVENUE	B	-25,967	ADMIN & GENERAL	5.06	0	33.04
33.06 PATIENT PHONE WAGE COSTS	A	-16,078	ADMIN & GENERAL	5.06	0	33.06
33.07 PATIENT PHONES BENEFITS	A	-3,473	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08 PATIENT TV DEPRECIATION COSTS	A	-214	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.08
33.09 PATIENT TV DEPRECIATION	A	-5,211	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.09
33.10 NONALLOWABLE MARKETING	A	-21,167	ADMIN & GENERAL	5.06	0	33.10
33.11 PHYSICIAN RECRUITING	A	-128,580	ADMIN & GENERAL	5.06	0	33.11
33.12 LOBBYING EXPENSE IN DUES	A	-10,377	ADMIN & GENERAL	5.06	0	33.12
33.13 CHARITABLE CONTRIBUTIONS	A	-126,114	ADMIN & GENERAL	5.06	0	33.13
33.15 IMPUTED RENT	A	-115,315	ADMIN & GENERAL	5.06	0	33.15
33.16 NONALLOWABLE LEGAL EXPENSES	A	-134,982	ADMIN & GENERAL	5.06	0	33.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,610,637				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: 15-0047

Period: From 06/01/2016 To 05/31/2017

Worksheet A-8-1

Date/Time Prepared: 10/30/2017 4:18 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 ALLOCATION - CAPITAL-	2,009,530	0
2.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - BLDG &	19,790	0
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS - MOVEABL	3,106	0
4.00	5.05	CASHIERING/ACCOUNTS RECEIVAB	PASI OPERATING COSTS	294,321	0
4.03	5.06	ADMIN & GENERAL	SHARED SERVICE CENTER ALLOCA	310,239	0
4.04	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - BUILDING & FIX	16,640	0
4.05	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - MOVABLE EQUIPM	229,870	0
4.06	5.06	ADMIN & GENERAL	NON-CAPITAL HOME OFFICE COST	2,766,934	0
4.07	5.06	ADMIN & GENERAL	MALPRACTICE COSTS (SEE EXHIB	499,005	0
4.08	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT (SEE EX	30,058	208,382
4.09	8.00	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SERVICES (S	425,011	0
4.10	5.06	ADMIN & GENERAL	MANAGEMENT FEES	0	1,728,038
4.11	5.06	ADMIN & GENERAL	401K FEES	0	8,126
4.12	5.06	ADMIN & GENERAL	AUDIT FEES	0	51,541
4.13	5.06	ADMIN & GENERAL	CORPORATE OVERHEAD ALLOCATIO	0	1,233,314
4.14	5.06	ADMIN & GENERAL	PPSI FEES	0	25,193
4.15	5.05	CASHIERING/ACCOUNTS RECEIVAB	PASI COLLECTION FEES	0	328,692
4.16	5.06	ADMIN & GENERAL	CIG USE TAX	0	14,587
4.17	5.06	ADMIN & GENERAL	PASI LIEN UNIT COLLECTION FE	0	24,530
4.18	5.06	ADMIN & GENERAL	MALPRACTICE ALLOCATIONS (PER	0	297,814
4.19	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT (PER EX	0	222,969
4.20	8.00	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SERVICES (P	0	361,349
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,604,504	4,504,535

* 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	CHS, INC	100.00	6.00
7.00	B	0.00	PASI	100.00	7.00
8.00	C	33.00	SHARED LAUNDRY	33.00	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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-8-1

Date/Time Prepared:
10/30/2017 4:18 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	2,009,530	11		1.00
2.00	19,790	11		2.00
3.00	3,106	11		3.00
4.00	294,321	0		4.00
4.03	310,239	0		4.03
4.04	16,640	9		4.04
4.05	229,870	9		4.05
4.06	2,766,934	0		4.06
4.07	499,005	0		4.07
4.08	-178,324	9		4.08
4.09	425,011	0		4.09
4.10	-1,728,038	0		4.10
4.11	-8,126	0		4.11
4.12	-51,541	0		4.12
4.13	-1,233,314	0		4.13
4.14	-25,193	0		4.14
4.15	-328,692	0		4.15
4.16	-14,587	0		4.16
4.17	-24,530	0		4.17
4.18	-297,814	0		4.18
4.19	-222,969	9		4.19
4.20	-361,349	0		4.20
5.00	2,099,969			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	OWNER		6.00
7.00	DEBT COLLECTION		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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet A-8-2

Date/Time Prepared:
10/30/2017 4:18 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	30.00	ADULTS & PEDIATRICS	881,635	881,635	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	2,562	2,562	0	0	0	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	391,325	391,325	0	0	0	3.00
4.00	50.00	OPERATING ROOM	605,012	605,012	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,192,470	1,192,470	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	1,260	1,260	0	0	0	7.00
8.00	90.00	CLINIC	8,150	8,150	0	0	0	8.00
9.00	5.06	ADMIN & GENERAL	545,538	545,538	0	0	0	9.00
10.00	43.00	NURSERY	58,476	58,476	0	0	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	274,967	274,967	0	0	0	11.00
12.00	44.00	SKILLED NURSING FACILITY	2,625	2,625	0	0	0	12.00
200.00			3,964,020	3,964,020	0	0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	5.06	ADMIN & GENERAL	0	0	0	0	0	9.00
10.00	43.00	NURSERY	0	0	0	0	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	11.00
12.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	12.00
200.00			0	0	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	30.00	ADULTS & PEDIATRICS	0	0	0	881,635	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	2,562	2.00
3.00	33.00	BURN INTENSIVE CARE UNIT	0	0	0	391,325	3.00
4.00	50.00	OPERATING ROOM	0	0	0	605,012	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,192,470	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	1,260	7.00
8.00	90.00	CLINIC	0	0	0	8,150	8.00
9.00	5.06	ADMIN & GENERAL	0	0	0	545,538	9.00
10.00	43.00	NURSERY	0	0	0	58,476	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	274,967	11.00
12.00	44.00	SKILLED NURSING FACILITY	0	0	0	2,625	12.00
200.00			0	0	0	3,964,020	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL	
		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	6,308,421	6,308,421			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,608,736		3,608,736		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,700,210	71,402	40,845	4,812,457	4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	5.01
5.02 00550	DATA PROCESSING	1,883,363	203,205	116,244	93,305	5.02
5.03 00591	PURCHASING AND RECEIVING	1,049,246	175,909	100,629	56,815	5.03
5.04 00540	CENTRAL SCHEDULING	1,288,639	50,067	28,641	178,481	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,866,237	0	0	183	5.05
5.06 00590	ADMIN & GENERAL	13,358,683	136,857	78,289	284,008	5.06
7.00 00700	OPERATION OF PLANT	3,379,647	1,074,173	614,481	143,223	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	456,450	56,059	32,069	0	8.00
9.00 00900	HOUSEKEEPING	980,708	848,741	485,523	104,914	9.00
10.00 01000	DIETARY	1,232,777	265,135	151,671	0	10.00
11.00 01100	CAFETERIA	742,590	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,002,022	30,549	17,475	283,468	13.00
13.01 01850	PASTORAL CARE	66,438	35,285	20,185	6,834	13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	4,358,496	0	0	221,478	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	597,605	158,872	90,883	15,951	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,223,608	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,864,877	564,541	322,946	931,798	30.00
31.00 03100	INTENSIVE CARE UNIT	57,263	186,153	106,489	6,214	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	792,838	41,534	23,759	102,442	31.01
33.00 03300	BURN INTENSIVE CARE UNIT	1,173,322	106,111	60,701	151,851	33.00
40.00 04000	SUBPROVIDER - IPF	1,559,999	80,631	46,125	220,038	40.00
43.00 04300	NURSERY	223,254	0	0	30,330	43.00
44.00 04400	SKILLED NURSING FACILITY	1,071,584	148,387	84,885	148,384	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,544,008	228,685	130,819	173,992	50.00
50.01 03330	ENDOSCOPY	397,280	31,275	17,891	41,105	50.01
51.00 05100	RECOVERY ROOM	357,209	97,517	55,785	49,290	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	375,549	86,774	49,639	70,032	52.00
53.00 05300	ANESTHESIOLOGY	848	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,887,990	249,384	142,660	276,876	54.00
54.01 03630	ULTRA SOUND	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
59.00 05900	CARDIAC CATHETERIZATION	1,274,209	27,780	15,892	135,628	59.00
60.00 06000	LABORATORY	3,542,120	213,449	122,103	325,364	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	413,091	11,696	6,691	0	62.00
65.00 06500	RESPIRATORY THERAPY	730,372	86,729	49,613	93,089	65.00
66.00 06600	PHYSICAL THERAPY	464,644	112,693	64,466	67,045	66.00
67.00 06700	OCCUPATIONAL THERAPY	366,690	43,138	24,677	53,715	67.00
68.00 06800	SPEECH PATHOLOGY	73,536	16,613	9,504	10,666	68.00
69.00 06900	ELECTROCARDIOLOGY	318,496	15,812	9,045	46,035	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,014,093	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,562,611	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	818,111	37,373	21,379	0	73.00
74.00 07400	RENAL DIALYSIS	392,099	30,413	17,398	0	74.00
76.00 03950	MISC ANCILLARY	0	0	0	0	76.00
76.01 03951	SLEEP LAB	0	0	0	0	76.01
76.02 03550	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	338,553	49,296	28,200	49,381	76.02
76.03 03952	WOUND CARE	723,780	129,957	74,342	92,279	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	99,286	32,168	18,402	13,214	90.00
91.00 09100	EMERGENCY	3,195,682	199,680	114,227	311,288	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	85,737,270	5,934,043	3,394,573	4,788,716	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,338	15,312	8,759	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,363	0	0	14	192.00
194.00 07950	NONREIMBURSABLE MISC	0	0	0	0	194.00
194.01 07951	MARKETING	537,602	0	0	23,727	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	0 194.02
194.03 07953 SELECT SPECIALTY	0	359,066	205,404	0	0	0 194.03
194.04 07954 FREE MEALS	0	0	0	0	0	0 194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	86,296,573	6,308,421	3,608,736	4,812,457	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description			DATA PROCESSING	PURCHASING AND RECEIVING	CENTRAL SCHEDULING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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	00560	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING	2,296,117					5.02
5.03	00591	PURCHASING AND RECEIVING	0	1,382,599				5.03
5.04	00540	CENTRAL SCHEDULING	0	5,479	1,551,307			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	72	0	1,866,492		5.05
5.06	00590	ADMIN & GENERAL	0	1,648	0	0	13,859,485	5.06
7.00	00700	OPERATION OF PLANT	0	663	0	0	5,212,187	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,330	0	0	555,908	8.00
9.00	00900	HOUSEKEEPING	0	17,750	0	0	2,437,636	9.00
10.00	01000	DIETARY	0	20,089	0	0	1,669,672	10.00
11.00	01100	CAFETERIA	0	0	0	0	742,590	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,869	0	0	2,335,383	13.00
13.01	01850	PASTORAL CARE	0	196	0	0	128,938	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	24,127	0	0	4,604,101	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	517	0	0	863,828	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,223,608	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	235,260	58,689	158,930	191,261	9,328,302	30.00
31.00	03100	INTENSIVE CARE UNIT	4,540	1	3,067	3,691	367,418	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,520	5,815	5,756	6,927	987,591	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	41,983	17,702	28,362	34,131	1,614,163	33.00
40.00	04000	SUBPROVIDER - I/PF	76,386	6,564	51,603	62,100	2,103,446	40.00
43.00	04300	NURSERY	3,180	0	2,148	2,585	261,497	43.00
44.00	04400	SKILLED NURSING FACILITY	15,643	5,987	10,568	12,718	1,498,156	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	175,152	96,614	118,324	142,395	2,609,989	50.00
50.01	03330	ENDOSCOPY	18,934	15,579	12,791	15,393	550,248	50.01
51.00	05100	RECOVERY ROOM	19,629	13	13,260	15,958	608,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,343	9,601	4,960	5,969	609,867	52.00
53.00	05300	ANESTHESIOLOGY	26,258	91	17,739	21,347	66,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	335,114	11,932	226,386	272,440	4,402,782	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	108,278	39,856	73,148	88,028	1,762,819	59.00
60.00	06000	LABORATORY	278,911	77,134	188,418	226,748	4,974,247	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,726	27,200	9,948	11,972	495,324	62.00
65.00	06500	RESPIRATORY THERAPY	65,814	12,036	44,461	53,505	1,135,619	65.00
66.00	06600	PHYSICAL THERAPY	17,212	714	11,628	13,993	752,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,699	127	11,281	13,576	529,903	67.00
68.00	06800	SPEECH PATHOLOGY	2,898	73	1,958	2,356	117,604	68.00
69.00	06900	ELECTROCARDIOLOGY	17,153	691	11,587	13,945	432,764	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	161,580	444,018	109,155	131,361	3,860,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,179	383,162	45,383	54,615	3,112,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,362	0	230,097	276,507	1,723,829	73.00
74.00	07400	RENAL DIALYSIS	5,030	787	3,398	4,090	453,215	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,239	366	8,943	10,763	498,741	76.02
76.03	03952	WOUND CARE	20,306	13,814	13,717	16,508	1,084,703	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	561	1,397	379	456	165,863	90.00
91.00	09100	EMERGENCY	198,227	65,097	133,912	161,154	4,379,267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,296,117	1,378,800	1,551,307	1,866,492	85,121,189	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,661	0	0	46,070	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	394	0	0	2,771	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	744	0	0	562,073	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	564,470	194.03
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING AND RECEIVING	CENTRAL SCHEDULING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,296,117	1,382,599	1,551,307	1,866,492	86,296,573	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet B Part I Date/Time Prepared: 10/30/2017 4:18 pm		
Cost Center Description			ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	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	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING AND RECEIVING					5.03
5.04	00540	CENTRAL SCHEDULING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMIN & GENERAL	13,859,485				5.06
7.00	00700	OPERATION OF PLANT	997,253	6,209,440			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	106,362	75,726	737,996		8.00
9.00	00900	HOUSEKEEPING	466,395	1,146,492	0	4,050,523	9.00
10.00	01000	DIETARY	319,460	358,148	0	290,881	2,638,161
11.00	01100	CAFETERIA	142,080	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	446,831	41,266	0	33,515	0
13.01	01850	PASTORAL CARE	24,670	47,663	0	38,711	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	880,907	0	51	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	165,277	214,607	0	174,300	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	425,445	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,784,819	762,591	317,650	619,357	1,171,998
31.00	03100	INTENSIVE CARE UNIT	70,298	251,458	0	204,229	2,087
31.01	02060	NEONATAL INTENSIVE CARE UNIT	188,957	56,104	958	45,567	0
33.00	03300	BURN INTENSIVE CARE UNIT	308,839	143,337	40,573	116,416	80,050
40.00	04000	SUBPROVIDER - IPF	402,454	108,918	37,752	88,461	305,299
43.00	04300	NURSERY	50,032	0	2,540	0	0
44.00	04400	SKILLED NURSING FACILITY	286,644	200,443	59,742	162,796	263,551
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	499,372	308,911	22,824	250,892	0
50.01	03330	ENDOSCOPY	105,280	42,247	38,259	34,312	0
51.00	05100	RECOVERY ROOM	116,456	131,728	17,630	106,987	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	116,686	117,216	0	95,201	0
53.00	05300	ANESTHESIOLOGY	12,682	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	842,389	336,872	38,592	273,601	0
54.01	03630	ULTRA SOUND	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	337,282	37,526	20,567	30,478	0
60.00	06000	LABORATORY	951,728	288,330	0	234,176	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	94,771	15,799	0	12,832	0
65.00	06500	RESPIRATORY THERAPY	217,279	117,155	95	95,151	0
66.00	06600	PHYSICAL THERAPY	143,956	152,228	0	123,637	0
67.00	06700	OCCUPATIONAL THERAPY	101,387	58,271	0	47,326	0
68.00	06800	SPEECH PATHOLOGY	22,501	22,442	0	18,227	0
69.00	06900	ELECTROCARDIOLOGY	82,801	21,359	3,657	17,347	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	738,577	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	595,604	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	329,822	50,484	0	41,002	0
74.00	07400	RENAL DIALYSIS	86,714	41,082	1,858	33,366	0
76.00	03950	MISC ANCILLARY	0	0	0	0	0
76.01	03951	SLEEP LAB	0	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	95,425	66,589	0	54,083	0
76.03	03952	WOUND CARE	207,537	175,549	773	142,577	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	31,735	43,453	21,702	35,292	0
91.00	09100	EMERGENCY	837,890	269,730	112,773	219,070	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,634,597	5,703,724	737,996	3,639,790	1,822,985
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,815	20,684	0	16,799	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	530	0	0	0	499,814
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0
194.01	07951	MARKETING	107,542	0	0	0	0
194.02	07952	SENIOR CIRCLE	0	0	0	0	0
194.03	07953	SELECT SPECIALTY	108,001	485,032	0	393,934	109,052
194.04	07954	FREE MEALS	0	0	0	0	206,310
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0047			Period: From 06/01/2016 To 05/31/2017		Worksheet B Part I Date/Time Prepared: 10/30/2017 4:18 pm	
Cost Center Description		ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
202.00	TOTAL (sum lines 118-201)	13,859,485	6,209,440	737,996	4,050,523	2,638,161	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	13.00	13.01	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	00560						5.01
5.02	00550						5.02
5.03	00591						5.03
5.04	00540						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	884,670					11.00
13.00	01300	51,898	2,908,893				13.00
13.01	01850	2,247	0	242,229			13.01
14.00	01400	0	0	0	0		14.00
15.00	01500	34,366	0	0	0	5,519,425	15.00
16.00	01600	9,053	0	0	0	0	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	217,387	1,256,344	104,619	0	0	30.00
31.00	03100	170	1,013	84	0	0	31.00
31.01	02060	19,441	112,335	9,354	0	0	31.01
33.00	03300	33,857	195,637	16,291	0	0	33.00
40.00	04000	60,421	349,205	29,079	0	0	40.00
43.00	04300	6,085	35,171	2,929	0	0	43.00
44.00	04400	31,801	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	35,786	206,870	17,226	0	0	50.00
50.01	03330	9,307	61,507	5,122	0	0	50.01
51.00	05100	10,643	53,832	4,483	0	0	51.00
52.00	05200	14,056	81,205	6,762	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	66,442	0	0	0	0	54.00
54.01	03630	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	24,698	142,694	11,882	0	0	59.00
60.00	06000	82,173	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	21,243	0	0	0	0	65.00
66.00	06600	12,105	0	0	0	0	66.00
67.00	06700	8,014	0	0	0	0	67.00
68.00	06800	1,738	0	0	0	0	68.00
69.00	06900	16,600	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	5,519,425	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03550	14,119	0	0	0	0	76.02
76.03	03952	21,412	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,756	0	0	0	0	90.00
91.00	09100	71,488	413,080	34,398	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		879,306	2,908,893	242,229	0	5,519,425	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	1,145	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	4,219	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	13.00	13.01	14.00	15.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	884,670	2,908,893	242,229	0	5,519,425	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	16.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00591 PURCHASING AND RECEIVING						5.03
5.04 00540 CENTRAL SCHEDULING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMIN & GENERAL						5.06
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
13.01 01850 PASTORAL CARE						13.01
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,427,065					16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		2,649,053			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	146,226	0	1,327,797	17,037,090	-1,327,797	30.00
31.00 03100 INTENSIVE CARE UNIT	2,822	0	0	899,579	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	5,296	0	32,704	1,458,307	-32,704	31.01
33.00 03300 BURN INTENSIVE CARE UNIT	26,095	0	0	2,575,258	0	33.00
40.00 04000 SUBPROVIDER - IPF	47,478	0	0	3,532,513	0	40.00
43.00 04300 NURSERY	1,977	0	0	360,231	0	43.00
44.00 04400 SKILLED NURSING FACILITY	9,723	0	0	2,512,856	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	108,866	0	294,339	4,355,075	-294,339	50.00
50.01 03330 ENDOSCOPY	11,768	0	0	858,050	0	50.01
51.00 05100 RECOVERY ROOM	12,200	0	0	1,062,620	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,564	0	0	1,045,557	0	52.00
53.00 05300 ANESTHESIOLOGY	16,321	0	0	95,286	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	208,291	0	0	6,168,969	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	67,301	0	0	2,435,247	0	59.00
60.00 06000 LABORATORY	173,358	0	0	6,704,012	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	9,153	0	0	627,879	0	62.00
65.00 06500 RESPIRATORY THERAPY	40,907	0	0	1,627,449	0	65.00
66.00 06600 PHYSICAL THERAPY	10,698	0	0	1,195,019	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	10,379	0	0	755,280	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,801	0	0	184,313	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,661	0	0	585,189	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	100,430	0	0	4,699,214	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	41,755	0	0	3,750,309	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	211,462	0	0	7,876,024	0	73.00
74.00 07400 RENAL DIALYSIS	3,127	0	0	619,362	0	74.00
76.00 03950 MISC ANCILLARY	0	0	0	0	0	76.00
76.01 03951 SLEEP LAB	0	0	0	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,228	0	0	737,185	0	76.02
76.03 03952 WOUND CARE	12,621	0	261,635	1,906,807	-261,635	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	349	0	575,597	876,747	-575,597	90.00
91.00 09100 EMERGENCY	123,208	0	156,981	6,617,885	-156,981	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,427,065	0	2,649,053	83,159,312	-2,649,053	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	92,368	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	504,260	0	192.00
194.00 07950 NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	673,834	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	16.00	21.00	22.00	24.00	25.00	
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 SELECT SPECIALTY	0	0	0	1,660,489	0	194.03
194.04 07954 FREE MEALS	0	0	0	206,310	0	194.04
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,427,065	0	2,649,053	86,296,573	-2,649,053	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet B Part I Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00560 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00591 PURCHASING AND RECEIVING		5.03
5.04	00540 CENTRAL SCHEDULING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMIN & GENERAL		5.06
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
13.01	01850 PASTORAL CARE		13.01
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	15,709,293	30.00
31.00	03100 INTENSIVE CARE UNIT	899,579	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	1,425,603	31.01
33.00	03300 BURN INTENSIVE CARE UNIT	2,575,258	33.00
40.00	04000 SUBPROVIDER - I PF	3,532,513	40.00
43.00	04300 NURSERY	360,231	43.00
44.00	04400 SKILLED NURSING FACILITY	2,512,856	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,060,736	50.00
50.01	03330 ENDOSCOPY	858,050	50.01
51.00	05100 RECOVERY ROOM	1,062,620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,045,557	52.00
53.00	05300 ANESTHESIOLOGY	95,286	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,168,969	54.00
54.01	03630 ULTRA SOUND	0	54.01
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,435,247	59.00
60.00	06000 LABORATORY	6,704,012	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	627,879	62.00
65.00	06500 RESPIRATORY THERAPY	1,627,449	65.00
66.00	06600 PHYSICAL THERAPY	1,195,019	66.00
67.00	06700 OCCUPATIONAL THERAPY	755,280	67.00
68.00	06800 SPEECH PATHOLOGY	184,313	68.00
69.00	06900 ELECTROCARDIOLOGY	585,189	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,699,214	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,750,309	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,876,024	73.00
74.00	07400 RENAL DIALYSIS	619,362	74.00
76.00	03950 MISCELLANEOUS	0	76.00
76.01	03951 SLEEP LAB	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	737,185	76.02
76.03	03952 WOUND CARE	1,645,172	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	301,150	90.00
91.00	09100 EMERGENCY	6,460,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	80,510,259	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	92,368	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	504,260	192.00
194.00	07950 NONREIMBURSABLE MISCELLANEOUS	0	194.00
194.01	07951 MARKETING	673,834	194.01
194.02	07952 SENIOR CIRCLE	0	194.02
194.03	07953 SELECT SPECIALTY	1,660,489	194.03
194.04	07954 FREE MEALS	206,310	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	83,647,520	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part II
Date/Time Prepared:
10/30/2017 4:18 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	71,402	40,845	112,247	112,247 4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0 5.01
5.02 00550	DATA PROCESSING	0	203,205	116,244	319,449	2,177 5.02
5.03 00591	PURCHASING AND RECEIVING	0	175,909	100,629	276,538	1,325 5.03
5.04 00540	CENTRAL SCHEDULING	0	50,067	28,641	78,708	4,163 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	4 5.05
5.06 00590	ADMIN & GENERAL	0	136,857	78,289	215,146	6,625 5.06
7.00 00700	OPERATION OF PLANT	0	1,074,173	614,481	1,688,654	3,341 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	56,059	32,069	88,128	0 8.00
9.00 00900	HOUSEKEEPING	0	848,741	485,523	1,334,264	2,447 9.00
10.00 01000	DIETARY	0	265,135	151,671	416,806	0 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	30,549	17,475	48,024	6,613 13.00
13.01 01850	PASTORAL CARE	0	35,285	20,185	55,470	159 13.01
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	0	0	0	0	5,166 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	158,872	90,883	249,755	372 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	564,541	322,946	887,487	21,722 30.00
31.00 03100	INTENSIVE CARE UNIT	0	186,153	106,489	292,642	145 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	41,534	23,759	65,293	2,390 31.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	106,111	60,701	166,812	3,542 33.00
40.00 04000	SUBPROVIDER - I PF	0	80,631	46,125	126,756	5,133 40.00
43.00 04300	NURSERY	0	0	0	0	708 43.00
44.00 04400	SKILLED NURSING FACILITY	0	148,387	84,885	233,272	3,461 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	228,685	130,819	359,504	4,059 50.00
50.01 03330	ENDOSCOPY	0	31,275	17,891	49,166	959 50.01
51.00 05100	RECOVERY ROOM	0	97,517	55,785	153,302	1,150 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	86,774	49,639	136,413	1,634 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	249,384	142,660	392,044	6,459 54.00
54.01 03630	ULTRA SOUND	0	0	0	0	0 54.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	27,780	15,892	43,672	3,164 59.00
60.00 06000	LABORATORY	0	213,449	122,103	335,552	7,590 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,696	6,691	18,387	0 62.00
65.00 06500	RESPIRATORY THERAPY	0	86,729	49,613	136,342	2,172 65.00
66.00 06600	PHYSICAL THERAPY	0	112,693	64,466	177,159	1,564 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	43,138	24,677	67,815	1,253 67.00
68.00 06800	SPEECH PATHOLOGY	0	16,613	9,504	26,117	249 68.00
69.00 06900	ELECTROCARDIOLOGY	0	15,812	9,045	24,857	1,074 69.00
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	37,373	21,379	58,752	0 73.00
74.00 07400	RENAL DIALYSIS	0	30,413	17,398	47,811	0 74.00
76.00 03950	MISC ANCILLARY	0	0	0	0	0 76.00
76.01 03951	SLEEP LAB	0	0	0	0	0 76.01
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	49,296	28,200	77,496	1,152 76.02
76.03 03952	WOUND CARE	0	129,957	74,342	204,299	2,153 76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	32,168	18,402	50,570	308 90.00
91.00 09100	EMERGENCY	0	199,680	114,227	313,907	7,261 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,934,043	3,394,573	9,328,616	111,694 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,312	8,759	24,071	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	NONREIMBURSABLE MISC	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	553 194.01
194.02 07952	SENIOR CIRCLE	0	0	0	0	0 194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B
Part II
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.03 07953 SELECT SPECIALTY	0	359,066	205,404	564,470	0	194.03
194.04 07954 FREE MEALS	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,308,421	3,608,736	9,917,157	112,247	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm	
Cost Center Description			OTHER ADMIN STRATIVE AND GENERAL	DATA PROCESSING	PURCHASING AND RECEIVING	CENTRAL SCHEDULING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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	00560	OTHER ADMIN STRATIVE AND GENERAL	0					5.01
5.02	00550	DATA PROCESSING	0	321,626				5.02
5.03	00591	PURCHASING AND RECEIVING	0	0	277,863			5.03
5.04	00540	CENTRAL SCHEDULING	0	0	1,101	83,972		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	14	0	18	5.05
5.06	00590	ADMIN & GENERAL	0	0	331	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	0	133	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,277	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	3,567	0	0	9.00
10.00	01000	DIETARY	0	0	4,037	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	376	0	0	13.00
13.01	01850	PASTORAL CARE	0	0	39	0	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	4,849	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	104	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	32,931	11,795	8,614	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	635	0	166	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,193	1,169	312	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	5,877	3,558	1,537	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	10,692	1,319	2,797	0	40.00
43.00	04300	NURSERY	0	445	0	116	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,190	1,203	573	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,517	19,416	6,413	0	50.00
50.01	03330	ENDOSCOPY	0	2,650	3,131	693	0	50.01
51.00	05100	RECOVERY ROOM	0	2,748	3	719	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,028	1,930	269	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,676	18	961	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,908	2,398	12,271	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,156	8,010	3,965	0	59.00
60.00	06000	LABORATORY	0	39,041	15,502	10,213	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,061	5,466	539	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	9,212	2,419	2,410	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,409	144	630	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,337	26	611	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	406	15	106	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,401	139	628	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,617	89,235	5,916	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,404	77,004	2,460	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,867	0	12,361	18	73.00
74.00	07400	RENAL DIALYSIS	0	704	158	184	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,853	74	485	0	76.02
76.03	03952	WOUND CARE	0	2,842	2,776	744	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	79	281	21	0	90.00
91.00	09100	EMERGENCY	0	27,747	13,083	7,258	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	321,626	277,100	83,972	18	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	535	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	79	0	0	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	149	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	0	194.03
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0047			Period: From 06/01/2016 To 05/31/2017		Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.01	DATA PROCESSING 5.02	PURCHASING AND RECEIVING 5.03	CENTRAL SCHEDULING 5.04	CASHIERING/ACC OUNTS RECEIVABLE 5.05		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	321,626	277,863	83,972	18	18	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet B Part II Date/Time Prepared: 10/30/2017 4: 18 pm		
Cost Center Description			ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.06	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	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING AND RECEIVING					5.03
5.04	00540	CENTRAL SCHEDULING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMIN & GENERAL	222,102				5.06
7.00	00700	OPERATION OF PLANT	15,981	1,708,109			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,704	20,831	112,940		8.00
9.00	00900	HOUSEKEEPING	7,474	315,383	0	1,663,135	9.00
10.00	01000	DIETARY	5,119	98,520	0	119,435	643,917
11.00	01100	CAFETERIA	2,277	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,160	11,352	0	13,761	0
13.01	01850	PASTORAL CARE	395	13,111	0	15,895	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	14,116	0	8	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,648	59,035	0	71,567	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,818	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,610	209,775	48,612	254,306	286,059
31.00	03100	INTENSIVE CARE UNIT	1,127	69,172	0	83,856	509
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,028	15,433	147	18,710	0
33.00	03300	BURN INTENSIVE CARE UNIT	4,949	39,430	6,209	47,800	19,538
40.00	04000	SUBPROVIDER - IPF	6,449	29,961	5,777	36,322	74,517
43.00	04300	NURSERY	802	0	389	0	0
44.00	04400	SKILLED NURSING FACILITY	4,593	55,138	9,143	66,844	64,327
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,002	84,976	3,493	103,016	0
50.01	03330	ENDOSCOPY	1,687	11,621	5,855	14,088	0
51.00	05100	RECOVERY ROOM	1,866	36,236	2,698	43,929	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,870	32,244	0	39,089	0
53.00	05300	ANESTHESIOLOGY	203	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,499	92,668	5,906	112,340	0
54.01	03630	ULTRA SOUND	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,405	10,323	3,147	12,514	0
60.00	06000	LABORATORY	15,251	79,314	0	96,152	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,519	4,346	0	5,269	0
65.00	06500	RESPIRATORY THERAPY	3,482	32,227	15	39,069	0
66.00	06600	PHYSICAL THERAPY	2,307	41,875	0	50,765	0
67.00	06700	OCCUPATIONAL THERAPY	1,625	16,029	0	19,432	0
68.00	06800	SPEECH PATHOLOGY	361	6,173	0	7,484	0
69.00	06900	ELECTROCARDIOLOGY	1,327	5,875	560	7,123	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,835	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,544	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,285	13,887	0	16,835	0
74.00	07400	RENAL DIALYSIS	1,390	11,301	284	13,700	0
76.00	03950	MISC ANCILLARY	0	0	0	0	0
76.01	03951	SLEEP LAB	0	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,529	18,318	0	22,206	0
76.03	03952	WOUND CARE	3,326	48,290	118	58,542	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	509	11,953	3,321	14,491	0
91.00	09100	EMERGENCY	13,427	74,198	17,258	89,949	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	218,499	1,568,995	112,940	1,494,489	444,950
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141	5,690	0	6,898	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8	0	0	0	121,994
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0
194.01	07951	MARKETING	1,723	0	0	0	0
194.02	07952	SENIOR CIRCLE	0	0	0	0	0
194.03	07953	SELECT SPECIALTY	1,731	133,424	0	161,748	26,617
194.04	07954	FREE MEALS	0	0	0	0	50,356
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0047			Period: From 06/01/2016 To 05/31/2017		Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm	
Cost Center Description		ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
202.00	TOTAL (sum lines 118-201)	222,102	1,708,109	112,940	1,663,135	643,917	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	13.00	13.01	14.00	15.00	
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	00560	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING AND RECEIVING						5.03
5.04	00540	CENTRAL SCHEDULING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMIN & GENERAL						5.06
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	2,277					11.00
13.00	01300	NURSING ADMINISTRATION	134	87,420				13.00
13.01	01850	PASTORAL CARE	6	0	85,075			13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0		14.00
15.00	01500	PHARMACY	88	0	0	0	24,227	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	560	37,758	36,744	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30	30	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	50	3,376	3,285	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	87	5,879	5,722	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	156	10,495	10,213	0	0	40.00
43.00	04300	NURSERY	16	1,057	1,029	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	82	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92	6,217	6,050	0	0	50.00
50.01	03330	ENDOSCOPY	24	1,848	1,799	0	0	50.01
51.00	05100	RECOVERY ROOM	27	1,618	1,574	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36	2,440	2,375	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	64	4,288	4,173	0	0	59.00
60.00	06000	LABORATORY	211	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	55	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	31	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43	0	0	0	0	69.00
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	24,227	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	36	0	0	0	0	76.02
76.03	03952	WOUND CARE	55	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7	0	0	0	0	90.00
91.00	09100	EMERGENCY	184	12,414	12,081	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,263	87,420	85,075	0	24,227	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3	0	0	0	0	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01	07951	MARKETING	11	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	0	194.03
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0047			Period: From 06/01/2016 To 05/31/2017		Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PASTORAL CARE	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.00	13.00	13.01	14.00	15.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,277	87,420	85,075	0	24,227	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	16.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00560	OTHER ADMINISTRATIVE AND GENERAL				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING AND RECEIVING				5.03
5.04 00540	CENTRAL SCHEDULING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	ADMIN & GENERAL				5.06
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
13.01 01850	PASTORAL CARE				13.01
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	383,504			16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,818		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	39,310		1,904,283	0 30.00
31.00 03100	INTENSIVE CARE UNIT	759		449,071	0 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	1,424		115,810	0 31.01
33.00 03300	BURN INTENSIVE CARE UNIT	7,015		317,955	0 33.00
40.00 04000	SUBPROVIDER - IPF	12,764		333,351	0 40.00
43.00 04300	NURSERY	531		5,093	0 43.00
44.00 04400	SKILLED NURSING FACILITY	2,614		443,440	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	29,266		655,021	0 50.00
50.01 03330	ENDOSCOPY	3,164		96,685	0 50.01
51.00 05100	RECOVERY ROOM	3,280		249,150	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,227		220,555	0 52.00
53.00 05300	ANESTHESIOLOGY	4,387		9,245	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	55,995		740,659	0 54.00
54.01 03630	ULTRA SOUND	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
59.00 05900	CARDIAC CATHETERIZATION	18,092		131,973	0 59.00
60.00 06000	LABORATORY	46,604		645,430	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,461		40,048	0 62.00
65.00 06500	RESPIRATORY THERAPY	10,997		238,400	0 65.00
66.00 06600	PHYSICAL THERAPY	2,876		279,760	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,790		111,939	0 67.00
68.00 06800	SPEECH PATHOLOGY	484		41,399	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,866		46,893	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,999		156,602	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,225		109,637	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	56,712		235,944	0 73.00
74.00 07400	RENAL DIALYSIS	841		76,373	0 74.00
76.00 03950	MISC ANCILLARY	0		0	0 76.00
76.01 03951	SLEEP LAB	0		0	0 76.01
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,212		125,361	0 76.02
76.03 03952	WOUND CARE	3,393		326,538	0 76.03
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	94		81,634	0 90.00
91.00 09100	EMERGENCY	33,122		621,889	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	383,504	0	8,810,138	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		37,335	0 190.00
191.00 19100	RESEARCH	0		0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0		122,084	0 192.00
194.00 07950	NONREIMBURSABLE MISC	0		0	0 194.00
194.01 07951	MARKETING	0		2,436	0 194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	16.00	21.00	22.00	24.00	25.00	
194.02 07952 SENIOR CIRCLE	0			0	0	194.02
194.03 07953 SELECT SPECIALTY	0			887,990		194.03
194.04 07954 FREE MEALS	0			50,356		194.04
200.00 Cross Foot Adjustments		0	6,818	6,818		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	383,504	0	6,818	9,917,157		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet B Part II Date/Time Prepared: 10/30/2017 4:18 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING AND RECEIVING		5.03
5.04	00540	CENTRAL SCHEDULING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMIN & GENERAL		5.06
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
13.01	01850	PASTORAL CARE		13.01
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,904,283	30.00
31.00	03100	INTENSIVE CARE UNIT	449,071	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	115,810	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	317,955	33.00
40.00	04000	SUBPROVIDER - I PF	333,351	40.00
43.00	04300	NURSERY	5,093	43.00
44.00	04400	SKILLED NURSING FACILITY	443,440	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	655,021	50.00
50.01	03330	ENDOSCOPY	96,685	50.01
51.00	05100	RECOVERY ROOM	249,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,555	52.00
53.00	05300	ANESTHESIOLOGY	9,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	740,659	54.00
54.01	03630	ULTRA SOUND	0	54.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	131,973	59.00
60.00	06000	LABORATORY	645,430	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,048	62.00
65.00	06500	RESPIRATORY THERAPY	238,400	65.00
66.00	06600	PHYSICAL THERAPY	279,760	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,939	67.00
68.00	06800	SPEECH PATHOLOGY	41,399	68.00
69.00	06900	ELECTROCARDIOLOGY	46,893	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	156,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,944	73.00
74.00	07400	RENAL DIALYSIS	76,373	74.00
76.00	03950	MISC ANCILLARY	0	76.00
76.01	03951	SLEEP LAB	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	125,361	76.02
76.03	03952	WOUND CARE	326,538	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	81,634	90.00
91.00	09100	EMERGENCY	621,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,810,138	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,335	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	122,084	192.00
194.00	07950	NONREIMBURSABLE MISC	0	194.00
194.01	07951	MARKETING	2,436	194.01
194.02	07952	SENIOR CIRCLE	0	194.02
194.03	07953	SELECT SPECIALTY	887,990	194.03
194.04	07954	FREE MEALS	50,356	194.04
200.00		Cross Foot Adjustments	6,818	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	9,917,157	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	DATA PROCESSING (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FOOTAGE)	MVBLE EQUIP (SQUARE FOOTAGE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	416,929				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		416,929			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,719	4,719	30,357,352		4.00
5.01	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1	0	5.01
5.02	00550	DATA PROCESSING	13,430	13,430	588,574	532,103,282	5.02
5.03	00591	PURCHASING AND RECEIVING	11,626	11,626	358,391	0	5.03
5.04	00540	CENTRAL SCHEDULING	3,309	3,309	1,125,869	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,157	0	5.05
5.06	00590	ADMIN & GENERAL	9,045	9,045	1,791,543	0	5.06
7.00	00700	OPERATION OF PLANT	70,993	70,993	903,461	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,705	3,705	0	0	8.00
9.00	00900	HOUSEKEEPING	56,094	56,094	661,804	0	9.00
10.00	01000	DIETARY	17,523	17,523	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,019	2,019	1,788,134	0	13.00
13.01	01850	PASTORAL CARE	2,332	2,332	43,112	0	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	1,397,097	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,500	10,500	100,620	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,311	37,311	5,877,874	54,521,370	30.00
31.00	03100	INTENSIVE CARE UNIT	12,303	12,303	39,200	1,052,059	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,745	2,745	646,213	1,974,604	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	7,013	7,013	957,887	9,729,520	33.00
40.00	04000	SUBPROVIDER - IPF	5,329	5,329	1,388,014	17,702,506	40.00
43.00	04300	NURSERY	0	0	191,323	736,956	43.00
44.00	04400	SKILLED NURSING FACILITY	9,807	9,807	936,019	3,625,338	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,114	15,114	1,097,553	40,591,523	50.00
50.01	03330	ENDOSCOPY	2,067	2,067	259,296	4,387,835	50.01
51.00	05100	RECOVERY ROOM	6,445	6,445	310,922	4,548,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,735	5,735	441,766	1,701,634	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,085,290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,482	16,482	1,746,554	77,662,509	54.00
54.01	03630	ULTRA SOUND	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
59.00	05900	CARDIAC CATHETERIZATION	1,836	1,836	855,551	25,093,511	59.00
60.00	06000	LABORATORY	14,107	14,107	2,052,423	64,637,492	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	773	773	0	3,412,810	62.00
65.00	06500	RESPIRATORY THERAPY	5,732	5,732	587,211	15,252,411	65.00
66.00	06600	PHYSICAL THERAPY	7,448	7,448	422,924	3,988,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,851	2,851	338,838	3,869,877	67.00
68.00	06800	SPEECH PATHOLOGY	1,098	1,098	67,285	671,678	68.00
69.00	06900	ELECTROCARDIOLOGY	1,045	1,045	290,390	3,975,105	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	37,446,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,568,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,470	2,470	0	78,858,010	73.00
74.00	07400	RENAL DIALYSIS	2,010	2,010	0	1,165,791	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,258	3,258	311,501	3,068,039	76.02
76.03	03952	WOUND CARE	8,589	8,589	582,105	4,705,814	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,126	2,126	83,354	130,085	90.00
91.00	09100	EMERGENCY	13,197	13,197	1,963,627	45,939,004	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	392,186	392,186	30,207,593	532,103,282	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,012	1,012	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	88	0	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	149,671	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	DATA PROCESSING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FOOTAGE)	MVBLE EQUIP (SQUARE FOOTAGE)				
	1.00	2.00				
194.02 07952 SENIOR CIRCLE	0	0	0	0	0	194.02
194.03 07953 SELECT SPECIALTY	23,731	23,731	0	0	0	194.03
194.04 07954 FREE MEALS	0	0	0	0	0	194.04
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)	6,308,421	3,608,736	4,812,457	0	2,296,117	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.130684	8.655517	0.158527	0.000000	0.004315	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			112,247	0	321,626	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003698	0.000000	0.000604	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description			PURCHASING AND RECEIVING (COSTED REQ S)	CENTRAL SCHEDULING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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	00560	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING AND RECEIVING	9,246,895					5.03
5.04	00540	CENTRAL SCHEDULING	36,645	532,103,282				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	482	0	532,103,282			5.05
5.06	00590	ADMIN & GENERAL	11,022	0	0	-13,859,485	72,437,088	5.06
7.00	00700	OPERATION OF PLANT	4,434	0	0	0	5,212,187	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	75,779	0	0	0	555,908	8.00
9.00	00900	HOUSEKEEPING	118,716	0	0	0	2,437,636	9.00
10.00	01000	DIETARY	134,358	0	0	0	1,669,672	10.00
11.00	01100	CAFETERIA	0	0	0	0	742,590	11.00
13.00	01300	NURSING ADMINISTRATION	12,503	0	0	0	2,335,383	13.00
13.01	01850	PASTORAL CARE	1,308	0	0	0	128,938	13.01
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	161,362	0	0	0	4,604,101	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,455	0	0	0	863,828	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,223,608	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	392,515	54,521,370	54,521,370	0	9,328,302	30.00
31.00	03100	INTENSIVE CARE UNIT	7	1,052,059	1,052,059	0	367,418	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	38,893	1,974,604	1,974,604	0	987,591	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	118,390	9,729,520	9,729,520	0	1,614,163	33.00
40.00	04000	SUBPROVIDER - I PF	43,903	17,702,506	17,702,506	0	2,103,446	40.00
43.00	04300	NURSERY	0	736,956	736,956	0	261,497	43.00
44.00	04400	SKILLED NURSING FACILITY	40,040	3,625,338	3,625,338	0	1,498,156	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	646,161	40,591,523	40,591,523	0	2,609,989	50.00
50.01	03330	ENDOSCOPY	104,194	4,387,835	4,387,835	0	550,248	50.01
51.00	05100	RECOVERY ROOM	87	4,548,910	4,548,910	0	608,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,213	1,701,634	1,701,634	0	609,867	52.00
53.00	05300	ANESTHESIOLOGY	606	6,085,290	6,085,290	0	66,283	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,805	77,662,509	77,662,509	0	4,402,782	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,561	25,093,511	25,093,511	0	1,762,819	59.00
60.00	06000	LABORATORY	515,876	64,637,492	64,637,492	0	4,974,247	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	181,915	3,412,810	3,412,810	0	495,324	62.00
65.00	06500	RESPIRATORY THERAPY	80,495	15,252,411	15,252,411	0	1,135,619	65.00
66.00	06600	PHYSICAL THERAPY	4,778	3,988,867	3,988,867	0	752,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	851	3,869,877	3,869,877	0	529,903	67.00
68.00	06800	SPEECH PATHOLOGY	487	671,678	671,678	0	117,604	68.00
69.00	06900	ELECTROCARDIOLOGY	4,622	3,975,105	3,975,105	0	432,764	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,969,600	37,446,007	37,446,007	0	3,860,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,562,611	15,568,727	15,568,727	0	3,112,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,858,010	78,858,010	0	1,723,829	73.00
74.00	07400	RENAL DIALYSIS	5,262	1,165,791	1,165,791	0	453,215	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,447	3,068,039	3,068,039	0	498,741	76.02
76.03	03952	WOUND CARE	92,389	4,705,814	4,705,814	0	1,084,703	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,340	130,085	130,085	0	165,863	90.00
91.00	09100	EMERGENCY	435,376	45,939,004	45,939,004	0	4,379,267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,221,488	532,103,282	532,103,282	-13,859,485	71,261,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,798	0	0	0	46,070	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,634	0	0	0	2,771	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01	07951	MARKETING	4,975	0	0	0	562,073	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	0	0	0	0	564,470	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description			PURCHASING AND RECEIVING (COSTED REQUESTS)	CENTRAL SCHEDULING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
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)	1,382,599	1,551,307	1,866,492		13,859,485	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.149520	0.002915	0.003508		0.191331	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	277,863	83,972	18		222,102	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.030049	0.000158	0.000000		0.003066	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FOOTAGE)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)		
		7.00	8.00	9.00	10.00	11.00		
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	00560	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00591	PURCHASING AND RECEIVING					5.03	
5.04	00540	CENTRAL SCHEDULING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMIN & GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	303,807				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	3,705	845,936			8.00	
9.00	00900	HOUSEKEEPING	56,094	0	244,008		9.00	
10.00	01000	DIETARY	17,523	0	17,523	155,456	10.00	
11.00	01100	CAFETERIA	0	0	0	41,729	11.00	
13.00	01300	NURSING ADMINISTRATION	2,019	0	2,019	0	13.00	
13.01	01850	PASTORAL CARE	2,332	0	2,332	0	13.01	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	58	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	10,500	0	10,500	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,311	364,111	37,311	69,061	10,254	30.00
31.00	03100	INTENSIVE CARE UNIT	12,303	0	12,303	123	8	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,745	1,098	2,745	0	917	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	7,013	46,507	7,013	4,717	1,597	33.00
40.00	04000	SUBPROVIDER - IPF	5,329	43,274	5,329	17,990	2,850	40.00
43.00	04300	NURSERY	0	2,911	0	0	287	43.00
44.00	04400	SKILLED NURSING FACILITY	9,807	68,480	9,807	15,530	1,500	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,114	26,162	15,114	0	1,688	50.00
50.01	03330	ENDOSCOPY	2,067	43,855	2,067	0	439	50.01
51.00	05100	RECOVERY ROOM	6,445	20,209	6,445	0	502	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,735	0	5,735	0	663	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,482	44,236	16,482	0	3,134	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,836	23,575	1,836	0	1,165	59.00
60.00	06000	LABORATORY	14,107	0	14,107	0	3,876	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	773	0	773	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,732	109	5,732	0	1,002	65.00
66.00	06600	PHYSICAL THERAPY	7,448	0	7,448	0	571	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,851	0	2,851	0	378	67.00
68.00	06800	SPEECH PATHOLOGY	1,098	0	1,098	0	82	68.00
69.00	06900	ELECTROCARDIOLOGY	1,045	4,192	1,045	0	783	69.00
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	2,470	0	2,470	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,010	2,130	2,010	0	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,258	0	3,258	0	666	76.02
76.03	03952	WOUND CARE	8,589	886	8,589	0	1,010	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,126	24,876	2,126	0	130	90.00
91.00	09100	EMERGENCY	13,197	129,267	13,197	0	3,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	279,064	845,936	219,265	107,421	41,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,012	0	1,012	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	29,452	54	192.00
194.00	07950	NONREIMBURSABLE MISC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	199	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07953	SELECT SPECIALTY	23,731	0	23,731	6,426	0	194.03
194.04	07954	FREE MEALS	0	0	0	12,157	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FOOTAGE)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
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)	6,209,440	737,996	4,050,523	2,638,161	884,670	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.438765	0.872402	16.599960	16.970468	21.200364	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,708,109	112,940	1,663,135	643,917	2,277	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.622349	0.133509	6.815904	4.142117	0.054566	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PASTORAL CARE (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		13.00	13.01	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	00560						5.01
5.02	00550						5.02
5.03	00591						5.03
5.04	00540						5.04
5.05	00580						5.05
5.06	00590						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	493,838					13.00
13.01	01850	0	493,838				13.01
14.00	01400	0	0	0			14.00
15.00	01500	0	0	0	3,487,455		15.00
16.00	01600	0	0	0	0	532,103,282	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	213,287	213,287	0	0	54,521,370	30.00
31.00	03100	172	172	0	0	1,052,059	31.00
31.01	02060	19,071	19,071	0	0	1,974,604	31.01
33.00	03300	33,213	33,213	0	0	9,729,520	33.00
40.00	04000	59,284	59,284	0	0	17,702,506	40.00
43.00	04300	5,971	5,971	0	0	736,956	43.00
44.00	04400	0	0	0	0	3,625,338	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	35,120	35,120	0	0	40,591,523	50.00
50.01	03330	10,442	10,442	0	0	4,387,835	50.01
51.00	05100	9,139	9,139	0	0	4,548,910	51.00
52.00	05200	13,786	13,786	0	0	1,701,634	52.00
53.00	05300	0	0	0	0	6,085,290	53.00
54.00	05400	0	0	0	0	77,662,509	54.00
54.01	03630	0	0	0	0	0	54.01
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	24,225	24,225	0	0	25,093,511	59.00
60.00	06000	0	0	0	0	64,637,492	60.00
62.00	06200	0	0	0	0	3,412,810	62.00
65.00	06500	0	0	0	0	15,252,411	65.00
66.00	06600	0	0	0	0	3,988,867	66.00
67.00	06700	0	0	0	0	3,869,877	67.00
68.00	06800	0	0	0	0	671,678	68.00
69.00	06900	0	0	0	0	3,975,105	69.00
71.00	07100	0	0	0	0	37,446,007	71.00
72.00	07200	0	0	0	0	15,568,727	72.00
73.00	07300	0	0	0	3,487,455	78,858,010	73.00
74.00	07400	0	0	0	0	1,165,791	74.00
76.00	03950	0	0	0	0	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03550	0	0	0	0	3,068,039	76.02
76.03	03952	0	0	0	0	4,705,814	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	130,085	90.00
91.00	09100	70,128	70,128	0	0	45,939,004	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		493,838	493,838	0	3,487,455	532,103,282	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HRS)	PASTORAL CARE (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
			13.00	13.01	14.00	15.00	16.00	
194.04	07954	FREE MEALS	0	0	0	0	0	194.04
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)	2,908,893	242,229	0	5,519,425	1,427,065	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.890379	0.490503	0.000000	1.582651	0.002682	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	87,420	85,075	0	24,227	383,504	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.177022	0.172273	0.000000	0.006947	0.000721	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (ROTATIONS)	SERVICES-OTHER PRGM COSTS APPRV (ROTATIONS)		
	21.00	22.00		
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 00560	OTHER ADMINISTRATIVE AND GENERAL			5.01
5.02 00550	DATA PROCESSING			5.02
5.03 00591	PURCHASING AND RECEIVING			5.03
5.04 00540	CENTRAL SCHEDULING			5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590	ADMIN & GENERAL			5.06
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
13.01 01850	PASTORAL CARE			13.01
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,100		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		8,100	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	4,060	4,060	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	100	100	31.01
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	33.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
43.00 04300	NURSERY	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	900	900	50.00
50.01 03330	ENDOSCOPY	0	0	50.01
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 03630	ULTRA SOUND	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
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03950	MISC ANCILLARY	0	0	76.00
76.01 03951	SLEEP LAB	0	0	76.01
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03952	WOUND CARE	800	800	76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	1,760	1,760	90.00
91.00 09100	EMERGENCY	480	480	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,100	8,100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100	RESEARCH	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950	NONREIMBURSABLE MISC	0	0	194.00
194.01 07951	MARKETING	0	0	194.01
194.02 07952	SENIOR CIRCLE	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (ROTATIONS)	SERVICES-OTHER PRGM COSTS APPRV (ROTATIONS)		
	21.00	22.00		
194.03 07953 SELECT SPECIALTY	0	0		194.03
194.04 07954 FREE MEALS	0	0		194.04
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	2,649,053		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	327.043580		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	6,818		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.841728		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet C
Part I
Date/Time Prepared:
10/30/2017 4:18 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,709,293		15,709,293	0	15,709,293	30.00
31.00	03100 INTENSIVE CARE UNIT	899,579		899,579	0	899,579	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	1,425,603		1,425,603	0	1,425,603	31.01
33.00	03300 BURN INTENSIVE CARE UNIT	2,575,258		2,575,258	0	2,575,258	33.00
40.00	04000 SUBPROVIDER - IPF	3,532,513		3,532,513	0	3,532,513	40.00
43.00	04300 NURSERY	360,231		360,231	0	360,231	43.00
44.00	04400 SKILLED NURSING FACILITY	2,512,856		2,512,856	0	2,512,856	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,060,736		4,060,736	0	4,060,736	50.00
50.01	03330 ENDOSCOPY	858,050		858,050	0	858,050	50.01
51.00	05100 RECOVERY ROOM	1,062,620		1,062,620	0	1,062,620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,045,557		1,045,557	0	1,045,557	52.00
53.00	05300 ANESTHESIOLOGY	95,286		95,286	0	95,286	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,168,969		6,168,969	0	6,168,969	54.00
54.01	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	2,435,247		2,435,247	0	2,435,247	59.00
60.00	06000 LABORATORY	6,704,012		6,704,012	0	6,704,012	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	627,879		627,879	0	627,879	62.00
65.00	06500 RESPIRATORY THERAPY	1,627,449	0	1,627,449	0	1,627,449	65.00
66.00	06600 PHYSICAL THERAPY	1,195,019	0	1,195,019	0	1,195,019	66.00
67.00	06700 OCCUPATIONAL THERAPY	755,280	0	755,280	0	755,280	67.00
68.00	06800 SPEECH PATHOLOGY	184,313	0	184,313	0	184,313	68.00
69.00	06900 ELECTROCARDIOLOGY	585,189		585,189	0	585,189	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,699,214		4,699,214	0	4,699,214	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,750,309		3,750,309	0	3,750,309	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,876,024		7,876,024	0	7,876,024	73.00
74.00	07400 RENAL DIALYSIS	619,362		619,362	0	619,362	74.00
76.00	03950 MISC ANCILLARY	0		0	0	0	76.00
76.01	03951 SLEEP LAB	0		0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	737,185		737,185	0	737,185	76.02
76.03	03952 WOUND CARE	1,645,172		1,645,172	0	1,645,172	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	301,150		301,150	0	301,150	90.00
91.00	09100 EMERGENCY	6,460,904		6,460,904	0	6,460,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,370,417		2,370,417	0	2,370,417	92.00
200.00	Subtotal (see instructions)	82,880,676	0	82,880,676	0	82,880,676	200.00
201.00	Less Observation Beds	2,370,417		2,370,417	0	2,370,417	201.00
202.00	Total (see instructions)	80,510,259	0	80,510,259	0	80,510,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet C Part I Date/Time Prepared: 10/30/2017 4:18 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	48,584,427		48,584,427				30.00
31.00	03100	INTENSIVE CARE UNIT	1,052,059		1,052,059				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,974,604		1,974,604				31.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,729,520		9,729,520				33.00
40.00	04000	SUBPROVIDER - I PF	17,702,506		17,702,506				40.00
43.00	04300	NURSERY	736,956		736,956				43.00
44.00	04400	SKILLED NURSING FACILITY	3,625,338		3,625,338				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,435,485	21,156,038	40,591,523	0.100039	0.000000		50.00
50.01	03330	ENDOSCOPY	876,401	3,511,434	4,387,835	0.195552	0.000000		50.01
51.00	05100	RECOVERY ROOM	1,444,761	3,104,149	4,548,910	0.233599	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,202,575	499,059	1,701,634	0.614443	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,102,822	2,982,468	6,085,290	0.015658	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,329,425	57,333,084	77,662,509	0.079433	0.000000		54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000		54.01
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	10,196,210	14,897,301	25,093,511	0.097047	0.000000		59.00
60.00	06000	LABORATORY	30,757,723	33,879,769	64,637,492	0.103717	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,097,163	315,647	3,412,810	0.183977	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	13,249,906	2,002,505	15,252,411	0.106701	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,566,545	1,422,322	3,988,867	0.299589	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,810,299	59,578	3,869,877	0.195169	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	515,664	156,014	671,678	0.274407	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,727,201	2,247,904	3,975,105	0.147213	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,532,837	21,913,170	37,446,007	0.125493	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,706,694	6,862,033	15,568,727	0.240887	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,259,291	17,598,719	78,858,010	0.099876	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,051,202	114,589	1,165,791	0.531280	0.000000		74.00
76.00	03950	MISC ANCILLARY	0	0	0	0.000000	0.000000		76.00
76.01	03951	SLEEP LAB	0	0	0	0.000000	0.000000		76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	332,114	2,735,925	3,068,039	0.240279	0.000000		76.02
76.03	03952	WOUND CARE	1,285,568	3,420,246	4,705,814	0.349604	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	7,711	122,374	130,085	2.315025	0.000000		90.00
91.00	09100	EMERGENCY	8,870,489	37,068,515	45,939,004	0.140641	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,096,282	4,840,661	5,936,943	0.399266	0.000000		92.00
200.00		Subtotal (see instructions)	293,859,778	238,243,504	532,103,282				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	293,859,778	238,243,504	532,103,282				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet C Part I Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	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	02060 NEONATAL INTENSIVE CARE UNIT			31.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.100039		50.00
50.01	03330 ENDOSCOPY	0.195552		50.01
51.00	05100 RECOVERY ROOM	0.233599		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.614443		52.00
53.00	05300 ANESTHESIOLOGY	0.015658		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079433		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097047		59.00
60.00	06000 LABORATORY	0.103717		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977		62.00
65.00	06500 RESPIRATORY THERAPY	0.106701		65.00
66.00	06600 PHYSICAL THERAPY	0.299589		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195169		67.00
68.00	06800 SPEECH PATHOLOGY	0.274407		68.00
69.00	06900 ELECTROCARDIOLOGY	0.147213		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.240887		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099876		73.00
74.00	07400 RENAL DIALYSIS	0.531280		74.00
76.00	03950 MISC ANCILLARY	0.000000		76.00
76.01	03951 SLEEP LAB	0.000000		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279		76.02
76.03	03952 WOUND CARE	0.349604		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.315025		90.00
91.00	09100 EMERGENCY	0.140641		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.399266		92.00
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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet C
Part I
Date/Time Prepared:
10/30/2017 4:18 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		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	15,709,293		15,709,293	0	15,709,293	30.00
31.00	03100 INTENSIVE CARE UNIT	899,579		899,579	0	899,579	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	1,425,603		1,425,603	0	1,425,603	31.01
33.00	03300 BURN INTENSIVE CARE UNIT	2,575,258		2,575,258	0	2,575,258	33.00
40.00	04000 SUBPROVIDER - IPF	3,532,513		3,532,513	0	3,532,513	40.00
43.00	04300 NURSERY	360,231		360,231	0	360,231	43.00
44.00	04400 SKILLED NURSING FACILITY	2,512,856		2,512,856	0	2,512,856	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,060,736		4,060,736	0	4,060,736	50.00
50.01	03330 ENDOSCOPY	858,050		858,050	0	858,050	50.01
51.00	05100 RECOVERY ROOM	1,062,620		1,062,620	0	1,062,620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,045,557		1,045,557	0	1,045,557	52.00
53.00	05300 ANESTHESIOLOGY	95,286		95,286	0	95,286	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,168,969		6,168,969	0	6,168,969	54.00
54.01	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	2,435,247		2,435,247	0	2,435,247	59.00
60.00	06000 LABORATORY	6,704,012		6,704,012	0	6,704,012	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	627,879		627,879	0	627,879	62.00
65.00	06500 RESPIRATORY THERAPY	1,627,449	0	1,627,449	0	1,627,449	65.00
66.00	06600 PHYSICAL THERAPY	1,195,019	0	1,195,019	0	1,195,019	66.00
67.00	06700 OCCUPATIONAL THERAPY	755,280	0	755,280	0	755,280	67.00
68.00	06800 SPEECH PATHOLOGY	184,313	0	184,313	0	184,313	68.00
69.00	06900 ELECTROCARDIOLOGY	585,189		585,189	0	585,189	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,699,214		4,699,214	0	4,699,214	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,750,309		3,750,309	0	3,750,309	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,876,024		7,876,024	0	7,876,024	73.00
74.00	07400 RENAL DIALYSIS	619,362		619,362	0	619,362	74.00
76.00	03950 MISC ANCILLARY	0		0	0	0	76.00
76.01	03951 SLEEP LAB	0		0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	737,185		737,185	0	737,185	76.02
76.03	03952 WOUND CARE	1,645,172		1,645,172	0	1,645,172	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	301,150		301,150	0	301,150	90.00
91.00	09100 EMERGENCY	6,460,904		6,460,904	0	6,460,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,370,417		2,370,417	0	2,370,417	92.00
200.00	Subtotal (see instructions)	82,880,676	0	82,880,676	0	82,880,676	200.00
201.00	Less Observation Beds	2,370,417		2,370,417	0	2,370,417	201.00
202.00	Total (see instructions)	80,510,259	0	80,510,259	0	80,510,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet C Part I Date/Time Prepared: 10/30/2017 4:18 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				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,584,427		48,584,427			30.00
31.00	03100	INTENSIVE CARE UNIT	1,052,059		1,052,059			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,974,604		1,974,604			31.01
33.00	03300	BURN INTENSIVE CARE UNIT	9,729,520		9,729,520			33.00
40.00	04000	SUBPROVIDER - I PF	17,702,506		17,702,506			40.00
43.00	04300	NURSERY	736,956		736,956			43.00
44.00	04400	SKILLED NURSING FACILITY	3,625,338		3,625,338			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,435,485	21,156,038	40,591,523	0.100039	0.000000	50.00
50.01	03330	ENDOSCOPY	876,401	3,511,434	4,387,835	0.195552	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,444,761	3,104,149	4,548,910	0.233599	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,202,575	499,059	1,701,634	0.614443	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,102,822	2,982,468	6,085,290	0.015658	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,329,425	57,333,084	77,662,509	0.079433	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,196,210	14,897,301	25,093,511	0.097047	0.000000	59.00
60.00	06000	LABORATORY	30,757,723	33,879,769	64,637,492	0.103717	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,097,163	315,647	3,412,810	0.183977	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	13,249,906	2,002,505	15,252,411	0.106701	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,566,545	1,422,322	3,988,867	0.299589	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,810,299	59,578	3,869,877	0.195169	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	515,664	156,014	671,678	0.274407	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,727,201	2,247,904	3,975,105	0.147213	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,532,837	21,913,170	37,446,007	0.125493	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,706,694	6,862,033	15,568,727	0.240887	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	61,259,291	17,598,719	78,858,010	0.099876	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,051,202	114,589	1,165,791	0.531280	0.000000	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03951	SLEEP LAB	0	0	0	0.000000	0.000000	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	332,114	2,735,925	3,068,039	0.240279	0.000000	76.02
76.03	03952	WOUND CARE	1,285,568	3,420,246	4,705,814	0.349604	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,711	122,374	130,085	2.315025	0.000000	90.00
91.00	09100	EMERGENCY	8,870,489	37,068,515	45,939,004	0.140641	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,096,282	4,840,661	5,936,943	0.399266	0.000000	92.00
200.00		Subtotal (see instructions)	293,859,778	238,243,504	532,103,282			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	293,859,778	238,243,504	532,103,282			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet C Part I Date/Time Prepared: 10/30/2017 4:18 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	02060 NEONATAL INTENSIVE CARE UNIT			31.01
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.100039		50.00
50.01	03330 ENDOSCOPY	0.195552		50.01
51.00	05100 RECOVERY ROOM	0.233599		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.614443		52.00
53.00	05300 ANESTHESIOLOGY	0.015658		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079433		54.00
54.01	03630 ULTRA SOUND	0.000000		54.01
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097047		59.00
60.00	06000 LABORATORY	0.103717		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977		62.00
65.00	06500 RESPIRATORY THERAPY	0.106701		65.00
66.00	06600 PHYSICAL THERAPY	0.299589		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195169		67.00
68.00	06800 SPEECH PATHOLOGY	0.274407		68.00
69.00	06900 ELECTROCARDIOLOGY	0.147213		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.240887		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099876		73.00
74.00	07400 RENAL DIALYSIS	0.531280		74.00
76.00	03950 MISC ANCILLARY	0.000000		76.00
76.01	03951 SLEEP LAB	0.000000		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279		76.02
76.03	03952 WOUND CARE	0.349604		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	2.315025		90.00
91.00	09100 EMERGENCY	0.140641		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.399266		92.00
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: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet C
Part II
Date/Time Prepared:
10/30/2017 4:18 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	4,060,736	655,021	3,405,715	0	0	50.00
50.01	03330	ENDOSCOPY	858,050	96,685	761,365	0	0	50.01
51.00	05100	RECOVERY ROOM	1,062,620	249,150	813,470	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,045,557	220,555	825,002	0	0	52.00
53.00	05300	ANESTHESIOLOGY	95,286	9,245	86,041	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,168,969	740,659	5,428,310	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,435,247	131,973	2,303,274	0	0	59.00
60.00	06000	LABORATORY	6,704,012	645,430	6,058,582	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	627,879	40,048	587,831	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,627,449	238,400	1,389,049	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,195,019	279,760	915,259	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	755,280	111,939	643,341	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	184,313	41,399	142,914	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	585,189	46,893	538,296	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,699,214	156,602	4,542,612	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,750,309	109,637	3,640,672	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,876,024	235,944	7,640,080	0	0	73.00
74.00	07400	RENAL DIALYSIS	619,362	76,373	542,989	0	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	737,185	125,361	611,824	0	0	76.02
76.03	03952	WOUND CARE	1,645,172	326,538	1,318,634	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	301,150	81,634	219,516	0	0	90.00
91.00	09100	EMERGENCY	6,460,904	621,889	5,839,015	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,370,417	287,342	2,083,075	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	55,865,343	5,528,477	50,336,866	0	0	200.00
201.00		Less Observation Beds	2,370,417	287,342	2,083,075	0	0	201.00
202.00		Total (line 200 minus line 201)	53,494,926	5,241,135	48,253,791	0	0	202.00

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

Provider CCN: 15-0047

Period: From 06/01/2016 To 05/31/2017

Worksheet C Part II Date/Time Prepared: 10/30/2017 4:18 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)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	4,060,736	40,591,523	0.100039		50.00
50.01	03330 ENDOSCOPY	858,050	4,387,835	0.195552		50.01
51.00	05100 RECOVERY ROOM	1,062,620	4,548,910	0.233599		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,045,557	1,701,634	0.614443		52.00
53.00	05300 ANESTHESIOLOGY	95,286	6,085,290	0.015658		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,168,969	77,662,509	0.079433		54.00
54.01	03630 ULTRA SOUND	0	0	0.000000		54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	0	0	0.000000		57.00
58.00	05800 MRI	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,435,247	25,093,511	0.097047		59.00
60.00	06000 LABORATORY	6,704,012	64,637,492	0.103717		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	627,879	3,412,810	0.183977		62.00
65.00	06500 RESPIRATORY THERAPY	1,627,449	15,252,411	0.106701		65.00
66.00	06600 PHYSICAL THERAPY	1,195,019	3,988,867	0.299589		66.00
67.00	06700 OCCUPATIONAL THERAPY	755,280	3,869,877	0.195169		67.00
68.00	06800 SPEECH PATHOLOGY	184,313	671,678	0.274407		68.00
69.00	06900 ELECTROCARDIOLOGY	585,189	3,975,105	0.147213		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,699,214	37,446,007	0.125493		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,750,309	15,568,727	0.240887		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,876,024	78,858,010	0.099876		73.00
74.00	07400 RENAL DIALYSIS	619,362	1,165,791	0.531280		74.00
76.00	03950 MISC ANCILLARY	0	0	0.000000		76.00
76.01	03951 SLEEP LAB	0	0	0.000000		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	737,185	3,068,039	0.240279		76.02
76.03	03952 WOUND CARE	1,645,172	4,705,814	0.349604		76.03
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	301,150	130,085	2.315025		90.00
91.00	09100 EMERGENCY	6,460,904	45,939,004	0.140641		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,370,417	5,936,943	0.399266		92.00
200.00	Subtotal (sum of lines 50 thru 199)	55,865,343	448,697,872			200.00
201.00	Less Observation Beds	2,370,417	0			201.00
202.00	Total (line 200 minus line 201)	53,494,926	448,697,872			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part I Date/Time Prepared: 10/30/2017 4:18 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)	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	1,904,283	0	1,904,283	24,395	78.06	30.00	
31.00	INTENSIVE CARE UNIT	449,071		449,071	37	12,137.05	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	115,810		115,810	567	204.25	31.01	
33.00	BURN INTENSIVE CARE UNIT	317,955		317,955	1,423	223.44	33.00	
40.00	SUBPROVIDER - IPF	333,351	0	333,351	5,427	61.42	40.00	
43.00	NURSERY	5,093		5,093	637	8.00	43.00	
44.00	SKILLED NURSING FACILITY	443,440		443,440	4,685	94.65	44.00	
200.00	Total (Lines 30-199)	3,569,003		3,569,003	37,171		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	5,174	403,882					30.00
31.00	INTENSIVE CARE UNIT	14	169,919					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
33.00	BURN INTENSIVE CARE UNIT	187	41,783					33.00
40.00	SUBPROVIDER - IPF	3,278	201,335					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	1,776	168,098					44.00
200.00	Total (Lines 30-199)	10,429	985,017					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part II Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	655,021	40,591,523	0.016137	4,657,236	75,154	50.00
50.01	03330	ENDOSCOPY	96,685	4,387,835	0.022035	288,962	6,367	50.01
51.00	05100	RECOVERY ROOM	249,150	4,548,910	0.054771	283,750	15,541	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,555	1,701,634	0.129614	19,408	2,516	52.00
53.00	05300	ANESTHESIOLOGY	9,245	6,085,290	0.001519	545,766	829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	740,659	77,662,509	0.009537	6,167,407	58,819	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	131,973	25,093,511	0.005259	2,817,567	14,818	59.00
60.00	06000	LABORATORY	645,430	64,637,492	0.009985	7,192,961	71,822	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,048	3,412,810	0.011735	779,914	9,152	62.00
65.00	06500	RESPIRATORY THERAPY	238,400	15,252,411	0.015630	3,826,692	59,811	65.00
66.00	06600	PHYSICAL THERAPY	279,760	3,988,867	0.070135	344,696	24,175	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,939	3,869,877	0.028926	293,060	8,477	67.00
68.00	06800	SPEECH PATHOLOGY	41,399	671,678	0.061635	57,594	3,550	68.00
69.00	06900	ELECTROCARDIOLOGY	46,893	3,975,105	0.011797	368,139	4,343	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	156,602	37,446,007	0.004182	5,330,539	22,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,637	15,568,727	0.007042	2,267,655	15,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,944	78,858,010	0.002992	13,888,759	41,555	73.00
74.00	07400	RENAL DIALYSIS	76,373	1,165,791	0.065512	925,461	60,629	74.00
76.00	03950	MISC ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	125,361	3,068,039	0.040860	16,828	688	76.02
76.03	03952	WOUND CARE	326,538	4,705,814	0.069390	350,825	24,344	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	81,634	130,085	0.627544	0	0	90.00
91.00	09100	EMERGENCY	621,889	45,939,004	0.013537	2,115,414	28,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	287,342	5,936,943	0.048399	316,576	15,322	92.00
200.00		Total (lines 50-199)	5,528,477	448,697,872		52,855,209	564,809	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part III Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0 31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,395	0.00	5,174	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37	0.00	14	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	567	0.00	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,423	0.00	187	0	33.00
40.00	04000	SUBPROVIDER - IPF	5,427	0.00	3,278	0	40.00
43.00	04300	NURSERY	637	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,685	0.00	1,776	0	44.00
200.00		Total (lines 30-199)	37,171		10,429	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet D
Part IV
Date/Time Prepared:
10/30/2017 4:18 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
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
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	03630	ULTRA SOUND	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
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	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
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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	40,591,523	0.000000	0.000000	4,657,236	50.00
50.01	03330	ENDOSCOPY	0	4,387,835	0.000000	0.000000	288,962	50.01
51.00	05100	RECOVERY ROOM	0	4,548,910	0.000000	0.000000	283,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,701,634	0.000000	0.000000	19,408	52.00
53.00	05300	ANESTHESIOLOGY	0	6,085,290	0.000000	0.000000	545,766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	77,662,509	0.000000	0.000000	6,167,407	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,093,511	0.000000	0.000000	2,817,567	59.00
60.00	06000	LABORATORY	0	64,637,492	0.000000	0.000000	7,192,961	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,412,810	0.000000	0.000000	779,914	62.00
65.00	06500	RESPIRATORY THERAPY	0	15,252,411	0.000000	0.000000	3,826,692	65.00
66.00	06600	PHYSICAL THERAPY	0	3,988,867	0.000000	0.000000	344,696	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,869,877	0.000000	0.000000	293,060	67.00
68.00	06800	SPEECH PATHOLOGY	0	671,678	0.000000	0.000000	57,594	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975,105	0.000000	0.000000	368,139	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,446,007	0.000000	0.000000	5,330,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,568,727	0.000000	0.000000	2,267,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	78,858,010	0.000000	0.000000	13,888,759	73.00
74.00	07400	RENAL DIALYSIS	0	1,165,791	0.000000	0.000000	925,461	74.00
76.00	03950	MISC ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,068,039	0.000000	0.000000	16,828	76.02
76.03	03952	WOUND CARE	0	4,705,814	0.000000	0.000000	350,825	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	130,085	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	45,939,004	0.000000	0.000000	2,115,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0.000000	316,576	92.00
200.00		Total (lines 50-199)	0	448,697,872			52,855,209	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 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	4,520,723	0	50.00
50.01	03330 ENDOSCOPY	0	843,541	0	50.01
51.00	05100 RECOVERY ROOM	0	1,306,459	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,442	0	52.00
53.00	05300 ANESTHESIOLOGY	0	504,228	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,804,650	0	54.00
54.01	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	0	3,465,140	0	59.00
60.00	06000 LABORATORY	0	2,329,310	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	100,023	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	419,123	0	65.00
66.00	06600 PHYSICAL THERAPY	0	13,926	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,326	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,763	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	400,142	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,157,737	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,332,851	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,160,977	0	73.00
74.00	07400 RENAL DIALYSIS	0	105,598	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,298,188	0	76.02
76.03	03952 WOUND CARE	0	1,028,023	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	11,874	0	90.00
91.00	09100 EMERGENCY	0	3,981,516	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	844,610	0	92.00
200.00	Total (lines 50-199)	0	42,651,170	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part V Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.100039	4,520,723	0	0	452,249 50.00
50.01 03330 ENDOSCOPY	0.195552	843,541	0	0	164,956 50.01
51.00 05100 RECOVERY ROOM	0.233599	1,306,459	0	0	305,188 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.614443	12,442	0	0	7,645 52.00
53.00 05300 ANESTHESIOLOGY	0.015658	504,228	0	0	7,895 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.079433	8,804,650	0	0	699,380 54.00
54.01 03630 ULTRA SOUND	0.000000	0	0	0	0 54.01
56.00 05600 RADIO SOTOP	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.097047	3,465,140	0	0	336,281 59.00
60.00 06000 LABORATORY	0.103717	2,329,310	8,834	0	241,589 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	100,023	0	0	18,402 62.00
65.00 06500 RESPIRATORY THERAPY	0.106701	419,123	0	0	44,721 65.00
66.00 06600 PHYSICAL THERAPY	0.299589	13,926	0	0	4,172 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.195169	7,326	0	0	1,430 67.00
68.00 06800 SPEECH PATHOLOGY	0.274407	2,763	0	0	758 68.00
69.00 06900 ELECTROCARDIOLOGY	0.147213	400,142	0	0	58,906 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	7,157,737	0	0	898,246 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.240887	2,332,851	0	0	561,953 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.099876	3,160,977	0	20,346	315,706 73.00
74.00 07400 RENAL DIALYSIS	0.531280	105,598	0	0	56,102 74.00
76.00 03950 MISCELLANEOUS	0.000000	0	0	0	0 76.00
76.01 03951 SLEEP LAB	0.000000	0	0	0	0 76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	1,298,188	0	0	311,927 76.02
76.03 03952 WOUND CARE	0.349604	1,028,023	0	0	359,401 76.03
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	2.315025	11,874	0	0	27,489 90.00
91.00 09100 EMERGENCY	0.140641	3,981,516	0	0	559,964 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.399266	844,610	0	0	337,224 92.00
200.00	Subtotal (see instructions)	42,651,170	8,834	20,346	5,771,584 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)	42,651,170	8,834	20,346	5,771,584 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part V Date/Time Prepared: 10/30/2017 4:18 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
50.01 03330 ENDOSCOPY	0	0		50.01
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 03630 ULTRA SOUND	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
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	916	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	2,032		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 MISC ANCILLARY	0	0		76.00
76.01 03951 SLEEP LAB	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03952 WOUND CARE	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	916	2,032		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	916	2,032		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0047 Component CCN: 15-S047		Period: From 06/01/2016 To 05/31/2017		Worksheet D Part II Date/Time Prepared: 10/30/2017 4:18 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	655,021	40,591,523	0.016137	10,420	168	50.00
50.01	03330	ENDOSCOPY	96,685	4,387,835	0.022035	1,737	38	50.01
51.00	05100	RECOVERY ROOM	249,150	4,548,910	0.054771	237,967	13,034	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,555	1,701,634	0.129614	0	0	52.00
53.00	05300	ANESTHESIOLOGY	9,245	6,085,290	0.001519	60,925	93	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	740,659	77,662,509	0.009537	433,642	4,136	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	131,973	25,093,511	0.005259	0	0	59.00
60.00	06000	LABORATORY	645,430	64,637,492	0.009985	1,094,818	10,932	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,048	3,412,810	0.011735	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	238,400	15,252,411	0.015630	117,651	1,839	65.00
66.00	06600	PHYSICAL THERAPY	279,760	3,988,867	0.070135	206,751	14,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,939	3,869,877	0.028926	276,488	7,998	67.00
68.00	06800	SPEECH PATHOLOGY	41,399	671,678	0.061635	33,187	2,045	68.00
69.00	06900	ELECTROCARDIOLOGY	46,893	3,975,105	0.011797	60,685	716	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	156,602	37,446,007	0.004182	63,762	267	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,637	15,568,727	0.007042	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,944	78,858,010	0.002992	1,998,516	5,980	73.00
74.00	07400	RENAL DIALYSIS	76,373	1,165,791	0.065512	36,078	2,364	74.00
76.00	03950	MISC ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	125,361	3,068,039	0.040860	224,884	9,189	76.02
76.03	03952	WOUND CARE	326,538	4,705,814	0.069390	3,562	247	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	81,634	130,085	0.627544	0	0	90.00
91.00	09100	EMERGENCY	621,889	45,939,004	0.013537	360,601	4,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,241,135	448,697,872		5,221,674	78,427	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	40,591,523	0.000000	0.000000	10,420	50.00
50.01	03330 ENDOSCOPY	0	4,387,835	0.000000	0.000000	1,737	50.01
51.00	05100 RECOVERY ROOM	0	4,548,910	0.000000	0.000000	237,967	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,701,634	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,085,290	0.000000	0.000000	60,925	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	77,662,509	0.000000	0.000000	433,642	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,093,511	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,637,492	0.000000	0.000000	1,094,818	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,412,810	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	15,252,411	0.000000	0.000000	117,651	65.00
66.00	06600 PHYSICAL THERAPY	0	3,988,867	0.000000	0.000000	206,751	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,869,877	0.000000	0.000000	276,488	67.00
68.00	06800 SPEECH PATHOLOGY	0	671,678	0.000000	0.000000	33,187	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,975,105	0.000000	0.000000	60,685	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,446,007	0.000000	0.000000	63,762	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,568,727	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	78,858,010	0.000000	0.000000	1,998,516	73.00
74.00	07400 RENAL DIALYSIS	0	1,165,791	0.000000	0.000000	36,078	74.00
76.00	03950 MISC ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,068,039	0.000000	0.000000	224,884	76.02
76.03	03952 WOUND CARE	0	4,705,814	0.000000	0.000000	3,562	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	130,085	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	45,939,004	0.000000	0.000000	360,601	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	448,697,872			5,221,674	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
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	2,363	0	54.00
54.01	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	5,964	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	274	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	526	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	506	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	8,430	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	18,063	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part V Date/Time Prepared: 10/30/2017 4:18 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.100039	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	0.195552	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.233599	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.614443	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.015658	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.079433	2,363	0	0	188	54.00
54.01 03630 ULTRA SOUND	0.000000	0	0	0	0	54.01
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.097047	0	0	0	0	59.00
60.00 06000 LABORATORY	0.103717	5,964	0	0	619	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.106701	274	0	0	29	65.00
66.00 06600 PHYSICAL THERAPY	0.299589	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.195169	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.274407	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.147213	526	0	0	77	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.240887	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.099876	506	0	0	51	73.00
74.00 07400 RENAL DIALYSIS	0.531280	0	0	0	0	74.00
76.00 03950 MISC ANCILLARY	0.000000	0	0	0	0	76.00
76.01 03951 SLEEP LAB	0.000000	0	0	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	0	0	0	0	76.02
76.03 03952 WOUND CARE	0.349604	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.315025	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.140641	8,430	0	0	1,186	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.399266	0	0	0	0	92.00
200.00		Subtotal (see instructions)	18,063	0	2,150	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	18,063	0	2,150	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part V Date/Time Prepared: 10/30/2017 4:18 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 03330 ENDOSCOPY	0	0	50.01
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 03630 ULTRA SOUND	0	0	54.01
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 MISC ANCILLARY	0	0	76.00
76.01 03951 SLEEP LAB	0	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03952 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
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	03630	ULTRA SOUND	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
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	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	40,591,523	0.000000	0.000000	0	50.00
50.01	03330 ENDOSCOPY	0	4,387,835	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	4,548,910	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,701,634	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,085,290	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	77,662,509	0.000000	0.000000	98,285	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,093,511	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,637,492	0.000000	0.000000	313,199	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,412,810	0.000000	0.000000	9,359	62.00
65.00	06500 RESPIRATORY THERAPY	0	15,252,411	0.000000	0.000000	284,956	65.00
66.00	06600 PHYSICAL THERAPY	0	3,988,867	0.000000	0.000000	848,106	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,869,877	0.000000	0.000000	848,726	67.00
68.00	06800 SPEECH PATHOLOGY	0	671,678	0.000000	0.000000	8,751	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,975,105	0.000000	0.000000	5,492	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,446,007	0.000000	0.000000	100,706	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,568,727	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	78,858,010	0.000000	0.000000	2,215,833	73.00
74.00	07400 RENAL DIALYSIS	0	1,165,791	0.000000	0.000000	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,068,039	0.000000	0.000000	0	76.02
76.03	03952 WOUND CARE	0	4,705,814	0.000000	0.000000	44,072	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	130,085	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	45,939,004	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	448,697,872			4,777,485	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
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	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	76.03
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
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet D
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		Title XIX			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	1,904,283	0	1,904,283	24,395	78.06	30.00	
31.00	INTENSIVE CARE UNIT	449,071		449,071	37	12,137.05	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	115,810		115,810	567	204.25	31.01	
33.00	BURN INTENSIVE CARE UNIT	317,955		317,955	1,423	223.44	33.00	
40.00	SUBPROVIDER - IPF	333,351	0	333,351	5,427	61.42	40.00	
43.00	NURSERY	5,093		5,093	637	8.00	43.00	
44.00	SKILLED NURSING FACILITY	443,440		443,440	4,685	94.65	44.00	
200.00	Total (Lines 30-199)	3,569,003		3,569,003	37,171		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	1,134	88,520					30.00
31.00	INTENSIVE CARE UNIT	1	12,137					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	220	44,935					31.01
33.00	BURN INTENSIVE CARE UNIT	10	2,234					33.00
40.00	SUBPROVIDER - IPF	139	8,537					40.00
43.00	NURSERY	224	1,792					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
200.00	Total (Lines 30-199)	1,728	158,155					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part II Date/Time Prepared: 10/30/2017 4:18 pm
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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	655,021	40,591,523	0.016137	739,272	11,930	50.00
50.01	03330	ENDOSCOPY	96,685	4,387,835	0.022035	13,328	294	50.01
51.00	05100	RECOVERY ROOM	249,150	4,548,910	0.054771	86,153	4,719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	220,555	1,701,634	0.129614	403,061	52,242	52.00
53.00	05300	ANESTHESIOLOGY	9,245	6,085,290	0.001519	159,524	242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	740,659	77,662,509	0.009537	824,074	7,859	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	131,973	25,093,511	0.005259	356,240	1,873	59.00
60.00	06000	LABORATORY	645,430	64,637,492	0.009985	1,219,411	12,176	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	40,048	3,412,810	0.011735	89,814	1,054	62.00
65.00	06500	RESPIRATORY THERAPY	238,400	15,252,411	0.015630	403,890	6,313	65.00
66.00	06600	PHYSICAL THERAPY	279,760	3,988,867	0.070135	76,669	5,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	111,939	3,869,877	0.028926	72,948	2,110	67.00
68.00	06800	SPEECH PATHOLOGY	41,399	671,678	0.061635	90,909	5,603	68.00
69.00	06900	ELECTROCARDIOLOGY	46,893	3,975,105	0.011797	48,166	568	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	156,602	37,446,007	0.004182	483,517	2,022	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,637	15,568,727	0.007042	138,133	973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,944	78,858,010	0.002992	1,976,799	5,915	73.00
74.00	07400	RENAL DIALYSIS	76,373	1,165,791	0.065512	81,866	5,363	74.00
76.00	03950	MISC ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	125,361	3,068,039	0.040860	0	0	76.02
76.03	03952	WOUND CARE	326,538	4,705,814	0.069390	30,005	2,082	76.03
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	81,634	130,085	0.627544	467	293	90.00
91.00	09100	EMERGENCY	621,889	45,939,004	0.013537	333,632	4,516	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	287,342	5,936,943	0.048399	67,618	3,273	92.00
200.00		Total (lines 50-199)	5,528,477	448,697,872		7,695,496	136,797	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part III Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description			Title XIX			Hospital		PPS
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,395	0.00	1,134	0		30.00
31.00	03100	INTENSIVE CARE UNIT	37	0.00	1	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	567	0.00	220	0		31.01
33.00	03300	BURN INTENSIVE CARE UNIT	1,423	0.00	10	0		33.00
40.00	04000	SUBPROVIDER - IPF	5,427	0.00	139	0		40.00
43.00	04300	NURSERY	637	0.00	224	0		43.00
44.00	04400	SKILLED NURSING FACILITY	4,685	0.00	0	0		44.00
200.00		Total (lines 30-199)	37,171		1,728	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet D
Part IV
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		Title XIX			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
50.01	03330	ENDOSCOPY	0	0	0	0	50.01
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	03630	ULTRA SOUND	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
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	MISC ANCILLARY	0	0	0	0	76.00
76.01	03951	SLEEP LAB	0	0	0	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03	03952	WOUND CARE	0	0	0	0	76.03
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	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
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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	40,591,523	0.000000	0.000000	739,272	50.00
50.01 03330 ENDOSCOPY	0	4,387,835	0.000000	0.000000	13,328	50.01
51.00 05100 RECOVERY ROOM	0	4,548,910	0.000000	0.000000	86,153	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,701,634	0.000000	0.000000	403,061	52.00
53.00 05300 ANESTHESIOLOGY	0	6,085,290	0.000000	0.000000	159,524	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	77,662,509	0.000000	0.000000	824,074	54.00
54.01 03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	25,093,511	0.000000	0.000000	356,240	59.00
60.00 06000 LABORATORY	0	64,637,492	0.000000	0.000000	1,219,411	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,412,810	0.000000	0.000000	89,814	62.00
65.00 06500 RESPIRATORY THERAPY	0	15,252,411	0.000000	0.000000	403,890	65.00
66.00 06600 PHYSICAL THERAPY	0	3,988,867	0.000000	0.000000	76,669	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,869,877	0.000000	0.000000	72,948	67.00
68.00 06800 SPEECH PATHOLOGY	0	671,678	0.000000	0.000000	90,909	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,975,105	0.000000	0.000000	48,166	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,446,007	0.000000	0.000000	483,517	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,568,727	0.000000	0.000000	138,133	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	78,858,010	0.000000	0.000000	1,976,799	73.00
74.00 07400 RENAL DIALYSIS	0	1,165,791	0.000000	0.000000	81,866	74.00
76.00 03950 MISC ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01 03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,068,039	0.000000	0.000000	0	76.02
76.03 03952 WOUND CARE	0	4,705,814	0.000000	0.000000	30,005	76.03
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	130,085	0.000000	0.000000	467	90.00
91.00 09100 EMERGENCY	0	45,939,004	0.000000	0.000000	333,632	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0.000000	67,618	92.00
200.00 Total (lines 50-199)	0	448,697,872			7,695,496	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet D
Part IV
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		Title XIX			Hospital	PPS
		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		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	03330 ENDOSCOPY	0	0	0		50.01
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	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 MISC ANCILLARY	0	0	0		76.00
76.01	03951 SLEEP LAB	0	0	0		76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03952 WOUND CARE	0	0	0		76.03
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
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part V Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.100039	0	0	1,251,618	0
50.01	03330 ENDOSCOPY	0.195552	0	0	68,529	0
51.00	05100 RECOVERY ROOM	0.233599	0	0	222,137	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.614443	0	0	114,381	0
53.00	05300 ANESTHESIOLOGY	0.015658	0	0	278,198	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079433	0	0	1,583,540	0
54.01	03630 ULTRA SOUND	0.000000	0	0	0	0
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00	05700 CT SCAN	0.000000	0	0	0	0
58.00	05800 MRI	0.000000	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.097047	0	0	225,601	0
60.00	06000 LABORATORY	0.103717	0	0	1,015,036	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	0	0	19,785	0
65.00	06500 RESPIRATORY THERAPY	0.106701	0	0	66,332	0
66.00	06600 PHYSICAL THERAPY	0.299589	0	0	4,034	0
67.00	06700 OCCUPATIONAL THERAPY	0.195169	0	0	2,019	0
68.00	06800 SPEECH PATHOLOGY	0.274407	0	0	7,089	0
69.00	06900 ELECTROCARDIOLOGY	0.147213	0	0	54,169	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	0	0	194,438	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.240887	0	0	57,473	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099876	0	0	502,258	0
74.00	07400 RENAL DIALYSIS	0.531280	0	0	8,990	0
76.00	03950 MISCELLANEOUS	0.000000	0	0	0	0
76.01	03951 SLEEP LAB	0.000000	0	0	0	0
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	0	0	52,914	0
76.03	03952 WOUND CARE	0.349604	0	0	93,571	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2.315025	0	0	2,268	0
91.00	09100 EMERGENCY	0.140641	0	0	1,641,685	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.399266	0	0	222,177	0
200.00	Subtotal (see instructions)		0	0	7,688,242	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	7,688,242	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part V Date/Time Prepared: 10/30/2017 4:18 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	0	125,211		50.00
50.01 03330 ENDOSCOPY	0	13,401		50.01
51.00 05100 RECOVERY ROOM	0	51,891		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	70,281		52.00
53.00 05300 ANESTHESIOLOGY	0	4,356		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	125,785		54.00
54.01 03630 ULTRA SOUND	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
59.00 05900 CARDIAC CATHETERIZATION	0	21,894		59.00
60.00 06000 LABORATORY	0	105,276		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,640		62.00
65.00 06500 RESPIRATORY THERAPY	0	7,078		65.00
66.00 06600 PHYSICAL THERAPY	0	1,209		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	394		67.00
68.00 06800 SPEECH PATHOLOGY	0	1,945		68.00
69.00 06900 ELECTROCARDIOLOGY	0	7,974		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,401		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,844		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	50,164		73.00
74.00 07400 RENAL DIALYSIS	0	4,776		74.00
76.00 03950 MISC ANCILLARY	0	0		76.00
76.01 03951 SLEEP LAB	0	0		76.01
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	12,714		76.02
76.03 03952 WOUND CARE	0	32,713		76.03
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	5,250		90.00
91.00 09100 EMERGENCY	0	230,888		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	88,708		92.00
200.00 Subtotal (see instructions)	0	1,003,793		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,003,793		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part II Date/Time Prepared: 10/30/2017 4:18 pm
Title XIX			Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	655,021	40,591,523	0.016137	0	0	50.00
50.01	03330 ENDOSCOPY	96,685	4,387,835	0.022035	0	0	50.01
51.00	05100 RECOVERY ROOM	249,150	4,548,910	0.054771	17,701	970	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	220,555	1,701,634	0.129614	0	0	52.00
53.00	05300 ANESTHESIOLOGY	9,245	6,085,290	0.001519	4,532	7	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	740,659	77,662,509	0.009537	11,704	112	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	131,973	25,093,511	0.005259	0	0	59.00
60.00	06000 LABORATORY	645,430	64,637,492	0.009985	48,841	488	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	40,048	3,412,810	0.011735	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	238,400	15,252,411	0.015630	1,096	17	65.00
66.00	06600 PHYSICAL THERAPY	279,760	3,988,867	0.070135	11,640	816	66.00
67.00	06700 OCCUPATIONAL THERAPY	111,939	3,869,877	0.028926	14,113	408	67.00
68.00	06800 SPEECH PATHOLOGY	41,399	671,678	0.061635	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	46,893	3,975,105	0.011797	3,132	37	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	156,602	37,446,007	0.004182	907	4	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	109,637	15,568,727	0.007042	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	235,944	78,858,010	0.002992	104,168	312	73.00
74.00	07400 RENAL DIALYSIS	76,373	1,165,791	0.065512	0	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	125,361	3,068,039	0.040860	16,764	685	76.02
76.03	03952 WOUND CARE	326,538	4,705,814	0.069390	344	24	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	81,634	130,085	0.627544	0	0	90.00
91.00	09100 EMERGENCY	621,889	45,939,004	0.013537	13,565	184	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,241,135	448,697,872		248,507	4,064	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	40,591,523	0.000000	0.000000	0	50.00
50.01	03330 ENDOSCOPY	0	4,387,835	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	4,548,910	0.000000	0.000000	17,701	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,701,634	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,085,290	0.000000	0.000000	4,532	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	77,662,509	0.000000	0.000000	11,704	54.00
54.01	03630 ULTRA SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,093,511	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,637,492	0.000000	0.000000	48,841	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,412,810	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	15,252,411	0.000000	0.000000	1,096	65.00
66.00	06600 PHYSICAL THERAPY	0	3,988,867	0.000000	0.000000	11,640	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,869,877	0.000000	0.000000	14,113	67.00
68.00	06800 SPEECH PATHOLOGY	0	671,678	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,975,105	0.000000	0.000000	3,132	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	37,446,007	0.000000	0.000000	907	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,568,727	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	78,858,010	0.000000	0.000000	104,168	73.00
74.00	07400 RENAL DIALYSIS	0	1,165,791	0.000000	0.000000	0	74.00
76.00	03950 MISCELLANEOUS ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03951 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,068,039	0.000000	0.000000	16,764	76.02
76.03	03952 WOUND CARE	0	4,705,814	0.000000	0.000000	344	76.03
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	130,085	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	45,939,004	0.000000	0.000000	13,565	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,936,943	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	448,697,872			248,507	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D Part IV Date/Time Prepared: 10/30/2017 4:18 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
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	03630 ULTRA SOUND	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
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 MISC ANCILLARY	0	0	0	76.00
76.01	03951 SLEEP LAB	0	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03952 WOUND CARE	0	0	0	76.03
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
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 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)		24,395	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,395	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)		20,714	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)		5,174	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)		15,709,293	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)		15,709,293	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)		15,709,293	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)		643.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,331,849	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)		3,331,849	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		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	899,579	37	24,312.95	14	340,381	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	1,425,603	567	2,514.29	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	2,575,258	1,423	1,809.74	187	338,421	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)					6,545,423	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,556,074	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)					615,584	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					564,809	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,180,393	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,375,681	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,681	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					643.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,370,417	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,904,283	15,709,293	0.121220	2,370,417	287,342	90.00
91.00	Nursing School cost	0	15,709,293	0.000000	2,370,417	0	91.00
92.00	Allied health cost	0	15,709,293	0.000000	2,370,417	0	92.00
93.00	All other Medical Education	0	15,709,293	0.000000	2,370,417	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,427	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,427	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)		3,278	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,532,513	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,532,513	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)		3,532,513	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)		650.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,133,683	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,133,683	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1	
				Component CCN: 15-S047	Date/Time Prepared: 10/30/2017 4:18 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					685,186		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,818,869		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)					201,335		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,427		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					279,762		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,539,107		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-S047		Period: From 06/01/2016 To 05/31/2017		Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	333,351	3,532,513	0.094367	0	0	90.00
91.00	Nursing School cost	0	3,532,513	0.000000	0	0	91.00
92.00	Allied health cost	0	3,532,513	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,532,513	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,685	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,685	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,685	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)		1,776	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,512,856	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,512,856	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)		2,512,856	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm
				Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
43.01	NEONATAL INTENSIVE CARE UNIT					43.01
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
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)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
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)					2,512,856 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					536.36 71.00
72.00	Program routine service cost (line 9 x line 71)					952,575 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					952,575 74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0 75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					0.00 76.00
77.00	Program capital -related costs (line 9 x line 76)					0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00	Inpatient routine service cost per diem limitation					0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)					952,575 83.00
84.00	Program inpatient ancillary services (see instructions)					744,710 84.00
85.00	Utilization review - physician compensation (see instructions)					0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					1,697,285 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-5356		Period: From 06/01/2016 To 05/31/2017		Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 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)		24,395	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,395	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)		20,714	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)		1,134	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)		637	15.00
16.00	Nursery days (title V or XIX only)		224	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)		15,709,293	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)		15,709,293	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)		15,709,293	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)		643.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		730,251	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)		730,251	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 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)	360,231	637	565.51	224	126,674	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	899,579	37	24,312.95	1	24,313	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	1,425,603	567	2,514.29	220	553,144	43.01
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	2,575,258	1,423	1,809.74	10	18,097	45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,122,582	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,575,061	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)					149,618	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					136,797	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					286,415	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,288,646	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,681	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					643.96	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,370,417	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,904,283	15,709,293	0.121220	2,370,417	287,342	90.00
91.00	Nursing School cost	0	15,709,293	0.000000	2,370,417	0	91.00
92.00	Allied health cost	0	15,709,293	0.000000	2,370,417	0	92.00
93.00	All other Medical Education	0	15,709,293	0.000000	2,370,417	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,427	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,427	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,427	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)		139	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)		637	15.00
16.00	Nursery days (title V or XIX only)		224	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,532,513	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,532,513	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)		3,532,513	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)		650.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		90,476	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)		90,476	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-S047		Period: From 06/01/2016 To 05/31/2017		Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					33,595	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					124,071	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)					8,537	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,064	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,601	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					111,470	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0047 Component CCN: 15-S047		Period: From 06/01/2016 To 05/31/2017		Worksheet D-1 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	333,351	3,532,513	0.094367	0	0	90.00
91.00	Nursing School cost	0	3,532,513	0.000000	0	0	91.00
92.00	Allied health cost	0	3,532,513	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,532,513	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-3 Date/Time Prepared: 10/30/2017 4:18 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		13,228,387	30.00
31.00	03100	INTENSIVE CARE UNIT		57,716	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT		1,267,519	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100039	4,657,236	50.00
50.01	03330	ENDOSCOPY	0.195552	288,962	50.01
51.00	05100	RECOVERY ROOM	0.233599	283,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.614443	19,408	52.00
53.00	05300	ANESTHESIOLOGY	0.015658	545,766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079433	6,167,407	54.00
54.01	03630	ULTRA SOUND	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097047	2,817,567	59.00
60.00	06000	LABORATORY	0.103717	7,192,961	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	779,914	62.00
65.00	06500	RESPIRATORY THERAPY	0.106701	3,826,692	65.00
66.00	06600	PHYSICAL THERAPY	0.299589	344,696	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195169	293,060	67.00
68.00	06800	SPEECH PATHOLOGY	0.274407	57,594	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147213	368,139	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	5,330,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240887	2,267,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099876	13,888,759	73.00
74.00	07400	RENAL DIALYSIS	0.531280	925,461	74.00
76.00	03950	MISC ANCILLARY	0.000000	0	76.00
76.01	03951	SLEEP LAB	0.000000	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	16,828	76.02
76.03	03952	WOUND CARE	0.349604	350,825	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.315025	0	90.00
91.00	09100	EMERGENCY	0.140641	2,115,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399266	316,576	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		52,855,209	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)		52,855,209	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-3 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		10,530,186	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100039	10,420	50.00
50.01	03330	ENDOSCOPY	0.195552	1,737	50.01
51.00	05100	RECOVERY ROOM	0.233599	237,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.614443	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015658	60,925	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079433	433,642	54.00
54.01	03630	ULTRA SOUND	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097047	0	59.00
60.00	06000	LABORATORY	0.103717	1,094,818	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.106701	117,651	65.00
66.00	06600	PHYSICAL THERAPY	0.299589	206,751	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195169	276,488	67.00
68.00	06800	SPEECH PATHOLOGY	0.274407	33,187	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147213	60,685	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	63,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240887	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099876	1,998,516	73.00
74.00	07400	RENAL DIALYSIS	0.531280	36,078	74.00
76.00	03950	MISC ANCILLARY	0.000000	0	76.00
76.01	03951	SLEEP LAB	0.000000	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	224,884	76.02
76.03	03952	WOUND CARE	0.349604	3,562	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.315025	0	90.00
91.00	09100	EMERGENCY	0.140641	360,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399266	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,221,674	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)		5,221,674	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet D-3 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100039	0	50.00
50.01	03330	ENDOSCOPY	0.195552	0	50.01
51.00	05100	RECOVERY ROOM	0.233599	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.614443	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015658	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079433	98,285	54.00
54.01	03630	ULTRA SOUND	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097047	0	59.00
60.00	06000	LABORATORY	0.103717	313,199	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	9,359	62.00
65.00	06500	RESPIRATORY THERAPY	0.106701	284,956	65.00
66.00	06600	PHYSICAL THERAPY	0.299589	848,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195169	848,726	67.00
68.00	06800	SPEECH PATHOLOGY	0.274407	8,751	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147213	5,492	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	100,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240887	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099876	2,215,833	73.00
74.00	07400	RENAL DIALYSIS	0.531280	0	74.00
76.00	03950	MISC ANCILLARY	0.000000	0	76.00
76.01	03951	SLEEP LAB	0.000000	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	0	76.02
76.03	03952	WOUND CARE	0.349604	44,072	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.315025	0	90.00
91.00	09100	EMERGENCY	0.140641	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399266	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,777,485	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)		4,777,485	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-3 Date/Time Prepared: 10/30/2017 4:18 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		1,783,385	30.00
31.00	03100	INTENSIVE CARE UNIT		4,076	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		783,853	31.01
33.00	03300	BURN INTENSIVE CARE UNIT		72,762	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
43.00	04300	NURSERY		258,855	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100039	739,272	50.00
50.01	03330	ENDOSCOPY	0.195552	13,328	50.01
51.00	05100	RECOVERY ROOM	0.233599	86,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.614443	403,061	52.00
53.00	05300	ANESTHESIOLOGY	0.015658	159,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.079433	824,074	54.00
54.01	03630	ULTRA SOUND	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097047	356,240	59.00
60.00	06000	LABORATORY	0.103717	1,219,411	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	89,814	62.00
65.00	06500	RESPIRATORY THERAPY	0.106701	403,890	65.00
66.00	06600	PHYSICAL THERAPY	0.299589	76,669	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.195169	72,948	67.00
68.00	06800	SPEECH PATHOLOGY	0.274407	90,909	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147213	48,166	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	483,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.240887	138,133	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099876	1,976,799	73.00
74.00	07400	RENAL DIALYSIS	0.531280	81,866	74.00
76.00	03950	MISC ANCILLARY	0.000000	0	76.00
76.01	03951	SLEEP LAB	0.000000	0	76.01
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	0	76.02
76.03	03952	WOUND CARE	0.349604	30,005	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.315025	467	90.00
91.00	09100	EMERGENCY	0.140641	333,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.399266	67,618	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,695,496	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)		7,695,496	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet D-3 Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
40.00	04000 SUBPROVIDER - IPF		451,350		40.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.100039	0	0	50.00
50.01	03330 ENDOSCOPY	0.195552	0	0	50.01
51.00	05100 RECOVERY ROOM	0.233599	17,701	4,135	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.614443	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.015658	4,532	71	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.079433	11,704	930	54.00
54.01	03630 ULTRA SOUND	0.000000	0	0	54.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097047	0	0	59.00
60.00	06000 LABORATORY	0.103717	48,841	5,066	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.183977	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.106701	1,096	117	65.00
66.00	06600 PHYSICAL THERAPY	0.299589	11,640	3,487	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.195169	14,113	2,754	67.00
68.00	06800 SPEECH PATHOLOGY	0.274407	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147213	3,132	461	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.125493	907	114	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.240887	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099876	104,168	10,404	73.00
74.00	07400 RENAL DIALYSIS	0.531280	0	0	74.00
76.00	03950 MISC ANCILLARY	0.000000	0	0	76.00
76.01	03951 SLEEP LAB	0.000000	0	0	76.01
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.240279	16,764	4,028	76.02
76.03	03952 WOUND CARE	0.349604	344	120	76.03
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.315025	0	0	90.00
91.00	09100 EMERGENCY	0.140641	13,565	1,908	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.399266	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		248,507	33,595	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		248,507		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet E Part A Date/Time Prepared: 10/30/2017 4: 18 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)		2,548,992	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,042,420	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)		375,415	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		4,743,672	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		100.92	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)		8.95	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)		1.89	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).		0.05	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)		7.11	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		5.29	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)		5.29	12.00
13.00	Total allowable FTE count for the prior year.		5.13	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.		5.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.19	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		5.19	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.051427	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.052096	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.051427	21.00
22.00	IME payment adjustment (see instructions)		210,275	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		131,395	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).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.82	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)		210,275	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		131,395	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		40.54	31.00
32.00	Sum of lines 30 and 31		51.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		31.47	33.00
34.00	Disproportionate share adjustment (see instructions)		597,255	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet E Part A Date/Time Prepared: 10/30/2017 4:18 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)	1,410,872	1,326,754	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	470,290	883,290	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,353,580		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)	10,127,937		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)		10,259,332	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		777,127	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).		166,087	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		17,362	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,219,908	59.00
60.00	Primary payer payments		3,331	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,216,577	61.00
62.00	Deductibles billed to program beneficiaries		814,548	62.00
63.00	Coinurance billed to program beneficiaries		50,050	63.00
64.00	Allowable bad debts (see instructions)		103,138	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		67,040	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		103,138	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,419,019	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-50,734	70.93
70.94	HRR adjustment amount (see instructions)		-13,480	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet E Part A Date/Time Prepared: 10/30/2017 4:18 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	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			104,117	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			10,250,688	71.00
71.01	Sequestration adjustment (see instructions)			205,014	71.01
72.00	Interim payments			9,678,695	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)			366,979	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,551,547	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: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet E Part B Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,948	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,771,584	2.00
3.00	PPS payments		4,669,736	3.00
4.00	Outlier payment (see instructions)		42,221	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,948	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		29,180	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)		29,180	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)		29,180	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		26,232	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)		2,948	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)		4,711,957	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		843,002	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)		3,871,903	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		63,760	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)		3,935,663	30.00
31.00	Primary payer payments		19	31.00
32.00	Subtotal (line 30 minus line 31)		3,935,644	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)		68,641	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		44,617	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		68,641	36.00
37.00	Subtotal (see instructions)		3,980,261	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,980,261	40.00
40.01	Sequestration adjustment (see instructions)		79,605	40.01
41.00	Interim payments		4,050,333	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-149,677	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet E Part B Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			2,150 2.00
3.00	PPS payments			1,567 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,567 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			333 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)			1,234 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			1,234 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			1,234 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			1,234 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			1,234 40.00
40.01	Sequestration adjustment (see instructions)			25 40.01
41.00	Interim payments			1,209 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
10/30/2017 4:18 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		9,678,695		4,050,333	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,678,695		4,050,333	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		366,979		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		149,677	6.02	
7.00	Total Medicare program liability (see instructions)		10,045,674		3,900,656	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet E-1 Part I Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,605,257		1,209
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,605,257		1,209
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		7,356		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,612,613		1,209
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0047
Component CCN: 15-5356

Period:
From 06/01/2016
To 05/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
10/30/2017 4:18 pm

Title XVIII

Skilled Nursing
Facility

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		640,320		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		640,320		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		640,320		0	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		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet E-3 Part II Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,886,389 1.00
2.00	Net IPF PPS Outlier Payments			713 2.00
3.00	Net IPF PPS ECT Payments			14,890 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			14.868493 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,901,992 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,901,992 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,901,992 18.00
19.00	Deductibles			179,116 19.00
20.00	Subtotal (line 18 minus line 19)			2,722,876 20.00
21.00	Coinsurance			64,414 21.00
22.00	Subtotal (line 20 minus line 21)			2,658,462 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			11,492 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			7,470 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,492 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,665,932 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,665,932 31.00
31.01	Sequestration adjustment (see instructions)			53,319 31.01
32.00	Interim payments			2,605,257 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			7,356 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			713 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047 Component CCN: 15-5356	Period: From 06/01/2016 To 05/31/2017	Worksheet E-3 Part VI Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		723,125	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		723,125	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		69,737	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		653,388	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		653,388	15.00
15.01	Sequestration adjustment (see instructions)		13,068	15.01
16.00	Interim payments		640,320	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 10/30/2017 4:18 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			1,003,793	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	1,003,793	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	1,003,793	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		7,695,496	7,688,242	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)		7,695,496	7,688,242	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)		7,695,496	7,688,242	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		7,695,496	6,684,449	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	1,003,793	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		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	1,003,793	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)		0	1,003,793	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		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	1,003,793	36.00
37.00	ELIMINATE SETTLEMENT		0	-1,003,793	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		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0047 Component CCN: 15-S047	Period: From 06/01/2016 To 05/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 10/30/2017 4:18 pm	
		Title XIX	Subprovider - IPF	PPS	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		451,350		8.00
9.00	Ancillary service charges		248,507	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		699,857	0	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)		699,857	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		699,857	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	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		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	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)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	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: 15-0047		Period: From 06/01/2016 To 05/31/2017		Worksheet E-4 Date/Time Prepared: 10/30/2017 4:18 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.					7.63	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))					-0.80	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)					6.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					5.29	6.00
7.00	Enter the lesser of line 5 or line 6					5.29	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.	5.29	0.00	5.29		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.	5.29	0.00	5.29		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	5.29	0.00	5.29		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.13	0.00	5.13		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.14	0.00	5.14		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.19	0.00	5.19		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00	0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00		16.01	
17.00	Adjusted rolling average FTE count	5.19	0.00	5.19		17.00	
18.00	Per resident amount	97,178.19	92,019.21	189,197.40		18.00	
19.00	Approved amount for resident costs	504,355	0	504,355		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)			5.00		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)			96,641.08		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)			504,355		25.00	
		Inpatient Part A	Managed care				
		1.00	2.00	3.00			
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	8,653	4,936	13,589		26.00	
27.00	Total Inpatient Days (see instructions)	28,288	28,288	56,576		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.305889	0.174491	0.480380		28.00	
29.00	Program direct GME amount	154,277	88,005	242,282		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		12,435	12,435		30.00	
31.00	Net Program direct GME amount			229,847		31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet E-4 Date/Time Prepared: 10/30/2017 4:18 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)		1,165,791	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)		15,050,643	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		3,331	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		15,047,312	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		5,776,682	42.00
43.00	Primary payer payments (see instructions)		19	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		5,776,663	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		20,823,975	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.722596	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.277404	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		229,847	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		166,087	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		63,760	50.00

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

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet G
Date/Time Prepared:
10/30/2017 4:18 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	-422,258	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	25,433,777	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,838,754	0	0	0	6.00
7.00	Inventory	3,551,091	0	0	0	7.00
8.00	Prepaid expenses	752,072	0	0	0	8.00
9.00	Other current assets	1,207,207	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)	23,683,135	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,010,000	0	0	0	12.00
13.00	Land improvements	400,981	0	0	0	13.00
14.00	Accumulated depreciation	-316,600	0	0	0	14.00
15.00	Buildings	28,342,319	0	0	0	15.00
16.00	Accumulated depreciation	-16,059,767	0	0	0	16.00
17.00	Leasehold improvements	21,866,171	0	0	0	17.00
18.00	Accumulated depreciation	-6,538,939	0	0	0	18.00
19.00	Fixed equipment	491,652	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	19,711,597	0	0	0	23.00
24.00	Accumulated depreciation	-16,764,672	0	0	0	24.00
25.00	Minor equipment depreciable	8,117,376	0	0	0	25.00
26.00	Accumulated depreciation	-6,418,441	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)	33,841,677	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	8,719,794	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,719,794	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	66,244,606	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,975,103	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,007,689	0	0	0	38.00
39.00	Payroll taxes payable	355,371	0	0	0	39.00
40.00	Notes and loans payable (short term)	22,222	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	15,791,064	0	0	0	43.00
44.00	Other current liabilities	1,763,843	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,915,292	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	14,815	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,815	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,930,107	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	42,314,499	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)	42,314,499	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	66,244,606	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet G-1

Date/Time Prepared:
10/30/2017 4:18 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		39,933,179		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,459,292			2.00
3.00	Total (sum of line 1 and line 2)		34,473,887		0	3.00
4.00	ADJUSTMENTS TO RETAINED EARNINGS	7,840,612		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)		7,840,612		0	10.00
11.00	Subtotal (line 3 plus line 10)		42,314,499		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		42,314,499		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	ADJUSTMENTS TO RETAINED EARNINGS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/30/2017 4:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,321,383		49,321,383	1.00
2.00	SUBPROVIDER - IPF	17,702,506		17,702,506	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	3,625,338		3,625,338	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)	70,649,227		70,649,227	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,052,059		1,052,059	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	1,974,604		1,974,604	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	9,729,520		9,729,520	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)	12,756,183		12,756,183	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,405,410		83,405,410	17.00
18.00	Ancillary services	200,546,531	196,145,309	396,691,840	18.00
19.00	Outpatient services	9,974,482	42,031,550	52,006,032	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				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)	293,926,423	238,176,859	532,103,282	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		88,907,210		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)		88,907,210		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0047

Period:
From 06/01/2016
To 05/31/2017

Worksheet G-3

Date/Time Prepared:
10/30/2017 4:18 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	532,103,282	1.00
2.00	Less contractual allowances and discounts on patients' accounts	448,795,162	2.00
3.00	Net patient revenues (line 1 minus line 2)	83,308,120	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	88,907,210	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,599,090	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	139,798	24.00
25.00	Total other income (sum of lines 6-24)	139,798	25.00
26.00	Total (line 5 plus line 25)	-5,459,292	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)	-5,459,292	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0047	Period: From 06/01/2016 To 05/31/2017	Worksheet L Parts I-III Date/Time Prepared: 10/30/2017 4:18 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		606,979	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		89,420	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)		62.63	3.00
4.00	Number of interns & residents (see instructions)		5.19	4.00
5.00	Indirect medical education percentage (see instructions)		2.37	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)		14,385	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		40.54	8.00
9.00	Sum of lines 7 and 8		51.22	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.93	10.00
11.00	Disproportionate share adjustment (see instructions)		66,343	11.00
12.00	Total prospective capital payments (see instructions)		777,127	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