

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: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 12:02 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2018 Time: 12:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HEALTH NETWORK, INC. (15-0074) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

Title

Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-559,780	46,960	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-559,780	46,960	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 11:17 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:							1.00	
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARI ON			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
								V	XVIII	XIX		
3.00	Hospital and Hospital-Based Component Identification:											
	Hospital		COMMUNITY HEALTH NETWORK, INC.		150074	26900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											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											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)						01/01/2017		12/31/2017		20.00	
21.00	Type of Control (see instructions)						2				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,603	705	29	91	25,513	23		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 11:17 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02	
		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)	Y			32.85	29.67	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	
61.20	FAMILY MEDICINE		1350	5.60	4.79	61.20		
					1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						Y	63.00
	Program Name		Program Code	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		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.049708	64.00
				0.17	3.25			

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	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)	FAMILY MEDICINE	1350	3.92	25.07	0.135219		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA 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)			1.78	0.98	0.644928		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	6.45	31.48	0.170050		67.00
				1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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						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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N	N	109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N				110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 11:17 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	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		115.00
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.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,320,557	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0720		140.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 11:17 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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)	N		N			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)	Y	02/23/2017	Y	02/23/2017		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: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 11:17 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	SHIRLEY		BI SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 11:17 am
		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.	NETWORK DIRECTOR OF REIMBURSEMENT		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: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 11:17 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,900	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		254	92,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	23	8,395	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		305	111,515	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		305				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
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 11:17 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	17,601	3,348	64,408			1.00
2.00 HMO and other (see instructions)	8,385	24,843				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,601	3,348	64,408			7.00
8.00 INTENSIVE CARE UNIT	2,497	0	6,220			8.00
9.00 CORONARY CARE UNIT	2,651	0	6,283			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		1,750	1,799			13.00
14.00 Total (see instructions)	22,749	5,098	78,710	41.09	2,508.23	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	487			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				41.09	2,508.23	27.00
28.00 Observation Bed Days		2,001	5,619			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			523			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	23	313			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0074

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2018 11:17 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,056	537	17,177	1.00
2.00 HMO and other (see instructions)			1,703	4,810		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,056	537	17,177	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION				Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 11:17 am		
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	168,462,242	-986,571	167,475,671	5,217,129.00	32.10	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		356,374	0	356,374	2,064.00	172.66	4.00
4.01	Physicians - Part A - Teaching		1,238,046	0	1,238,046	7,926.00	156.20	4.01
5.00	Physician and Non-Physician-Part B		6,587,323	0	6,587,323	68,047.00	96.81	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	3,292,881	3,292,881	112,665.00	29.23	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,405,409	-228,297	4,177,112	173,485.00	24.08	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		4,744,234	0	4,744,234	41,701.00	113.77	11.00
12.00	Contract labor: Top level management and other management and administrative services		1,963,849	0	1,963,849	15,797.00	124.32	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,735,398	0	4,735,398	41,300.00	114.66	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		48,740,061	0	48,740,061	1,273,759.00	38.26	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		174,814	0	174,814	858.00	203.75	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		37,069,308	0	37,069,308			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,284,345	0	1,284,345			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		19,602	0	19,602			22.00
22.01	Physician Part A - Teaching		75,273	0	75,273			22.01
23.00	Physician Part B		646,242	0	646,242			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		727,107	0	727,107			25.00
25.50	Home office wage-related (core)		12,176,952	0	12,176,952			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	259,481	0	259,481	7,001.00	37.06	26.00
27.00	Administrative & General	5.00	11,018,906	-15,289	11,003,617	278,599.00	39.50	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2018 11:17 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	19,191,296	0	19,191,296	164,004.00	117.02	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,494,493	-50,742	2,443,751	102,720.00	23.79	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,572,516	-30,701	2,541,815	163,005.00	15.59	32.00
33.00	Housekeeping under contract (see instructions)	642,025	0	642,025	14,293.00	44.92	33.00
34.00	Dietary	2,121,557	-1,494,320	627,237	39,485.00	15.89	34.00
35.00	Dietary under contract (see instructions)	442,689	0	442,689	12,456.00	35.54	35.00
36.00	Cafeteria	0	1,483,877	1,483,877	92,924.00	15.97	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,609,260	-3,711	2,605,549	70,117.00	37.16	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	3,917,755	208,848	4,126,603	93,840.00	43.97	40.00
41.00	Medical Records & Medical Records Library	726,639	-4,863	721,776	20,296.00	35.56	41.00
42.00	Social Service	2,168,128	-8,646	2,159,482	56,860.00	37.98	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0074

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2018 11:17 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	180,912,883	-4,279,452	176,633,431	5,219,244.00	33.84	1.00
2.00	Excluded area salaries (see instructions)	4,405,409	-228,297	4,177,112	173,485.00	24.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)	176,507,474	-4,051,155	172,456,319	5,045,759.00	34.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	60,358,356	0	60,358,356	1,373,415.00	43.95	4.00
5.00	Subtotal wage-related costs (see inst.)	49,265,862	0	49,265,862	0.00	28.57	5.00
6.00	Total (sum of lines 3 thru 5)	286,131,692	-4,051,155	282,080,537	6,419,174.00	43.94	6.00
7.00	Total overhead cost (see instructions)	48,164,745	84,453	48,249,198	1,115,600.00	43.25	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 11:17 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			4,997,259 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)			178,451 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)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			14,515,047 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			6,200,050 9.00
10.00	Dental, Hearing and Vision Plan			132,803 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			96,625 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,440,847 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			310,025 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			11,784,655 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			166,114 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			39,821,876 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/30/2018 11:17 am
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	4,744,234	39,821,876	1.00
2.00	Hospital	4,744,234	38,537,531	2.00
3.00	Subprovider - IPF			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			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,284,345	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 11:17 am
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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)		0.234394	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		90,675,393	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 and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		24,493,500	5.00	
6.00	Medicaid charges		415,021,155	6.00	
7.00	Medicaid cost (line 1 times line 6)		97,278,469	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)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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)	1,747,080	3,152,028	4,899,108	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	409,505	3,152,028	3,561,533	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	368,609	368,609	22.00
23.00	Cost of charity care (line 21 minus line 22)	409,505	2,783,419	3,192,924	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			37,942,000	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,014,567	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,560,872	27.01
28.00	Non-Medicare bad debt expense (see instructions)			36,381,128	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,073,823	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,266,747	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,266,747	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	18,962,552	18,962,552	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	20,042,200	20,042,200	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	259,481	223,954	483,435	-28,691	454,744	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,018,906	142,265,831	153,284,737	-5,177,876	148,106,861	5.00
7.00	00700	OPERATION OF PLANT	2,494,493	13,944,891	16,439,384	-817,431	15,621,953	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,053,743	1,053,743	-100	1,053,643	8.00
9.00	00900	HOUSEKEEPING	2,572,516	1,917,758	4,490,274	-9,866	4,480,408	9.00
10.00	01000	DIETARY	2,121,557	2,988,593	5,110,150	-3,689,472	1,420,678	10.00
11.00	01100	CAFETERIA	0	0	0	3,363,036	3,363,036	11.00
13.00	01300	NURSING ADMINISTRATION	2,609,260	935,369	3,544,629	-20,468	3,524,161	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,192,397	1,192,397	-1,312,477	-120,080	14.00
15.00	01500	PHARMACY	3,917,755	12,671,427	16,589,182	-9,406,470	7,182,712	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	726,639	463,756	1,190,395	-212	1,190,183	16.00
17.00	01700	SOCIAL SERVICE	2,168,128	598,816	2,766,944	-2,264	2,764,680	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,986,168	3,986,168	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	8,681,655	2,398,071	11,079,726	-4,020,807	7,058,919	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	97,558	824,800	922,358	-33,191	889,167	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	395,464	370,705	766,169	-274,091	492,078	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,991,802	10,186,530	46,178,332	-2,824,382	43,353,950	30.00
31.00	03100	INTENSIVE CARE UNIT	5,117,013	2,277,066	7,394,079	-646,985	6,747,094	31.00
32.00	03200	CORONARY CARE UNIT	3,013,601	1,284,779	4,298,380	-102,850	4,195,530	32.00
43.00	04300	NURSERY	0	0	0	426,558	426,558	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,967,543	24,716,887	28,684,430	-19,350,659	9,333,771	50.00
51.00	05100	RECOVERY ROOM	995,239	463,382	1,458,621	-6,145	1,452,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	562,223	814,413	1,376,636	1,069,576	2,446,212	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,720,300	2,760,397	6,480,697	-2,258,158	4,222,539	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	319,504	1,217,240	1,536,744	-476,509	1,060,235	55.00
57.00	05700	CT SCAN	779,996	1,138,529	1,918,525	397,545	2,316,070	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	426,118	588,048	1,014,166	-243,871	770,295	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,732,877	24,242,443	26,975,320	-23,320,488	3,654,832	59.00
60.00	06000	LABORATORY	0	12,238,395	12,238,395	-117,868	12,120,527	60.00
64.00	06400	INTRAVENOUS THERAPY	250,883	106,591	357,474	-54,743	302,731	64.00
65.00	06500	RESPIRATORY THERAPY	3,239,095	1,622,457	4,861,552	-626,722	4,234,830	65.00
66.00	06600	PHYSICAL THERAPY	5,210,128	2,980,434	8,190,562	-2,970,843	5,219,719	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,492,440	1,492,440	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	543,239	543,239	68.00
69.00	06900	ELECTROCARDIOLOGY	2,391,577	552,191	2,943,768	-387,591	2,556,177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	520,230	408,432	928,662	-166,515	762,147	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,009,262	21,009,262	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,650,394	23,650,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	88,318,077	88,318,077	73.00
74.00	07400	RENAL DIALYSIS	0	1,186,924	1,186,924	-881	1,186,043	74.00
76.00	03330	ENDOSCOPY	358,356	450,626	808,982	-513,311	295,671	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,171,553	26,185,987	50,357,540	-15,860,053	34,497,487	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	7,754,743	4,964,970	12,719,713	-1,265,438	11,454,275	76.03
76.04	03952	WOUND CARE CENTER	809,144	2,475,294	3,284,438	-886,157	2,398,281	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	10,085,780	86,303,840	96,389,620	-67,407,735	28,981,885	76.05
76.06	03953	IMAGING CENTERS	2,454,694	4,388,883	6,843,577	-1,631,514	5,212,063	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	1,663,329	1,663,329	-22,744	1,640,585	76.07
76.97	07697	CARDIAC REHABILITATION	642,547	342,379	984,926	-121,193	863,733	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	527,547	527,547	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	1,694,269	811,929	2,506,198	-157,738	2,348,460	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	397,405	15,751,010	16,148,415	-15,541,543	606,872	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	1,533,387	2,196,966	3,730,353	-139,833	3,590,520	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	8,346,436	6,007,145	14,353,581	-191,426	14,162,155	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	164,549,855	422,177,607	586,727,462	1,701,283	588,428,745	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	9,407	159,845	169,252	-87,151	82,101	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	476,482	148,980	625,462	0	625,462	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	2,284,020	2,396,808	4,680,828	-1,474,376	3,206,452	194.05
194.07	07957 LI FE CHECK	288,016	107,445	395,461	-21,566	373,895	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	854,462	476,377	1,330,839	-118,190	1,212,649	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	168,462,242	425,467,062	593,929,304	0	593,929,304	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0074

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

Worksheet A
Date/Time Prepared:
5/30/2018 11:17 am

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	-3,303,631	15,658,921	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,235,282	29,277,482	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,516,177	6,970,921	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-45,372,551	102,734,310	5.00
7.00	00700	OPERATION OF PLANT	628,875	16,250,828	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,053,643	8.00
9.00	00900	HOUSEKEEPING	0	4,480,408	9.00
10.00	01000	DIETARY	-20,373	1,400,305	10.00
11.00	01100	CAFETERIA	-706,207	2,656,829	11.00
13.00	01300	NURSING ADMINISTRATION	3,868,284	7,392,445	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,176,178	4,056,098	14.00
15.00	01500	PHARMACY	-171,403	7,011,309	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,034,140	5,224,323	16.00
17.00	01700	SOCIAL SERVICE	0	2,764,680	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-930,924	3,055,244	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,699,019	5,359,900	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	-162,228	726,939	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	-63,367	428,711	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,619,866	39,734,084	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,747,094	31.00
32.00	03200	CORONARY CARE UNIT	0	4,195,530	32.00
43.00	04300	NURSERY	0	426,558	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-254,053	9,079,718	50.00
51.00	05100	RECOVERY ROOM	0	1,452,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-975,240	1,470,972	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-24,107	4,198,432	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,060,235	55.00
57.00	05700	CT SCAN	0	2,316,070	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	770,295	58.00
59.00	05900	CARDIAC CATHETERIZATION	-530,661	3,124,171	59.00
60.00	06000	LABORATORY	-1,021,822	11,098,705	60.00
64.00	06400	INTRAVENOUS THERAPY	0	302,731	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,234,830	65.00
66.00	06600	PHYSICAL THERAPY	261,721	5,481,440	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,492,440	67.00
68.00	06800	SPEECH PATHOLOGY	0	543,239	68.00
69.00	06900	ELECTROCARDIOLOGY	279,785	2,835,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120,497	882,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,009,262	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,650,394	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	542,971	88,861,048	73.00
74.00	07400	RENAL DIALYSIS	0	1,186,043	74.00
76.00	03330	ENDOSCOPY	0	295,671	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-22,200,927	12,296,560	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	-8,881,410	2,572,865	76.03
76.04	03952	WOUND CARE CENTER	-431	2,397,850	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	5,847,380	34,829,265	76.05
76.06	03953	IMAGING CENTERS	0	5,212,063	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	1,640,585	76.07
76.97	07697	CARDIAC REHABILITATION	-38,905	824,828	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	527,547	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	-628,604	1,719,856	90.02
90.03	09001	CLINIC	0	0	90.03
90.04	04953	SPINE CENTER	0	0	90.04
90.05	04954	INFUSION CENTERS	-1,428	605,444	90.05
90.06	09002	MEDCHECK CLINICS	0	0	90.06
90.07	09003	KNEE CENTER	-31,819	3,558,701	90.07
90.08	09004	PALLIATIVE CARE	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	55,028	14,217,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-55,072,658	533,356,087	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	82,101	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	625,462	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	3,206,452	194.05
194.07	07957 LI FE CHECK	0	373,895	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	1,212,649	194.08
194.09	07959 SURGERY CENTER EAST	0	0	194.09
200.00	TOTAL (SUM OF LINES 118 through 199)	-55,072,658	538,856,646	200.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,009,262	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
TOTALS			0	21,009,262	
B - Implantable Device Reclass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,650,394	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
TOTALS			0	23,650,394	
C - Drugs Charges to Pat					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	88,318,077	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
TOTALS			0	88,318,077	
D - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,405,365	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	19,405,365		
E - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,724,624		1.00
	TOTALS		0	8,724,624		
F - Other Capital Rental						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,641,310		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
TOTALS					
					10,641,310
G - STD BENEFITS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,289	1.00
2.00	OPERATION OF PLANT	7.00	0	50,742	2.00
3.00	HOUSEKEEPING	9.00	0	30,701	3.00
4.00	DIETARY	10.00	0	10,443	4.00
5.00	NURSING ADMINISTRATION	13.00	0	3,711	5.00
6.00	PHARMACY	15.00	0	1,409	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,863	7.00
8.00	SOCIAL SERVICE	17.00	0	8,646	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	21,145	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	324,034	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	30,868	11.00
12.00	CORONARY CARE UNIT	32.00	0	23,312	12.00
13.00	OPERATING ROOM	50.00	0	13,577	13.00
14.00	RECOVERY ROOM	51.00	0	7,529	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,036	15.00
16.00	CT SCAN	57.00	0	5,290	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,104	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	21,793	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	2,790	19.00
20.00	RESPIRATORY THERAPY	65.00	0	22,299	20.00
21.00	PHYSICAL THERAPY	66.00	0	27,734	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	6,152	22.00
23.00	ENDOSCOPY	76.00	0	3,706	23.00
24.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	124,831	24.00
25.00	LUTHERWOOD PARTNERSHIP	76.03	0	36,110	25.00
26.00	WOUND CARE CENTER	76.04	0	1,974	26.00
27.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	66,635	27.00
28.00	IMAGING CENTERS	76.06	0	12,456	28.00
29.00	CARDIAC REHABILITATION	76.97	0	393	29.00
30.00	HEALTHY HEARTS CENTER	90.02	0	18,438	30.00
31.00	INFUSION CENTERS	90.05	0	1,915	31.00
32.00	KNEE CENTER	90.07	0	5,684	32.00
33.00	EMERGENCY	91.00	0	33,332	33.00
34.00	FAMILY PRACTICE MEDICINE	194.05	0	19,074	34.00
35.00	LIFECHECK	194.07	0	351	35.00
36.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	5,205	36.00
TOTALS					986,571
H - Labor and Delivery					
1.00	NURSERY	43.00	307,211	119,347	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	770,319	299,257	2.00
TOTALS					1,077,530
					418,604
I - Cafeteria					
1.00	CAFETERIA	11.00	1,483,877	1,879,159	1.00
TOTALS					1,483,877
					1,879,159
J - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	1,070,600	421,840	1.00
2.00	SPEECH PATHOLOGY	68.00	389,692	153,547	2.00
TOTALS					1,460,292
					575,387
K - BUILDING DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,004,475	1.00
TOTALS					0
					10,004,475

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
L - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	233,453	1.00	
	TOTALS		0	233,453		
M - Radiology Support						
1.00	RADIOLOGY-THERAPEUTIC	55.00	361,046	124,929	1.00	
2.00	CT SCAN	57.00	165,888	57,400	2.00	
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	33,724	11,669	3.00	
4.00	IMAGING CENTERS	76.06	110,741	38,318	4.00	
	TOTALS		671,399	232,316		
N - Hyperbaric Oxygen Therapy						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	137,728	389,819	1.00	
	TOTALS		137,728	389,819		
O - IHH Cat Scan						
1.00	CT SCAN	57.00	522,576	220,331	1.00	
	TOTALS		522,576	220,331		
P - Residents Costs						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,292,881	693,287	1.00	
	TOTALS		3,292,881	693,287		
Q - Pharmacy Residency Recl ass						
1.00	PHARMACY	15.00	210,257	58,356	1.00	
	TOTALS		210,257	58,356		
R - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00	6,590	1,336	1.00	
2.00	EMERGENCY	91.00	3,140	636	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	
	TOTALS		9,730	1,972		
S - CBI ALLOCATION TO GALLAHUE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,096,888	1.00	
	TOTALS		0	14,096,888		
500.00	Grand Total: Increases		8,866,270	201,539,650	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - Chargeable Medical Supplies							
1.00	ADULTS & PEDIATRICS	30.00	0	635,232	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	479,865	0	2.00	
3.00	CORONARY CARE UNIT	32.00	0	65,663	0	3.00	
4.00	OPERATING ROOM	50.00	0	6,770,137	0	4.00	
5.00	RECOVERY ROOM	51.00	0	2,366	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,695	0	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	534,144	0	7.00	
8.00	CT SCAN	57.00	0	207,503	0	8.00	
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,230	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	10,416,303	0	10.00	
11.00	LABORATORY	60.00	0	12	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	51,568	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	416,492	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	10	0	14.00	
15.00	ENDOSCOPY	76.00	0	428,369	0	15.00	
16.00	WOUND CARE CENTER	76.04	0	152,208	0	16.00	
17.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	397,820	0	17.00	
18.00	IMAGING CENTERS	76.06	0	333,905	0	18.00	
19.00	HEALTHY HEARTS CENTER	90.02	0	593	0	19.00	
20.00	INFUSION CENTERS	90.05	0	20	0	20.00	
21.00	EMERGENCY	91.00	0	105,127	0	21.00	
	TOTALS		0	21,009,262			
B - Implantable Device Reclass							
1.00	OPERATING ROOM	50.00	0	11,140,133	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	161,926	0	2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	12,134,493	0	3.00	
4.00	ENDOSCOPY	76.00	0	24,313	0	4.00	
5.00	WOUND CARE CENTER	76.04	0	182,039	0	5.00	
6.00	KNEE CENTER	90.07	0	7,490	0	6.00	
	TOTALS		0	23,650,394			
C - Drugs Charges to Pat							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	162	0	1.00	
2.00	DIETARY	10.00	0	19	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	14,454	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,258	0	4.00	
5.00	PHARMACY	15.00	0	8,973,172	0	5.00	
6.00	SOCIAL SERVICE	17.00	0	1,102	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	107,977	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	29,097	0	8.00	
9.00	CORONARY CARE UNIT	32.00	0	22,380	0	9.00	
10.00	OPERATING ROOM	50.00	0	99,284	0	10.00	
11.00	RECOVERY ROOM	51.00	0	1,251	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	134,209	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,265	0	13.00	
14.00	CT SCAN	57.00	0	139,472	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	54,558	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	47,785	0	16.00	
17.00	LABORATORY	60.00	0	600	0	17.00	
18.00	INTRAVENOUS THERAPY	64.00	0	197	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	7,728	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	1,471	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	4,053	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	222	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	103	0	23.00	
24.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	28,716	0	24.00	
25.00	LUTHERWOOD PARTNERSHIP	76.03	0	26,509	0	25.00	
26.00	WOUND CARE CENTER	76.04	0	16,286	0	26.00	
27.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	62,859,545	0	27.00	
28.00	IMAGING CENTERS	76.06	0	69,164	0	28.00	
29.00	BREAST DIAGNOSTIC CENTER	76.07	0	43	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	6	0	30.00	
31.00	HEALTHY HEARTS CENTER	90.02	0	2	0	31.00	
32.00	INFUSION CENTERS	90.05	0	15,221,058	0	32.00	
33.00	EMERGENCY	91.00	0	26,449	0	33.00	
34.00	FAMILY PRACTICE MEDICINE	194.05	0	418,417	0	34.00	
35.00	GROUP HOMES AND MI SC. N_R	194.08	0	63	0	35.00	
	TOTALS		0	88,318,077			

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,939	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,556,308	0		2.00
3.00	OPERATION OF PLANT	7.00	0	748,890	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0		4.00
5.00	HOUSEKEEPING	9.00	0	7,419	0		5.00
6.00	DIETARY	10.00	0	71,267	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	3,801	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	25,481	0		8.00
9.00	PHARMACY	15.00	0	78,224	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4,440	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	552,777	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	137,481	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	14,727	0		13.00
14.00	OPERATING ROOM	50.00	0	1,123,847	0		14.00
15.00	RECOVERY ROOM	51.00	0	1,432	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	423,322	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	258,830	0		17.00
18.00	CT SCAN	57.00	0	221,515	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	230,157	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	714,033	0		20.00
21.00	LABORATORY	60.00	0	63,812	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	2,769	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	187,178	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	103,953	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	245,803	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	120,125	0		26.00
27.00	RENAL DIALYSIS	74.00	0	503	0		27.00
28.00	ENDOSCOPY	76.00	0	60,048	0		28.00
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	154,081	0		29.00
30.00	LUTHERWOOD PARTNERSHIP	76.03	0	70,540	0		30.00
31.00	WOUND CARE CENTER	76.04	0	7,997	0		31.00
32.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	3,681,633	0		32.00
33.00	IMAGING CENTERS	76.06	0	1,062,327	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	16,259	0		34.00
35.00	HEALTHY HEARTS CENTER	90.02	0	32,484	0		35.00
36.00	INFUSION CENTERS	90.05	0	56,214	0		36.00
37.00	KNEE CENTER	90.07	0	131,784	0		37.00
38.00	EMERGENCY	91.00	0	62,115	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,170	0		39.00
40.00	FAMILY PRACTICE MEDICINE	194.05	0	106,026	0		40.00
41.00	LIFECHECK	194.07	0	1,119	0		41.00
42.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	39,435	0		42.00
	TOTALS		0	19,405,365			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,724,624	11		1.00
	TOTALS		0	8,724,624			
F - Other Capital Rental							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,752	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,760,217	0		2.00
3.00	OPERATION OF PLANT	7.00	0	68,541	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,447	0		4.00
5.00	DIETARY	10.00	0	255,150	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,213	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,281,738	0		7.00
8.00	PHARMACY	15.00	0	623,687	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	212	0		9.00
10.00	SOCIAL SERVICE	17.00	0	1,162	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	30,199	0		11.00
12.00	EMS TRAINING-ALLIED HEALTH	23.00	0	41,117	0		12.00
13.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	0	5,478	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	29,099	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	542	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	80	0		16.00
17.00	OPERATING ROOM	50.00	0	216,784	0		17.00
18.00	RECOVERY ROOM	51.00	0	1,096	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,310	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	319	0		20.00

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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			
21.00	CT SCAN	57.00	0	160	0		21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	319	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	3,624	0		23.00	
24.00	LABORATORY	60.00	0	53,444	0		24.00	
25.00	INTRAVENOUS THERAPY	64.00	0	209	0		25.00	
26.00	RESPIRATORY THERAPY	65.00	0	12,909	0		26.00	
27.00	PHYSICAL THERAPY	66.00	0	829,730	0		27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	136,335	0		28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,168	0		29.00	
30.00	RENAL DIALYSIS	74.00	0	275	0		30.00	
31.00	ENDOSCOPY	76.00	0	581	0		31.00	
32.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,580,368	0		32.00	
33.00	LUTHERWOOD PARTNERSHIP	76.03	0	1,168,389	0		33.00	
34.00	WOUND CARE CENTER	76.04	0	80	0		34.00	
35.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	468,737	0		35.00	
36.00	IMAGING CENTERS	76.06	0	315,177	0		36.00	
37.00	BREAST DIAGNOSTIC CENTER	76.07	0	22,701	0		37.00	
38.00	CARDIAC REHABILITATION	76.97	0	104,928	0		38.00	
39.00	HEALTHY HEARTS CENTER	90.02	0	124,659	0		39.00	
40.00	INFUSION CENTERS	90.05	0	264,251	0		40.00	
41.00	KNEE CENTER	90.07	0	559	0		41.00	
42.00	EMERGENCY	91.00	0	1,511	0		42.00	
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	65,981	0		43.00	
44.00	FAMILY PRACTICE MEDICINE	194.05	0	949,933	0		44.00	
45.00	LIFECHECK	194.07	0	20,447	0		45.00	
46.00	GROUP HOMES AND MISC. N_R CTRS	194.08	0	78,692	0		46.00	
	TOTALS		0	10,641,310				
G - STD BENEFITS								
1.00	ADMINISTRATIVE & GENERAL	5.00	15,289	0	0		1.00	
2.00	OPERATION OF PLANT	7.00	50,742	0	0		2.00	
3.00	HOUSEKEEPING	9.00	30,701	0	0		3.00	
4.00	DIETARY	10.00	10,443	0	0		4.00	
5.00	NURSING ADMINISTRATION	13.00	3,711	0	0		5.00	
6.00	PHARMACY	15.00	1,409	0	0		6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	4,863	0	0		7.00	
8.00	SOCIAL SERVICE	17.00	8,646	0	0		8.00	
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	21,145	0	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	324,034	0	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	30,868	0	0		11.00	
12.00	CORONARY CARE UNIT	32.00	23,312	0	0		12.00	
13.00	OPERATING ROOM	50.00	13,577	0	0		13.00	
14.00	RECOVERY ROOM	51.00	7,529	0	0		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	23,036	0	0		15.00	
16.00	CT SCAN	57.00	5,290	0	0		16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,104	0	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	21,793	0	0		18.00	
19.00	INTRAVENOUS THERAPY	64.00	2,790	0	0		19.00	
20.00	RESPIRATORY THERAPY	65.00	22,299	0	0		20.00	
21.00	PHYSICAL THERAPY	66.00	27,734	0	0		21.00	
22.00	ELECTROCARDIOLOGY	69.00	6,152	0	0		22.00	
23.00	ENDOSCOPY	76.00	3,706	0	0		23.00	
24.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	124,831	0	0		24.00	
25.00	LUTHERWOOD PARTNERSHIP	76.03	36,110	0	0		25.00	
26.00	WOUND CARE CENTER	76.04	1,974	0	0		26.00	
27.00	ONCOLOGY-CANCER CARE CENTER	76.05	66,635	0	0		27.00	
28.00	IMAGING CENTERS	76.06	12,456	0	0		28.00	
29.00	CARDIAC REHABILITATION	76.97	393	0	0		29.00	
30.00	HEALTHY HEARTS CENTER	90.02	18,438	0	0		30.00	
31.00	INFUSION CENTERS	90.05	1,915	0	0		31.00	
32.00	KNEE CENTER	90.07	5,684	0	0		32.00	
33.00	EMERGENCY	91.00	33,332	0	0		33.00	
34.00	FAMILY PRACTICE MEDICINE	194.05	19,074	0	0		34.00	
35.00	LIFECHECK	194.07	351	0	0		35.00	
36.00	GROUP HOMES AND MISC. N_R CTRS	194.08	5,205	0	0		36.00	
	TOTALS		986,571	0				

RECLASSIFICATIONS

Provider CCN: 15-0074

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

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		
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	1,077,530	418,604	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,077,530	418,604			
I - Cafeteria							
1.00	DIETARY	10.00	1,483,877	1,879,159	0		1.00
	TOTALS		1,483,877	1,879,159			
J - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	1,460,292	575,387	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,460,292	575,387			
K - BUILDING DEPRECIATION							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,004,475	9		1.00
	TOTALS		0	10,004,475			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	233,453	12		1.00
	TOTALS		0	233,453			
M - Radiology Support							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	671,399	232,316	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		671,399	232,316			
N - Hyperbaric Oxygen Therapy							
1.00	WOUND CARE CENTER	76.04	137,728	389,819	0		1.00
	TOTALS		137,728	389,819			
O - IHH Cat Scan							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	522,576	220,331	0		1.00
	TOTALS		522,576	220,331			
P - Residents Costs							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,292,881	693,287	0		1.00
	TOTALS		3,292,881	693,287			
Q - Pharmacy Residency Recl ass							
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	210,257	58,356	0		1.00
	TOTALS		210,257	58,356			
R - EMS School Allied Health							
1.00	ADULTS & PEDIATRICS	30.00	2,630	533	0		1.00
2.00	OPERATING ROOM	50.00	394	80	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	3,534	716	0		3.00
4.00	RESPIRATORY THERAPY	65.00	2,008	407	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	1,164	236	0		5.00
	TOTALS		9,730	1,972			
S - CBI ALLOCATION TO GALLAHUE							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	14,096,888	0		1.00
	TOTALS		0	14,096,888			
500.00	Grand Total: Decreases		9,852,841	200,553,079			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,453,049	0	0	0	0	1.00
2.00	Land Improvements	4,305,979	30,003	0	30,003	0	2.00
3.00	Buildings and Fixtures	298,005,194	103,289,533	0	103,289,533	489,317	3.00
4.00	Building Improvements	12,352,457	-1,609,326	0	-1,609,326	303,175	4.00
5.00	Fixed Equipment	10,908,252	-4,036,304	0	-4,036,304	6,871,948	5.00
6.00	Movable Equipment	162,928,495	16,440,795	0	16,440,795	0	6.00
7.00	HIT designated Assets	516,000	-516,000	0	-516,000	0	7.00
8.00	Subtotal (sum of lines 1-7)	493,469,426	113,598,701	0	113,598,701	7,664,440	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	493,469,426	113,598,701	0	113,598,701	7,664,440	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,453,049	0				1.00
2.00	Land Improvements	4,335,982	0				2.00
3.00	Buildings and Fixtures	400,805,410	0				3.00
4.00	Building Improvements	10,439,956	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	179,369,290	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	599,403,687	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	599,403,687	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0074

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	420,034,397	0	420,034,397	0.700754	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	179,369,290	0	179,369,290	0.299246	0	2.00
3.00	Total (sum of lines 1-2)	599,403,687	0	599,403,687	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	10,041,226	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	18,636,172	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,677,398	0	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	5,384,242	233,453	0	0	15,658,921	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,641,310	29,277,482	2.00
3.00	Total (sum of lines 1-2)	5,384,242	233,453	0	10,641,310	44,936,403	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
5/30/2018 11:17 am

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)	B	-20,184		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,314,060				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,568,763				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-558,677		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0074

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

Worksheet A-8

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
33.01 Misc Revenue	B	-55,906	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.01
33.02 Misc Revenue	B	-232,134	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 Misc Revenue	B	-741,216	OPERATION OF PLANT		7.00	0 33.03
33.04 Misc Revenue	B	-20,373	DIETARY		10.00	0 33.04
33.05 Misc Revenue	B	-500	NURSING ADMINISTRATION		13.00	0 33.05
33.06 Misc Revenue	B	-190,407	PHARMACY		15.00	0 33.06
33.07 Misc Revenue	B	-32,388	MEDICAL RECORDS & LIBRARY		16.00	0 33.07
33.08 Misc Revenue	B	-14,714	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.08
33.09 Misc Revenue	B	-63,367	PHARMACY RESIDENCY-ALLIED HEALTH		23.02	0 33.09
33.10 Misc Revenue	B	-1,548	ADULTS & PEDIATRICS		30.00	0 33.10
33.11 Misc Revenue	B	-750	OPERATING ROOM		50.00	0 33.11
33.12 Misc Revenue	B	-128,938	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13 Misc Revenue	B	-46,824	CARDIAC CATHETERIZATION		59.00	0 33.13
33.14 Misc Revenue	B	-1,033,861	LABORATORY		60.00	0 33.14
33.15 Misc Revenue	B	-62,825	PHYSICAL THERAPY		66.00	0 33.15
33.16 Misc Revenue	B	-43,461	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 33.16
33.17 Misc Revenue	B	195,025	LUTHERWOOD PARTNERSHIP		76.03	0 33.17
33.18 Misc Revenue	B	-63,654	ONCOLOGY-CANCER CARE CENTER		76.05	0 33.18
33.19 Misc Revenue	B	-38,905	CARDIAC REHABILITATION		76.97	0 33.19
33.20 Space Rental Income	B	-193,198	OPERATION OF PLANT		7.00	0 33.20
34.00 HAF Tax Offset	A	-14,683,206	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 LOC Non-Allow Interest Expense	A	-109,608	CAP REL COSTS-BLDG & FIXT		1.00	11 34.01
34.02 12A Non-Allow Interest Expense	A	-2,191,967	CAP REL COSTS-BLDG & FIXT		1.00	11 34.02
34.03 12B Non-Allow Interest Expense	A	-167,803	CAP REL COSTS-BLDG & FIXT		1.00	11 34.03
34.04 50 BMO Loan Non-Allow Interest Expense	A	-182,770	CAP REL COSTS-BLDG & FIXT		1.00	11 34.04
34.05 12B Non-Allow Interest Expense	A	-688,234	CAP REL COSTS-BLDG & FIXT		1.00	11 34.05
34.06 50 BMO Loan Non-Allow Interest Expense	A	70,524	ADMINISTRATIVE & GENERAL		5.00	0 34.06
34.07 Loss on Assets	A	-73,499	ADMINISTRATIVE & GENERAL		5.00	0 34.07
34.08 Loss on Assets	A	-32,056	ONCOLOGY-CANCER CARE CENTER		76.05	0 34.08
36.00 CARDIAC CATH SHARED SERVICES	A	-480,472	CARDIAC CATHETERIZATION		59.00	0 36.00
36.01 Sponsorship	A	-35,600	ADMINISTRATIVE & GENERAL		5.00	0 36.01
36.02 Non Allow Marketing Expense	A	-421,069	ADMINISTRATIVE & GENERAL		5.00	0 36.02
36.04 A-8 Allied Health Program EMS Tuition	A	-162,228	EMS TRAINING-ALLIED HEALTH		23.00	0 36.04
36.05 Depreciation Carryforward	A	36,751	CAP REL COSTS-BLDG & FIXT		1.00	9 36.05
36.06 Depreciation Carryforward	A	269,752	CAP REL COSTS-MVBLE EQUIP		2.00	9 36.06
36.07 Meals on Wheels Cost	A	-147,530	CAFETERIA		11.00	0 36.07
36.08 Pavillions	A	-2,210,376	ADMINISTRATIVE & GENERAL		5.00	9 36.08
36.09 Physician Assistant Offset	A	-282,017	ADULTS & PEDIATRICS		30.00	0 36.09
36.10 Nurse Practitioner Offset	A	-310,722	ADULTS & PEDIATRICS		30.00	9 36.10
36.11 Nurse Practitioner Offset	A	-248,835	OPERATING ROOM		50.00	9 36.11
36.12 Nurse Practitioner Offset	A	-3,365	CARDIAC CATHETERIZATION		59.00	0 36.12
36.13 Nurse Practitioner Offset	A	-431	WOUND CARE CENTER		76.04	0 36.13
36.14 Nurse Practitioner Offset	A	-905,316	HEALTHY HEARTS CENTER		90.02	0 36.14
36.15 OB Laborist Loss	A	-780,026	DELIVERY ROOM & LABOR ROOM		52.00	0 36.15
36.16 Gallahue Professional Fee	A	-22,162,018	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		76.01	0 36.16
36.17 Gallahue Professional Fee	A	-9,076,435	LUTHERWOOD PARTNERSHIP		76.03	0 36.17
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-55,072,658				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: 15-0074

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2018 11:17 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	CHNW RESIDENT COSTS	0	930,924 1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COST	CHNW OTHER RESIDENT COSTS	0	1,684,305 2.00
3.00	7.00	OPERATION OF PLANT	1400 N RITTER	175,922	143,466 3.00
3.01	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	156,974	128,199 3.01
3.02	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	57,483	46,878 3.02
3.03	15.00	PHARMACY	1400 N RITTER	103,005	84,001 3.03
3.04	60.00	LABORATORY	1400 N RITTER	65,252	53,213 3.04
3.05	76.01	PSYCHIATRIC/PSYCHOLOGICAL SE	7250 CLEARVISTA	25,029	20,477 3.05
4.00	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	8,965,530	0 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	6,572,083	0 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	80,607,695	107,915,660 4.02
4.03	7.00	OPERATION OF PLANT	CHNW - HOME OFFICE	1,530,833	0 4.03
4.04	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	3,868,784	0 4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CHNW - HOME OFFICE	4,176,178	0 4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	CHNW - HOME OFFICE	4,066,528	0 4.06
4.07	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	596,510	0 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	104,831	0 4.08
4.09	66.00	PHYSICAL THERAPY	CHNW - HOME OFFICE	324,546	0 4.09
4.10	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	279,785	0 4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	CHNW - HOME OFFICE	109,892	0 4.11
4.12	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	542,971	0 4.12
4.13	76.05	ONCOLOGY-CANCER CARE CENTER	CHNW - HOME OFFICE	5,914,315	0 4.13
4.14	90.02	HEALTHY HEARTS CENTER	CHNW - HOME OFFICE	276,712	0 4.14
4.15	91.00	EMERGENCY	CHNW - HOME OFFICE	55,028	0 4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			118,575,886	111,007,123 5.00

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

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

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

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

6.00	B	CHNW	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				0.00	100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet A-8-1 Date/Time Prepared: 5/30/2018 11:17 am
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	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	-930,924	0		1.00
2.00	-1,684,305	0		2.00
3.00	32,456	0		3.00
3.01	28,775	0		3.01
3.02	10,605	0		3.02
3.03	19,004	0		3.03
3.04	12,039	0		3.04
3.05	4,552	0		3.05
4.00	8,965,530	9		4.00
4.01	6,572,083	0		4.01
4.02	-27,307,965	0		4.02
4.03	1,530,833	0		4.03
4.04	3,868,784	0		4.04
4.05	4,176,178	0		4.05
4.06	4,066,528	0		4.06
4.07	596,510	0		4.07
4.08	104,831	0		4.08
4.09	324,546	0		4.09
4.10	279,785	0		4.10
4.11	109,892	0		4.11
4.12	542,971	0		4.12
4.13	5,914,315	0		4.13
4.14	276,712	0		4.14
4.15	55,028	0		4.15
5.00	7,568,763			5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0074

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2018 11:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	667,288	326,264	341,024	211,500	2,048	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	3,622,089	3,622,089	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	4,468	4,468	0	0	0	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	195,214	195,214	0	0	0	4.00
5.00	90.05	AGGREGATE-INFUSION CENTERS	1,428	1,428	0	0	0	5.00
6.00	90.07	AGGREGATE-KNEE CENTER	31,819	31,819	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,522,306	4,181,282	341,024		2,048	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	208,246	10,412	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	90.05	AGGREGATE-INFUSION CENTERS	0	0	0	0	0	5.00
6.00	90.07	AGGREGATE-KNEE CENTER	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			208,246	10,412	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	208,246	132,778	459,042	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	3,622,089	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	4,468	3.00
4.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	195,214	4.00
5.00	90.05	AGGREGATE-INFUSION CENTERS	0	0	0	1,428	5.00
6.00	90.07	AGGREGATE-KNEE CENTER	0	0	0	31,819	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	208,246	132,778	4,314,060	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	15,658,921	15,658,921			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	29,277,482		29,277,482		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,970,921	181,157	28,101	7,180,179	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	102,734,310	757,603	12,015,575	472,484	115,979,972
7.00 00700	OPERATION OF PLANT	16,250,828	2,330,945	139,751	104,932	18,826,456
8.00 00800	LAUNDRY & LINEN SERVICE	1,053,643	0	101	0	1,053,744
9.00 00900	HOUSEKEEPING	4,480,408	262,005	8,454	109,143	4,860,010
10.00 01000	DIETARY	1,400,305	207,475	67,908	26,933	1,702,621
11.00 01100	CAFETERIA	2,656,829	545,608	232,468	63,716	3,498,621
13.00 01300	NURSING ADMINISTRATION	7,392,445	177,750	6,046	111,880	7,688,121
14.00 01400	CENTRAL SERVICES & SUPPLY	4,056,098	309,120	1,314,104	0	5,679,322
15.00 01500	PHARMACY	7,011,309	31,440	675,238	177,192	7,895,179
16.00 01600	MEDICAL RECORDS & LIBRARY	5,224,323	38,097	213	30,992	5,293,625
17.00 01700	SOCIAL SERVICE	2,764,680	63,659	1,168	92,726	2,922,233
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,055,244	0	0	141,393	3,196,637
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,359,900	5,990	34,821	230,481	5,631,192
23.00 02300	EMS TRAINING-ALLIED HEALTH	726,939	224,464	41,334	4,472	997,209
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	428,711	9,997	5,507	7,953	452,168
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,734,084	4,250,833	272,666	1,485,243	45,742,826
31.00 03100	INTENSIVE CARE UNIT	6,747,094	656,760	138,321	218,394	7,760,569
32.00 03200	CORONARY CARE UNIT	4,195,530	380,572	14,885	128,400	4,719,387
43.00 04300	NURSERY	426,558	45,089	7,847	13,191	492,685
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,079,718	1,045,481	1,130,552	169,762	11,425,513
51.00 05100	RECOVERY ROOM	1,452,476	212,953	2,541	42,411	1,710,381
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,470,972	113,045	19,676	57,218	1,660,911
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,198,432	603,188	446,203	107,489	5,355,312
55.00 05500	RADIOLOGY-THERAPEUTIC	1,060,235	174,299	244,545	29,222	1,508,301
57.00 05700	CT SCAN	2,316,070	93,339	223,015	62,827	2,695,251
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	770,295	113,913	232,039	19,698	1,135,945
59.00 05900	CARDIAC CATHETERIZATION	3,124,171	441,425	608,287	116,259	4,290,142
60.00 06000	LABORATORY	11,098,705	98,683	110,254	0	11,307,642
64.00 06400	INTRAVENOUS THERAPY	302,731	9,263	2,993	10,653	325,640
65.00 06500	RESPIRATORY THERAPY	4,234,830	46,826	200,925	138,040	4,620,621
66.00 06600	PHYSICAL THERAPY	5,481,440	71,229	909,311	159,823	6,621,803
67.00 06700	OCCUPATIONAL THERAPY	1,492,440	20,329	21,474	45,970	1,580,213
68.00 06800	SPEECH PATHOLOGY	543,239	7,392	7,816	16,733	575,180
69.00 06900	ELECTROCARDIOLOGY	2,835,962	21,442	377,726	102,378	3,337,508
70.00 07000	ELECTROENCEPHALOGRAPHY	882,644	0	145,187	22,338	1,050,169
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,009,262	0	0	0	21,009,262
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	23,650,394	0	0	0	23,650,394
73.00 07300	DRUGS CHARGED TO PATIENTS	88,861,048	0	0	0	88,861,048
74.00 07400	RENAL DIALYSIS	1,186,043	7,236	276	0	1,193,555
76.00 03330	ENDOSCOPY	295,671	0	60,949	15,228	371,848
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,296,560	118,211	1,737,156	1,032,542	15,184,469
76.03 03951	LUTHERWOOD PARTNERSHIP	2,572,865	0	1,245,453	331,430	4,149,748
76.04 03952	WOUND CARE CENTER	2,397,850	110,373	6,750	28,745	2,543,718
76.05 03480	ONCOLOGY-CANCER CARE CENTER	34,829,265	395,111	3,252,925	430,212	38,907,513
76.06 03953	IMAGING CENTERS	5,212,063	2,672	1,375,762	109,622	6,700,119
76.07 03954	BREAST DIAGNOSTIC CENTER	1,640,585	57,068	22,821	0	1,720,474
76.97 07697	CARDIAC REHABILITATION	824,828	161,429	117,254	27,573	1,131,084
76.98 07698	HYPERBARIC OXYGEN THERAPY	527,547	22,645	1,368	5,914	557,474
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	1,719,856	93,406	135,961	71,959	2,021,182
90.03 09001	CLINIC	0	0	0	0	0
90.04 04953	SPINE CENTER	0	0	0	0	0
90.05 04954	INFUSION CENTERS	605,444	0	322,154	16,982	944,580
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	3,558,701	277,502	17,518	65,598	3,919,319
90.08 09004	PALLIATIVE CARE	0	0	0	0	0
90.10 09006	WORK SITE CLINICS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	14,217,183	813,335	45,759	357,091	15,433,368	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	533,356,087	15,610,359	28,029,158	7,013,242	531,892,264
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	82,101	48,562	67,152	404	198,219	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	625,462	0	0	20,460	645,922	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	3,206,452	0	1,061,521	97,255	4,365,228	194.05
194.07 07957 LI FECHECK	373,895	0	21,681	12,352	407,928	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,212,649	0	97,970	36,466	1,347,085	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	538,856,646	15,658,921	29,277,482	7,180,179	538,856,646

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 11:17 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	115,979,972				5.00
7.00	00700	OPERATION OF PLANT	5,163,419	23,989,875			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	289,004	0	1,342,748		8.00
9.00	00900	HOUSEKEEPING	1,332,926	507,333	0	6,700,269	9.00
10.00	01000	DIETARY	466,968	401,745	0	114,630	2,685,964
11.00	01100	CAFETERIA	959,546	1,056,488	0	301,448	0
13.00	01300	NURSING ADMINISTRATION	2,108,575	344,186	3,100	98,207	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,557,634	598,564	0	170,788	0
15.00	01500	PHARMACY	2,165,363	60,878	0	17,370	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,451,851	73,770	0	21,049	0
17.00	01700	SOCIAL SERVICE	801,463	123,266	0	35,171	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	876,722	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,544,433	11,598	0	3,309	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	273,499	434,642	0	124,016	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	124,013	19,359	0	5,524	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,545,610	8,231,111	659,884	2,348,583	2,237,352
31.00	03100	INTENSIVE CARE UNIT	2,128,445	1,271,718	90,206	362,859	223,176
32.00	03200	CORONARY CARE UNIT	1,294,358	736,920	89,555	210,265	225,436
43.00	04300	NURSERY	135,126	87,308	6,028	24,911	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,133,607	2,024,418	40,672	577,627	0
51.00	05100	RECOVERY ROOM	469,096	412,351	0	117,656	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	455,528	218,894	15,118	62,457	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,468,769	1,167,983	29,902	333,260	0
55.00	05500	RADIOLOGY-THERAPEUTIC	413,673	337,504	17,061	96,300	0
57.00	05700	CT SCAN	739,210	180,738	40,416	51,570	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	311,549	220,576	13,448	62,937	0
59.00	05900	CARDIAC CATHETERIZATION	1,176,632	854,753	27,230	243,887	0
60.00	06000	LABORATORY	3,101,279	191,085	0	54,522	0
64.00	06400	INTRAVENOUS THERAPY	89,311	17,936	0	5,118	0
65.00	06500	RESPIRATORY THERAPY	1,267,270	90,671	0	25,871	0
66.00	06600	PHYSICAL THERAPY	1,816,122	137,925	0	39,354	0
67.00	06700	OCCUPATIONAL THERAPY	433,396	39,364	0	11,232	0
68.00	06800	SPEECH PATHOLOGY	157,751	14,314	0	4,084	0
69.00	06900	ELECTROCARDIOLOGY	915,358	41,520	0	11,847	0
70.00	07000	ELECTROENCEPHALOGRAPHY	288,024	0	1,692	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,762,084	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,486,452	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	24,371,512	0	0	0	0
74.00	07400	RENAL DIALYSIS	327,349	14,012	0	3,998	0
76.00	03330	ENDOSCOPY	101,985	0	3,045	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,164,553	228,897	0	65,311	0
76.03	03951	LUTHERWOOD PARTNERSHIP	1,138,126	0	0	0	0
76.04	03952	WOUND CARE CENTER	697,650	213,721	33,125	60,981	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	10,670,930	765,074	24,085	218,298	0
76.06	03953	IMAGING CENTERS	1,837,601	5,174	0	1,476	0
76.07	03954	BREAST DIAGNOSTIC CENTER	471,864	110,504	0	31,530	0
76.97	07697	CARDIAC REHABILITATION	310,216	312,583	0	89,189	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	152,895	43,848	0	12,511	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	554,337	180,867	879	51,607	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	259,064	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	1,074,928	537,341	0	153,319	0
90.08	09004	PALLIATIVE CARE	0	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	4,232,817	1,574,902	247,302	449,366	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)						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	54,364	94,034	0	26,831	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	177,153	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	1,197,225	0	0	0	0	194.05
194.07	07957	LIFECHECK	111,880	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	369,457	0	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	115,979,972	23,989,875	1,342,748	6,700,269	2,685,964	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	5,816,103					11.00
13.00	01300	133,433	10,375,622				13.00
14.00	01400	0	0	8,006,308			14.00
15.00	01500	176,602	0	0	10,315,392		15.00
16.00	01600	39,245	0	137	0	6,879,677	16.00
17.00	01700	105,961	0	185	0	0	17.00
21.00	02100	211,923	0	0	0	0	21.00
22.00	02200	105,961	0	1,986	0	0	22.00
23.00	02300	7,849	0	154	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	31,396	0	233	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,734,631	6,205,717	119,047	0	541,214	30.00
31.00	03100	255,092	912,605	11,298	0	89,259	31.00
32.00	03200	176,602	631,804	13,717	0	59,708	32.00
43.00	04300	15,698	56,160	1,570	0	7,332	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	211,923	758,165	736,281	0	366,277	50.00
51.00	05100	47,094	0	10,149	0	41,384	51.00
52.00	05200	43,169	154,441	3,936	0	18,384	52.00
54.00	05400	98,112	0	20,186	0	163,690	54.00
55.00	05500	39,245	0	11,876	0	56,260	55.00
57.00	05700	117,735	0	284	0	230,497	57.00
58.00	05800	23,547	0	16	0	47,543	58.00
59.00	05900	137,357	0	668,306	0	532,945	59.00
60.00	06000	0	0	146,303	0	463,393	60.00
64.00	06400	11,773	0	0	0	3,261	64.00
65.00	06500	168,753	0	9,695	0	84,641	65.00
66.00	06600	86,339	0	7,128	0	72,973	66.00
67.00	06700	54,943	0	1,286	0	20,145	67.00
68.00	06800	19,622	0	468	0	7,456	68.00
69.00	06900	168,753	0	9,187	0	158,991	69.00
70.00	07000	31,396	0	4,374	0	20,840	70.00
71.00	07100	0	0	1,158,829	0	277,081	71.00
72.00	07200	0	0	0	0	229,304	72.00
73.00	07300	0	0	4,871,375	10,315,392	1,825,094	73.00
74.00	07400	0	0	0	0	11,994	74.00
76.00	03330	19,622	0	0	0	14,321	76.00
76.01	03550	204,074	0	19,571	0	50,338	76.01
76.03	03951	0	0	9,455	0	2,892	76.03
76.04	03952	47,094	0	15,221	0	37,182	76.04
76.05	03480	565,127	0	1,783	0	605,373	76.05
76.06	03953	0	0	42,133	0	154,065	76.06
76.07	03954	0	0	37	0	12,791	76.07
76.97	07697	47,094	0	1,707	0	11,551	76.97
76.98	07698	7,849	0	1,317	0	8,767	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	98,112	0	9,079	0	13,679	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	0	9,127	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	109,886	0	4,042	0	15,953	90.07
90.08	09004	0	0	0	0	24	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	463,091	1,656,730	89,150	0	613,948	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,816,103	10,375,622	8,001,501	10,315,392	6,879,677
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	90	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	753	0	194.05
194.07	07957	LIFECHECK	0	0	45	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	3,919	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,816,103	10,375,622	8,006,308	10,315,392	6,879,677

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	3,988,279				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,285,282			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		7,298,479		22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0			1,837,369	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,263,589	2,124,198	3,617,829	0	30.00
31.00 03100	INTENSIVE CARE UNIT	315,171	647,674	1,103,087	0	31.00
32.00 03200	CORONARY CARE UNIT	318,363	0	0	0	32.00
43.00 04300	NURSERY	91,156	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	92,215	157,056	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	29,292	49,888	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	45,565	77,604	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03330	ENDOSCOPY	0	0	0	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04 03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPI NE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	0	36,886	62,822	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00 09100	EMERGENCY	0	21,698	36,954	1,837,369	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

Period:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH			
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		17.00	21.00				22.00	23.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00		
OTHER REIMBURSABLE COST CENTERS								
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		3,988,279	2,997,528	5,105,240	1,837,369	0	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	117,167	199,553	0	0	0	192.00	
194.00 07950 HOME OFFICE	0	0	0	0	0	0	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	0	194.01	
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	0	194.03	
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	0	0	194.04	
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,170,587	1,993,686	0	0	0	194.05	
194.07 07957 LIFE CHECK	0	0	0	0	0	0	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	0	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	0	194.09	
200.00	Cross Foot Adjustments		0	0	0	0	0	200.00
201.00	Negative Cost Centers		0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)		3,988,279	4,285,282	7,298,479	1,837,369	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0074

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Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH						23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH						23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	632,693					23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	89,371,591	-5,742,027	83,629,564	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	15,171,159	-1,750,761	13,420,398	31.00
32.00	03200	CORONARY CARE UNIT	0	0	8,476,115	0	8,476,115	32.00
43.00	04300	NURSERY	0	0	917,974	0	917,974	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	19,523,754	-249,271	19,274,483	50.00
51.00	05100	RECOVERY ROOM	0	0	2,808,111	0	2,808,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,632,838	0	2,632,838	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	8,637,214	0	8,637,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,480,220	0	2,480,220	55.00
57.00	05700	CT SCAN	0	0	4,055,701	0	4,055,701	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,815,561	0	1,815,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,931,252	0	7,931,252	59.00
60.00	06000	LABORATORY	0	0	15,343,404	-79,180	15,264,224	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	453,039	0	453,039	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,267,522	0	6,267,522	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,904,813	-123,169	8,781,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,140,579	0	2,140,579	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	778,875	0	778,875	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,643,164	0	4,643,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,396,495	0	1,396,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	28,207,256	0	28,207,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	30,366,150	0	30,366,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	632,693	0	130,877,114	0	130,877,114	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,550,908	0	1,550,908	74.00
76.00	03330	ENDOSCOPY	0	0	510,821	0	510,821	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	19,917,213	0	19,917,213	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	5,300,221	0	5,300,221	76.03
76.04	03952	WOUND CARE CENTER	0	0	3,648,692	0	3,648,692	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	51,758,183	0	51,758,183	76.05
76.06	03953	IMAGING CENTERS	0	0	8,740,568	0	8,740,568	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	2,347,200	0	2,347,200	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	1,903,424	0	1,903,424	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	784,661	0	784,661	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	2,929,742	0	2,929,742	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	1,212,771	0	1,212,771	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	0	5,914,496	-99,708	5,814,788	90.07
90.08	09004	PALLIATIVE CARE	0	0	24	0	24	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	26,656,695	-58,652	26,598,043	91.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	632,693	0	526,375,520	-8,102,768	518,272,752	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	690,258	-316,720	373,538	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	823,075	0	823,075	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0	0	8,727,479	-3,164,273	5,563,206	194.05
194.07	07957	LIFECHECK	0	0	519,853	0	519,853	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	1,720,461	0	1,720,461	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	632,693	0	538,856,646	-11,583,761	527,272,885	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0074

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	181,157	28,101	209,258	209,258
5.00 00500	ADMINISTRATIVE & GENERAL	0	757,603	12,015,575	12,773,178	13,766
7.00 00700	OPERATION OF PLANT	0	2,330,945	139,751	2,470,696	3,057
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	101	101	0
9.00 00900	HOUSEKEEPING	0	262,005	8,454	270,459	3,180
10.00 01000	DIETARY	0	207,475	67,908	275,383	785
11.00 01100	CAFETERIA	0	545,608	232,468	778,076	1,856
13.00 01300	NURSING ADMINISTRATION	0	177,750	6,046	183,796	3,260
14.00 01400	CENTRAL SERVICES & SUPPLY	0	309,120	1,314,104	1,623,224	0
15.00 01500	PHARMACY	0	31,440	675,238	706,678	5,162
16.00 01600	MEDICAL RECORDS & LIBRARY	0	38,097	213	38,310	903
17.00 01700	SOCIAL SERVICE	0	63,659	1,168	64,827	2,702
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,119
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,990	34,821	40,811	6,715
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	224,464	41,334	265,798	130
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	9,997	5,507	15,504	232
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,250,833	272,666	4,523,499	43,340
31.00 03100	INTENSIVE CARE UNIT	0	656,760	138,321	795,081	6,363
32.00 03200	CORONARY CARE UNIT	0	380,572	14,885	395,457	3,741
43.00 04300	NURSERY	0	45,089	7,847	52,936	384
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,045,481	1,130,552	2,176,033	4,946
51.00 05100	RECOVERY ROOM	0	212,953	2,541	215,494	1,236
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	113,045	19,676	132,721	1,667
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	603,188	446,203	1,049,391	3,132
55.00 05500	RADIOLOGY-THERAPEUTIC	0	174,299	244,545	418,844	851
57.00 05700	CT SCAN	0	93,339	223,015	316,354	1,830
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	113,913	232,039	345,952	574
59.00 05900	CARDIAC CATHETERIZATION	0	441,425	608,287	1,049,712	3,387
60.00 06000	LABORATORY	0	98,683	110,254	208,937	0
64.00 06400	INTRAVENOUS THERAPY	0	9,263	2,993	12,256	310
65.00 06500	RESPIRATORY THERAPY	0	46,826	200,925	247,751	4,022
66.00 06600	PHYSICAL THERAPY	0	71,229	909,311	980,540	4,656
67.00 06700	OCCUPATIONAL THERAPY	0	20,329	21,474	41,803	1,339
68.00 06800	SPEECH PATHOLOGY	0	7,392	7,816	15,208	488
69.00 06900	ELECTROCARDIOLOGY	0	21,442	377,726	399,168	2,983
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	145,187	145,187	651
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	7,236	276	7,512	0
76.00 03330	ENDOSCOPY	0	0	60,949	60,949	444
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	118,211	1,737,156	1,855,367	30,082
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	1,245,453	1,245,453	9,656
76.04 03952	WOUND CARE CENTER	0	110,373	6,750	117,123	837
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	395,111	3,252,925	3,648,036	12,534
76.06 03953	IMAGING CENTERS	0	2,672	1,375,762	1,378,434	3,194
76.07 03954	BREAST DIAGNOSTIC CENTER	0	57,068	22,821	79,889	0
76.97 07697	CARDIAC REHABILITATION	0	161,429	117,254	278,683	803
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	22,645	1,368	24,013	172
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02 04951	HEALTHY HEARTS CENTER	0	93,406	135,961	229,367	2,096
90.03 09001	CLINIC	0	0	0	0	0
90.04 04953	SPINE CENTER	0	0	0	0	0
90.05 04954	INFUSION CENTERS	0	0	322,154	322,154	495
90.06 09002	MEDCHECK CLINICS	0	0	0	0	0
90.07 09003	KNEE CENTER	0	277,502	17,518	295,020	1,911
90.08 09004	PALLIATIVE CARE	0	0	0	0	0
90.10 09006	WORK SITE CLINICS	0	0	0	0	0
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
91.00 09100 EMERGENCY	0	813,335	45,759	859,094	10,404	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00		0	15,610,359	28,029,158	43,639,517	204,395
SUBTOTALS (SUM OF LINES 1 through 117)						
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	48,562	67,152	115,714	12	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 SMO-NON PROVIDER BASED	0	0	0	0	596	194.04
194.05 07955 FAMILY PRACTICE MEDICINE	0	0	1,061,521	1,061,521	2,833	194.05
194.07 07957 LIFE CHECK	0	0	21,681	21,681	360	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	97,970	97,970	1,062	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00				0		200.00
201.00				0		201.00
202.00		0	15,658,921	29,277,482	44,936,403	209,258
TOTAL (sum lines 118 through 201)						

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,786,944				5.00
7.00	00700	OPERATION OF PLANT	569,274	3,043,027			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	31,863	0	31,964		8.00
9.00	00900	HOUSEKEEPING	146,957	64,353	0	484,949	9.00
10.00	01000	DIETARY	51,484	50,960	0	8,297	386,909
11.00	01100	CAFETERIA	105,791	134,012	0	21,818	0
13.00	01300	NURSING ADMINISTRATION	232,473	43,659	74	7,108	0
14.00	01400	CENTRAL SERVICES & SUPPLY	171,731	75,926	0	12,361	0
15.00	01500	PHARMACY	238,734	7,722	0	1,257	0
16.00	01600	MEDICAL RECORDS & LIBRARY	160,069	9,357	0	1,523	0
17.00	01700	SOCIAL SERVICE	88,362	15,636	0	2,546	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	96,660	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	170,276	1,471	0	240	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	30,154	55,133	0	8,976	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	13,673	2,456	0	400	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,383,172	1,044,086	15,709	169,986	322,287
31.00	03100	INTENSIVE CARE UNIT	234,664	161,313	2,147	26,263	32,148
32.00	03200	CORONARY CARE UNIT	142,705	93,476	2,132	15,218	32,474
43.00	04300	NURSERY	14,898	11,075	144	1,803	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	345,485	256,790	968	41,807	0
51.00	05100	RECOVERY ROOM	51,719	52,305	0	8,516	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,223	27,766	360	4,520	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,934	148,154	712	24,121	0
55.00	05500	RADIOLOGY-THERAPEUTIC	45,608	42,811	406	6,970	0
57.00	05700	CT SCAN	81,499	22,926	962	3,732	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,349	27,979	320	4,555	0
59.00	05900	CARDIAC CATHETERIZATION	129,725	108,422	648	17,652	0
60.00	06000	LABORATORY	341,920	24,238	0	3,946	0
64.00	06400	INTRAVENOUS THERAPY	9,847	2,275	0	370	0
65.00	06500	RESPIRATORY THERAPY	139,718	11,501	0	1,872	0
66.00	06600	PHYSICAL THERAPY	200,230	17,495	0	2,848	0
67.00	06700	OCCUPATIONAL THERAPY	47,782	4,993	0	813	0
68.00	06800	SPEECH PATHOLOGY	17,392	1,816	0	296	0
69.00	06900	ELECTROCARDIOLOGY	100,920	5,267	0	857	0
70.00	07000	ELECTROENCEPHALOGRAPHY	31,755	0	40	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	635,278	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	715,141	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,686,979	0	0	0	0
74.00	07400	RENAL DIALYSIS	36,091	1,777	0	289	0
76.00	03330	ENDOSCOPY	11,244	0	72	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	459,148	29,035	0	4,727	0
76.03	03951	LUTHERWOOD PARTNERSHIP	125,480	0	0	0	0
76.04	03952	WOUND CARE CENTER	76,917	27,110	789	4,414	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,176,485	97,047	573	15,800	0
76.06	03953	IMAGING CENTERS	202,598	656	0	107	0
76.07	03954	BREAST DIAGNOSTIC CENTER	52,024	14,017	0	2,282	0
76.97	07697	CARDIAC REHABILITATION	34,202	39,650	0	6,455	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,857	5,562	0	906	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	61,117	22,942	21	3,735	0
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPINE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	28,562	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	118,512	68,160	0	11,097	0
90.08	09004	PALLIATIVE CARE	0	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	466,674	199,770	5,887	32,524	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	12,576,355	3,031,099	31,964	483,007	386,909		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	5,994	11,928	0	1,942	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	19,531	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	131,996	0	0	0	0		194.05
194.07	07957 LIFE CHECK	12,335	0	0	0	0		194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	40,733	0	0	0	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	12,786,944	3,043,027	31,964	484,949	386,909		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,041,553					11.00
13.00	01300	23,895	494,265				13.00
14.00	01400	0	0	1,883,242			14.00
15.00	01500	31,626	0	0	991,179		15.00
16.00	01600	7,028	0	32	0	217,222	16.00
17.00	01700	18,976	0	43	0	0	17.00
21.00	02100	37,951	0	0	0	0	21.00
22.00	02200	18,976	0	467	0	0	22.00
23.00	02300	1,406	0	36	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	5,622	0	55	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	310,639	295,623	28,002	0	17,049	30.00
31.00	03100	45,682	43,474	2,657	0	2,812	31.00
32.00	03200	31,626	30,097	3,226	0	1,881	32.00
43.00	04300	2,811	2,675	369	0	231	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	37,951	36,117	173,184	0	11,538	50.00
51.00	05100	8,434	0	2,387	0	1,304	51.00
52.00	05200	7,731	7,357	926	0	579	52.00
54.00	05400	17,570	0	4,748	0	5,156	54.00
55.00	05500	7,028	0	2,793	0	1,772	55.00
57.00	05700	21,084	0	67	0	7,261	57.00
58.00	05800	4,217	0	4	0	1,498	58.00
59.00	05900	24,598	0	157,196	0	16,788	59.00
60.00	06000	0	0	34,413	0	14,597	60.00
64.00	06400	2,108	0	0	0	103	64.00
65.00	06500	30,220	0	2,281	0	2,666	65.00
66.00	06600	15,462	0	1,677	0	2,299	66.00
67.00	06700	9,839	0	303	0	635	67.00
68.00	06800	3,514	0	110	0	235	68.00
69.00	06900	30,220	0	2,161	0	5,008	69.00
70.00	07000	5,622	0	1,029	0	656	70.00
71.00	07100	0	0	272,574	0	8,728	71.00
72.00	07200	0	0	0	0	7,223	72.00
73.00	07300	0	0	1,145,859	991,179	57,997	73.00
74.00	07400	0	0	0	0	378	74.00
76.00	03330	3,514	0	0	0	451	76.00
76.01	03550	36,546	0	4,603	0	1,586	76.01
76.03	03951	0	0	2,224	0	91	76.03
76.04	03952	8,434	0	3,580	0	1,171	76.04
76.05	03480	101,204	0	419	0	19,070	76.05
76.06	03953	0	0	9,910	0	4,853	76.06
76.07	03954	0	0	9	0	403	76.07
76.97	07697	8,434	0	402	0	364	76.97
76.98	07698	1,406	0	310	0	276	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	17,570	0	2,135	0	431	90.02
90.03	09001	0	0	0	0	0	90.03
90.04	04953	0	0	0	0	0	90.04
90.05	04954	0	0	0	0	288	90.05
90.06	09002	0	0	0	0	0	90.06
90.07	09003	19,678	0	951	0	503	90.07
90.08	09004	0	0	0	0	1	90.08
90.10	09006	0	0	0	0	0	90.10
90.12	04961	0	0	0	0	0	90.12
91.00	09100	82,931	78,922	20,969	0	19,340	91.00
92.00	09200						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074			Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,041,553	494,265	1,882,111	991,179	217,222		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	21	0	0		192.00
194.00	07950 HOME OFFICE	0	0	0	0	0		194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0		194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0		194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0		194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	177	0	0		194.05
194.07	07957 LIFE CHECK	0	0	11	0	0		194.07
194.08	07958 GROUP HOMES AND MIS. N_R CTRS	0	0	922	0	0		194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0		194.09
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118 through 201)	1,041,553	494,265	1,883,242	991,179	217,222		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description	INTERNS & RESIDENTS			EMS TRAINING-ALLIED D HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	193,092			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	138,730		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		238,956	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0		361,633	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0			23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0			23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	158,006			30.00
31.00	03100	INTENSIVE CARE UNIT	15,259			31.00
32.00	03200	CORONARY CARE UNIT	15,414			32.00
43.00	04300	NURSERY	4,413			43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00
57.00	05700	CT SCAN	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0			64.00
65.00	06500	RESPIRATORY THERAPY	0			65.00
66.00	06600	PHYSICAL THERAPY	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0			67.00
68.00	06800	SPEECH PATHOLOGY	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			73.00
74.00	07400	RENAL DIALYSIS	0			74.00
76.00	03330	ENDOSCOPY	0			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0			76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0			76.03
76.04	03952	WOUND CARE CENTER	0			76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0			76.05
76.06	03953	IMAGING CENTERS	0			76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0			76.07
76.97	07697	CARDIAC REHABILITATION	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0			76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90.00	09000	CLINIC	0			90.00
90.01	04950	DIABETIC CARE CENTER	0			90.01
90.02	04951	HEALTHY HEARTS CENTER	0			90.02
90.03	09001	CLINIC	0			90.03
90.04	04953	SPI NE CENTER	0			90.04
90.05	04954	INFUSION CENTERS	0			90.05
90.06	09002	MEDCHECK CLINICS	0			90.06
90.07	09003	KNEE CENTER	0			90.07
90.08	09004	PALLIATIVE CARE	0			90.08
90.10	09006	WORK SITE CLINICS	0			90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0			90.12
91.00	09100	EMERGENCY	0			91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		EMS TRAINING-ALLIED D HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0				98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	193,092	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
191.00	19100	RESEARCH	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0				192.00
194.00	07950	HOME OFFICE	0				194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0				194.01
194.03	07953	SCHOOL BASED CLINICS	0				194.03
194.04	07954	SMO-NON PROVIDER BASED	0				194.04
194.05	07955	FAMILY PRACTICE MEDICINE	0				194.05
194.07	07957	LIFECHECK	0				194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0				194.08
194.09	07959	SURGERY CENTER EAST	0				194.09
200.00		Cross Foot Adjustments		138,730	238,956	361,633	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	193,092	138,730	238,956	361,633	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am		
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.02	23.03	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH					23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH					23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	37,942				23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS			8,311,398	0	30.00
31.00	03100	INTENSIVE CARE UNIT			1,367,863	0	31.00
32.00	03200	CORONARY CARE UNIT			767,447	0	32.00
43.00	04300	NURSERY			91,739	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM			3,084,819	0	50.00
51.00	05100	RECOVERY ROOM			341,395	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			233,850	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,414,918	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			527,083	0	55.00
57.00	05700	CT SCAN			455,715	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			419,448	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			1,508,128	0	59.00
60.00	06000	LABORATORY			628,051	0	60.00
64.00	06400	INTRAVENOUS THERAPY			27,269	0	64.00
65.00	06500	RESPIRATORY THERAPY			440,031	0	65.00
66.00	06600	PHYSICAL THERAPY			1,225,207	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			107,507	0	67.00
68.00	06800	SPEECH PATHOLOGY			39,059	0	68.00
69.00	06900	ELECTROCARDIOLOGY			546,584	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			184,940	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			916,580	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			722,364	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			4,882,014	0	73.00
74.00	07400	RENAL DIALYSIS			46,047	0	74.00
76.00	03330	ENDOSCOPY			76,674	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			2,421,094	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP			1,382,904	0	76.03
76.04	03952	WOUND CARE CENTER			240,375	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER			5,071,168	0	76.05
76.06	03953	IMAGING CENTERS			1,599,752	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER			148,624	0	76.07
76.97	07697	CARDIAC REHABILITATION			368,993	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY			49,502	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC			0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00	09000	CLINIC			0	0	90.00
90.01	04950	DIABETIC CARE CENTER			0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER			339,414	0	90.02
90.03	09001	CLINIC			0	0	90.03
90.04	04953	SPI NE CENTER			0	0	90.04
90.05	04954	INFUSION CENTERS			351,499	0	90.05
90.06	09002	MEDCHECK CLINICS			0	0	90.06
90.07	09003	KNEE CENTER			515,832	0	90.07
90.08	09004	PALLIATIVE CARE			1	0	90.08
90.10	09006	WORK SITE CLINICS			0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE			0	0	90.12
91.00	09100	EMERGENCY			1,776,515	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description			PHARMACY RESIDENCY-ALLI ED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.02	23.03	24.00	25.00	26.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	42,631,803	0	42,631,803	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			135,611	0	135,611	192.00
194.00	07950	HOME OFFICE			0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS			0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS			0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED			20,127	0	20,127	194.04
194.05	07955	FAMILY PRACTICE MEDICINE			1,196,527	0	1,196,527	194.05
194.07	07957	LIFECHECK			34,387	0	34,387	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS			140,687	0	140,687	194.08
194.09	07959	SURGERY CENTER EAST			0	0	0	194.09
200.00		Cross Foot Adjustments	37,942	0	777,261	0	777,261	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	37,942	0	44,936,403	0	44,936,403	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	703,264				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		29,124,085			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,136	27,954	167,216,190		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,025	11,952,620	11,003,617	-115,979,972	5.00
7.00 00700	OPERATION OF PLANT	104,686	139,019	2,443,751	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	100	0	0	8.00
9.00 00900	HOUSEKEEPING	11,767	8,410	2,541,815	0	9.00
10.00 01000	DIETARY	9,318	67,552	627,237	0	10.00
11.00 01100	CAFETERIA	24,504	231,250	1,483,877	0	11.00
13.00 01300	NURSING ADMINISTRATION	7,983	6,014	2,605,549	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,883	1,307,219	0	0	14.00
15.00 01500	PHARMACY	1,412	671,700	4,126,603	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,711	212	721,776	0	16.00
17.00 01700	SOCIAL SERVICE	2,859	1,162	2,159,482	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,292,881	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	269	34,639	5,367,629	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	10,081	41,117	104,148	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	449	5,478	185,207	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	190,911	271,237	34,587,608	0	30.00
31.00 03100	INTENSIVE CARE UNIT	29,496	137,596	5,086,145	0	31.00
32.00 03200	CORONARY CARE UNIT	17,092	14,807	2,990,289	0	32.00
43.00 04300	NURSERY	2,025	7,806	307,211	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	46,954	1,124,629	3,953,572	0	50.00
51.00 05100	RECOVERY ROOM	9,564	2,528	987,710	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,077	19,573	1,332,542	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,090	443,865	2,503,289	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,828	243,264	680,550	0	55.00
57.00 05700	CT SCAN	4,192	221,847	1,463,170	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,116	230,823	458,738	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	19,825	605,100	2,707,550	0	59.00
60.00 06000	LABORATORY	4,432	109,676	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	416	2,977	248,093	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,103	199,872	3,214,788	0	65.00
66.00 06600	PHYSICAL THERAPY	3,199	904,547	3,722,102	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	913	21,361	1,070,600	0	67.00
68.00 06800	SPEECH PATHOLOGY	332	7,775	389,692	0	68.00
69.00 06900	ELECTROCARDIOLOGY	963	375,747	2,384,261	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	144,426	520,230	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	325	275	0	0	74.00
76.00 03330	ENDOSCOPY	0	60,630	354,650	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,309	1,728,054	24,046,722	0	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	1,238,928	7,718,633	0	76.03
76.04 03952	WOUND CARE CENTER	4,957	6,715	669,442	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	17,745	3,235,882	10,019,145	0	76.05
76.06 03953	IMAGING CENTERS	120	1,368,554	2,552,979	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	2,563	22,701	0	0	76.07
76.97 07697	CARDIAC REHABILITATION	7,250	116,640	642,154	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,017	1,361	137,728	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	4,195	135,249	1,675,831	0	90.02
90.03 09001	CLINIC	0	0	0	0	90.03
90.04 04953	SPINE CENTER	0	0	0	0	90.04
90.05 04954	INFUSION CENTERS	0	320,466	395,490	0	90.05
90.06 09002	MEDCHECK CLINICS	0	0	0	0	90.06
90.07 09003	KNEE CENTER	12,463	17,426	1,527,703	0	90.07
90.08 09004	PALLIATIVE CARE	0	0	0	0	90.08
90.10 09006	WORK SITE CLINICS	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00						
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12		
91.00 09100 EMERGENCY	36,528	45,519	8,316,244	0	0	15,433,368	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00		
OTHER REIMBURSABLE COST CENTERS									
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00		
SPECIAL PURPOSE COST CENTERS									
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			701,083	27,882,302	163,328,433	-115,979,972	415,912,292	118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00		
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,181	66,800	9,407	0	0	198,219	192.00		
194.00 07950 HOME OFFICE	0	0	0	0	0	0	194.00		
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	0	194.01		
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	0	194.03		
194.04 07954 SMO-NON PROVIDER BASED	0	0	476,482	0	0	645,922	194.04		
194.05 07955 FAMILY PRACTICE MEDICINE	0	1,055,959	2,264,946	0	0	4,365,228	194.05		
194.07 07957 LIFECHECK	0	21,567	287,665	0	0	407,928	194.07		
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	97,457	849,257	0	0	1,347,085	194.08		
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	0	194.09		
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)	15,658,921	29,277,482	7,180,179		115,979,972	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	22.266064	1.005267	0.042939		0.274264	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)			209,258		12,786,944	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001251		0.030238	205.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	556,417				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	241,231			8.00
9.00	00900	HOUSEKEEPING	11,767	0	544,650		9.00
10.00	01000	DIETARY	9,318	0	9,318	74,859	10.00
11.00	01100	CAFETERIA	24,504	0	24,504	0	1,482
13.00	01300	NURSING ADMINISTRATION	7,983	557	7,983	0	34
14.00	01400	CENTRAL SERVICES & SUPPLY	13,883	0	13,883	0	0
15.00	01500	PHARMACY	1,412	0	1,412	0	45
16.00	01600	MEDICAL RECORDS & LIBRARY	1,711	0	1,711	0	10
17.00	01700	SOCIAL SERVICE	2,859	0	2,859	0	27
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	54
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	269	0	269	0	27
23.00	02300	EMS TRAINING-ALLIED HEALTH	10,081	0	10,081	0	2
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	449	0	449	0	8
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	190,911	118,551	190,911	62,356	442
31.00	03100	INTENSIVE CARE UNIT	29,496	16,206	29,496	6,220	65
32.00	03200	CORONARY CARE UNIT	17,092	16,089	17,092	6,283	45
43.00	04300	NURSERY	2,025	1,083	2,025	0	4
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,954	7,307	46,954	0	54
51.00	05100	RECOVERY ROOM	9,564	0	9,564	0	12
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,077	2,716	5,077	0	11
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,090	5,372	27,090	0	25
55.00	05500	RADIOLOGY-THERAPEUTIC	7,828	3,065	7,828	0	10
57.00	05700	CT SCAN	4,192	7,261	4,192	0	30
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,116	2,416	5,116	0	6
59.00	05900	CARDIAC CATHETERIZATION	19,825	4,892	19,825	0	35
60.00	06000	LABORATORY	4,432	0	4,432	0	0
64.00	06400	INTRAVENOUS THERAPY	416	0	416	0	3
65.00	06500	RESPIRATORY THERAPY	2,103	0	2,103	0	43
66.00	06600	PHYSICAL THERAPY	3,199	0	3,199	0	22
67.00	06700	OCCUPATIONAL THERAPY	913	0	913	0	14
68.00	06800	SPEECH PATHOLOGY	332	0	332	0	5
69.00	06900	ELECTROCARDIOLOGY	963	0	963	0	43
70.00	07000	ELECTROENCEPHALOGRAPHY	0	304	0	0	8
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	325	0	325	0	0
76.00	03330	ENDOSCOPY	0	547	0	0	5
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,309	0	5,309	0	52
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0
76.04	03952	WOUND CARE CENTER	4,957	5,951	4,957	0	12
76.05	03480	ONCOLOGY-CANCER CARE CENTER	17,745	4,327	17,745	0	144
76.06	03953	IMAGING CENTERS	120	0	120	0	0
76.07	03954	BREAST DIAGNOSTIC CENTER	2,563	0	2,563	0	0
76.97	07697	CARDIAC REHABILITATION	7,250	0	7,250	0	12
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,017	0	1,017	0	2
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	4,195	158	4,195	0	25
90.03	09001	CLINIC	0	0	0	0	0
90.04	04953	SPIRE CENTER	0	0	0	0	0
90.05	04954	INFUSION CENTERS	0	0	0	0	0
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0
90.07	09003	KNEE CENTER	12,463	0	12,463	0	28
90.08	09004	PALLIATIVE CARE	0	0	0	0	0
90.10	09006	WORK SITE CLINICS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0
91.00	09100	EMERGENCY	36,528	44,429	36,528	0	118
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	554,236	241,231	542,469	74,859	1,482	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	2,181	0	2,181	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	0	0	0	0	194.05
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	23,989,875	1,342,748	6,700,269	2,685,964	5,816,103	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	43.114921	5.566233	12.301972	35.880308	3,924.495951	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,043,027	31,964	484,949	386,909	1,041,553	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.468968	0.132504	0.890386	5.168503	702.802294	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	739					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	145,153,534				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,476	0	2,211,118,225		16.00
17.00	01700	SOCIAL SERVICE	0	3,349	0	0	78,710	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	36,009	0	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	2,787	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	4,219	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	442	2,158,298	0	173,967,841	64,408	30.00
31.00	03100	INTENSIVE CARE UNIT	65	204,832	0	28,691,378	6,220	31.00
32.00	03200	CORONARY CARE UNIT	45	248,681	0	19,192,606	6,283	32.00
43.00	04300	NURSERY	4	28,458	0	2,356,690	1,799	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54	13,348,575	0	117,735,939	0	50.00
51.00	05100	RECOVERY ROOM	0	183,994	0	13,302,573	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11	71,358	0	5,909,292	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	365,961	0	52,616,663	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	215,303	0	18,084,196	0	55.00
57.00	05700	CT SCAN	0	5,150	0	74,091,086	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	289	0	15,282,377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,116,217	0	171,309,782	0	59.00
60.00	06000	LABORATORY	0	2,652,440	0	148,953,118	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,048,172	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	175,775	0	27,207,090	0	65.00
66.00	06600	PHYSICAL THERAPY	0	129,230	0	23,456,297	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,318	0	6,475,467	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,488	0	2,396,812	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	166,550	0	51,106,184	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,291	0	6,698,651	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,009,262	0	89,064,893	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,707,497	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,318,078	100	586,373,336	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,855,504	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	4,603,384	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	354,814	0	16,180,515	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	171,417	0	929,484	0	76.03
76.04	03952	WOUND CARE CENTER	0	275,949	0	11,951,630	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	32,331	0	194,591,141	0	76.05
76.06	03953	IMAGING CENTERS	0	763,858	0	49,522,507	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	666	0	4,111,407	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	30,953	0	3,712,853	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	23,879	0	2,818,044	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	164,591	0	4,397,050	0	90.02
90.03	09001	CLINIC	0	0	0	0	0	90.03
90.04	04953	SPINE CENTER	0	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	2,933,710	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003	KNEE CENTER	0	73,273	0	5,127,877	0	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	7,581	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	118	1,616,271	0	197,347,598	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13.00	14.00	15.00	16.00	17.00	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	739	145,066,390	100	2,211,118,225	78,710	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,623	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	13,652	0	0	0	194.05
194.07	07957 LIFE CHECK	0	824	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	71,045	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	10,375,622	8,006,308	10,315,392	6,879,677	3,988,279	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14,040.083897	0.055158	103,153.920000	0.003111	50.670550	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	494,265	1,883,242	991,179	217,222	193,092	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	668.829499	0.012974	9,911.790000	0.000098	2.453208	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	3,950					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		3,950				22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH			100			23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH				0		23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH					100	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH						23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,958	1,958	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	597	597	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	85	85	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	27	27	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	42	42	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	34	34	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		INTERNS & RESIDENTS						
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)		
		21.00	22.00	23.00	23.01	23.02		
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	20	20	100	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,763	2,763	100	0	100	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	108	108	0	0	0	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954	SMO-NON PROVIDER BASED	0	0	0	0	0	194.04
194.05	07955	FAMILY PRACTICE MEDICINE	1,079	1,079	0	0	0	194.05
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,285,282	7,298,479	1,837,369	0	632,693	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,084.881519	1,847.716203	18,373.690000	0.000000	6,326.930000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	138,730	238,956	361,633	0	37,942	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	35.121519	60.495190	3,616.330000	0.000000	379.420000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1
Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.03	
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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03330	ENDOSCOPY	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	76.03
76.04	03952	WOUND CARE CENTER	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	76.05
76.06	03953	IMAGING CENTERS	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	76.07
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	04950	DIABETIC CARE CENTER	90.01
90.02	04951	HEALTHY HEARTS CENTER	90.02
90.03	09001	CLINIC	90.03
90.04	04953	SPI NE CENTER	90.04
90.05	04954	INFUSION CENTERS	90.05
90.06	09002	MEDCHECK CLINICS	90.06
90.07	09003	KNEE CENTER	90.07
90.08	09004	PALLIATIVE CARE	90.08
90.10	09006	WORK SITE CLINICS	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	90.12
91.00	09100	EMERGENCY	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0074

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

Worksheet B-1

Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	23.03	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	194.01
194.03	07953 SCHOOL BASED CLINICS	0	194.03
194.04	07954 SMO-NON PROVIDER BASED	0	194.04
194.05	07955 FAMILY PRACTICE MEDICINE	0	194.05
194.07	07957 LIFE CHECK	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	194.08
194.09	07959 SURGERY CENTER EAST	0	194.09
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	83,629,564	83,629,564	0	83,629,564	30.00
31.00	03100 INTENSIVE CARE UNIT	13,420,398	13,420,398	0	13,420,398	31.00
32.00	03200 CORONARY CARE UNIT	8,476,115	8,476,115	0	8,476,115	32.00
43.00	04300 NURSERY	917,974	917,974	0	917,974	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19,274,483	19,274,483	0	19,274,483	50.00
51.00	05100 RECOVERY ROOM	2,808,111	2,808,111	0	2,808,111	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,632,838	2,632,838	0	2,632,838	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,637,214	8,637,214	0	8,637,214	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,480,220	2,480,220	0	2,480,220	55.00
57.00	05700 CT SCAN	4,055,701	4,055,701	0	4,055,701	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,815,561	1,815,561	0	1,815,561	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,931,252	7,931,252	0	7,931,252	59.00
60.00	06000 LABORATORY	15,264,224	15,264,224	0	15,264,224	60.00
64.00	06400 INTRAVENOUS THERAPY	453,039	453,039	0	453,039	64.00
65.00	06500 RESPIRATORY THERAPY	6,267,522	6,267,522	0	6,267,522	65.00
66.00	06600 PHYSICAL THERAPY	8,781,644	8,781,644	0	8,781,644	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,140,579	2,140,579	0	2,140,579	67.00
68.00	06800 SPEECH PATHOLOGY	778,875	778,875	0	778,875	68.00
69.00	06900 ELECTROCARDIOLOGY	4,643,164	4,643,164	0	4,643,164	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,396,495	1,396,495	0	1,396,495	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,207,256	28,207,256	0	28,207,256	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,366,150	30,366,150	0	30,366,150	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	130,877,114	130,877,114	0	130,877,114	73.00
74.00	07400 RENAL DIALYSIS	1,550,908	1,550,908	0	1,550,908	74.00
76.00	03330 ENDOSCOPY	510,821	510,821	0	510,821	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,917,213	19,917,213	0	19,917,213	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,300,221	5,300,221	0	5,300,221	76.03
76.04	03952 WOUND CARE CENTER	3,648,692	3,648,692	0	3,648,692	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,758,183	51,758,183	0	51,758,183	76.05
76.06	03953 IMAGING CENTERS	8,740,568	8,740,568	0	8,740,568	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,347,200	2,347,200	0	2,347,200	76.07
76.97	07697 CARDIAC REHABILITATION	1,903,424	1,903,424	0	1,903,424	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	784,661	784,661	0	784,661	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,929,742	2,929,742	0	2,929,742	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	1,212,771	1,212,771	0	1,212,771	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	5,814,788	5,814,788	0	5,814,788	90.07
90.08	09004 PALLIATIVE CARE	24	24	0	24	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	26,598,043	26,598,043	0	26,598,043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,710,491	6,710,491	0	6,710,491	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	524,983,243	524,983,243	0	524,983,243	200.00
201.00	Less Observation Beds	6,710,491	6,710,491	0	6,710,491	201.00
202.00	Total (see instructions)	518,272,752	518,272,752	0	518,272,752	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	165,683,885		165,683,885				30.00
31.00	03100	INTENSIVE CARE UNIT	28,691,378		28,691,378				31.00
32.00	03200	CORONARY CARE UNIT	19,192,606		19,192,606				32.00
43.00	04300	NURSERY	2,356,690		2,356,690				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	99,838,369	17,897,570	117,735,939	0.163709	0.000000		50.00
51.00	05100	RECOVERY ROOM	7,853,068	5,449,505	13,302,573	0.211095	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,909,292	0	5,909,292	0.445542	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,032,776	41,583,887	52,616,663	0.164154	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,084,179	13,000,017	18,084,196	0.137148	0.000000		55.00
57.00	05700	CT SCAN	18,893,407	55,197,679	74,091,086	0.054739	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,039,160	11,243,217	15,282,377	0.118801	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	69,964,912	101,344,870	171,309,782	0.046298	0.000000		59.00
60.00	06000	LABORATORY	70,991,684	77,961,434	148,953,118	0.102477	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	1,009,853	38,319	1,048,172	0.432218	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	25,057,438	2,149,652	27,207,090	0.230364	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	3,742,782	19,713,515	23,456,297	0.374383	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,790,298	3,685,169	6,475,467	0.330568	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	848,443	1,548,369	2,396,812	0.324963	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	13,005,588	38,100,596	51,106,184	0.090853	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,066,336	5,632,315	6,698,651	0.208474	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	51,016,413	38,048,480	89,064,893	0.316705	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,575,630	25,131,867	73,707,497	0.411982	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,945,419	519,427,917	586,373,336	0.223198	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,855,504	0	3,855,504	0.402258	0.000000		74.00
76.00	03330	ENDOSCOPY	1,903,527	2,699,857	4,603,384	0.110966	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	16,180,515	16,180,515	1.230938	0.000000		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	929,484	929,484	5.702326	0.000000		76.03
76.04	03952	WOUND CARE CENTER	78,151	11,873,479	11,951,630	0.305288	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,759,624	192,831,517	194,591,141	0.265984	0.000000		76.05
76.06	03953	IMAGING CENTERS	97,324	49,425,183	49,522,507	0.176497	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	13,674	4,097,733	4,111,407	0.570899	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	13,818	3,699,035	3,712,853	0.512658	0.000000		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	2,818,044	2,818,044	0.278442	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	24,485	4,372,565	4,397,050	0.666297	0.000000		90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000		90.04
90.05	04954	INFUSION CENTERS	0	2,933,710	2,933,710	0.413392	0.000000		90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000		90.06
90.07	09003	KNEE CENTER	0	5,127,877	5,127,877	1.133956	0.000000		90.07
90.08	09004	PALLIATIVE CARE	180	7,401	7,581	0.003166	0.000000		90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	36,241,725	161,105,873	197,347,598	0.134778	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,442,919	6,841,037	8,283,956	0.810059	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	769,020,537	1,442,097,688	2,211,118,225				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	769,020,537	1,442,097,688	2,211,118,225				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163709		50.00
51.00	05100	RECOVERY ROOM	0.211095		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.445542		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164154		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137148		55.00
57.00	05700	CT SCAN	0.054739		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118801		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046298		59.00
60.00	06000	LABORATORY	0.102477		60.00
64.00	06400	INTRAVENOUS THERAPY	0.432218		64.00
65.00	06500	RESPIRATORY THERAPY	0.230364		65.00
66.00	06600	PHYSICAL THERAPY	0.374383		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330568		67.00
68.00	06800	SPEECH PATHOLOGY	0.324963		68.00
69.00	06900	ELECTROCARDIOLOGY	0.090853		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208474		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.316705		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411982		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223198		73.00
74.00	07400	RENAL DIALYSIS	0.402258		74.00
76.00	03330	ENDOSCOPY	0.110966		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.230938		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.702326		76.03
76.04	03952	WOUND CARE CENTER	0.305288		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.265984		76.05
76.06	03953	IMAGING CENTERS	0.176497		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.570899		76.07
76.97	07697	CARDIAC REHABILITATION	0.512658		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.278442		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.666297		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPI NE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.413392		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.133956		90.07
90.08	09004	PALLIATIVE CARE	0.003166		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.134778		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.810059		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am	
			Title XIX	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	83,629,564	83,629,564	0	83,629,564	30.00
31.00	03100 INTENSIVE CARE UNIT	13,420,398	13,420,398	0	13,420,398	31.00
32.00	03200 CORONARY CARE UNIT	8,476,115	8,476,115	0	8,476,115	32.00
43.00	04300 NURSERY	917,974	917,974	0	917,974	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19,274,483	19,274,483	0	19,274,483	50.00
51.00	05100 RECOVERY ROOM	2,808,111	2,808,111	0	2,808,111	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,632,838	2,632,838	0	2,632,838	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,637,214	8,637,214	0	8,637,214	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,480,220	2,480,220	0	2,480,220	55.00
57.00	05700 CT SCAN	4,055,701	4,055,701	0	4,055,701	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,815,561	1,815,561	0	1,815,561	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,931,252	7,931,252	0	7,931,252	59.00
60.00	06000 LABORATORY	15,264,224	15,264,224	0	15,264,224	60.00
64.00	06400 INTRAVENOUS THERAPY	453,039	453,039	0	453,039	64.00
65.00	06500 RESPIRATORY THERAPY	6,267,522	6,267,522	0	6,267,522	65.00
66.00	06600 PHYSICAL THERAPY	8,781,644	8,781,644	0	8,781,644	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,140,579	2,140,579	0	2,140,579	67.00
68.00	06800 SPEECH PATHOLOGY	778,875	778,875	0	778,875	68.00
69.00	06900 ELECTROCARDIOLOGY	4,643,164	4,643,164	0	4,643,164	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,396,495	1,396,495	0	1,396,495	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,207,256	28,207,256	0	28,207,256	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,366,150	30,366,150	0	30,366,150	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	130,877,114	130,877,114	0	130,877,114	73.00
74.00	07400 RENAL DIALYSIS	1,550,908	1,550,908	0	1,550,908	74.00
76.00	03330 ENDOSCOPY	510,821	510,821	0	510,821	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,917,213	19,917,213	0	19,917,213	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,300,221	5,300,221	0	5,300,221	76.03
76.04	03952 WOUND CARE CENTER	3,648,692	3,648,692	0	3,648,692	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,758,183	51,758,183	0	51,758,183	76.05
76.06	03953 IMAGING CENTERS	8,740,568	8,740,568	0	8,740,568	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,347,200	2,347,200	0	2,347,200	76.07
76.97	07697 CARDIAC REHABILITATION	1,903,424	1,903,424	0	1,903,424	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	784,661	784,661	0	784,661	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,929,742	2,929,742	0	2,929,742	90.02
90.03	09001 CLINIC	0	0	0	0	90.03
90.04	04953 SPIRE CENTER	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	1,212,771	1,212,771	0	1,212,771	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	90.06
90.07	09003 KNEE CENTER	5,814,788	5,814,788	0	5,814,788	90.07
90.08	09004 PALLIATIVE CARE	24	24	0	24	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100 EMERGENCY	26,598,043	26,598,043	0	26,598,043	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,710,491	6,710,491	0	6,710,491	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	524,983,243	524,983,243	0	524,983,243	200.00
201.00	Less Observation Beds	6,710,491	6,710,491	0	6,710,491	201.00
202.00	Total (see instructions)	518,272,752	518,272,752	0	518,272,752	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am	
			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	165,683,885		165,683,885			30.00
31.00	03100	INTENSIVE CARE UNIT	28,691,378		28,691,378			31.00
32.00	03200	CORONARY CARE UNIT	19,192,606		19,192,606			32.00
43.00	04300	NURSERY	2,356,690		2,356,690			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	99,838,369	17,897,570	117,735,939	0.163709	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,853,068	5,449,505	13,302,573	0.211095	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,909,292	0	5,909,292	0.445542	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,032,776	41,583,887	52,616,663	0.164154	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,084,179	13,000,017	18,084,196	0.137148	0.000000	55.00
57.00	05700	CT SCAN	18,893,407	55,197,679	74,091,086	0.054739	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,039,160	11,243,217	15,282,377	0.118801	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	69,964,912	101,344,870	171,309,782	0.046298	0.000000	59.00
60.00	06000	LABORATORY	70,991,684	77,961,434	148,953,118	0.102477	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,009,853	38,319	1,048,172	0.432218	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	25,057,438	2,149,652	27,207,090	0.230364	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,742,782	19,713,515	23,456,297	0.374383	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,790,298	3,685,169	6,475,467	0.330568	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	848,443	1,548,369	2,396,812	0.324963	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,005,588	38,100,596	51,106,184	0.090853	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,066,336	5,632,315	6,698,651	0.208474	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	51,016,413	38,048,480	89,064,893	0.316705	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	48,575,630	25,131,867	73,707,497	0.411982	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,945,419	519,427,917	586,373,336	0.223198	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,855,504	0	3,855,504	0.402258	0.000000	74.00
76.00	03330	ENDOSCOPY	1,903,527	2,699,857	4,603,384	0.110966	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	16,180,515	16,180,515	1.230938	0.000000	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	929,484	929,484	5.702326	0.000000	76.03
76.04	03952	WOUND CARE CENTER	78,151	11,873,479	11,951,630	0.305288	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,759,624	192,831,517	194,591,141	0.265984	0.000000	76.05
76.06	03953	IMAGING CENTERS	97,324	49,425,183	49,522,507	0.176497	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	13,674	4,097,733	4,111,407	0.570899	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	13,818	3,699,035	3,712,853	0.512658	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,818,044	2,818,044	0.278442	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	24,485	4,372,565	4,397,050	0.666297	0.000000	90.02
90.03	09001	CLINIC	0	0	0	0.000000	0.000000	90.03
90.04	04953	SPINE CENTER	0	0	0	0.000000	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	2,933,710	2,933,710	0.413392	0.000000	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0.000000	0.000000	90.06
90.07	09003	KNEE CENTER	0	5,127,877	5,127,877	1.133956	0.000000	90.07
90.08	09004	PALLIATIVE CARE	180	7,401	7,581	0.003166	0.000000	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0.000000	0.000000	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0.000000	0.000000	90.12
91.00	09100	EMERGENCY	36,241,725	161,105,873	197,347,598	0.134778	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,442,919	6,841,037	8,283,956	0.810059	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
200.00		Subtotal (see instructions)	769,020,537	1,442,097,688	2,211,118,225			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	769,020,537	1,442,097,688	2,211,118,225			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163709		50.00
51.00	05100	RECOVERY ROOM	0.211095		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.445542		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164154		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137148		55.00
57.00	05700	CT SCAN	0.054739		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118801		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046298		59.00
60.00	06000	LABORATORY	0.102477		60.00
64.00	06400	INTRAVENOUS THERAPY	0.432218		64.00
65.00	06500	RESPIRATORY THERAPY	0.230364		65.00
66.00	06600	PHYSICAL THERAPY	0.374383		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330568		67.00
68.00	06800	SPEECH PATHOLOGY	0.324963		68.00
69.00	06900	ELECTROCARDIOLOGY	0.090853		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208474		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.316705		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411982		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223198		73.00
74.00	07400	RENAL DIALYSIS	0.402258		74.00
76.00	03330	ENDOSCOPY	0.110966		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.230938		76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.702326		76.03
76.04	03952	WOUND CARE CENTER	0.305288		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.265984		76.05
76.06	03953	IMAGING CENTERS	0.176497		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.570899		76.07
76.97	07697	CARDIAC REHABILITATION	0.512658		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.278442		76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	0.666297		90.02
90.03	09001	CLINIC	0.000000		90.03
90.04	04953	SPI NE CENTER	0.000000		90.04
90.05	04954	INFUSION CENTERS	0.413392		90.05
90.06	09002	MEDCHECK CLINICS	0.000000		90.06
90.07	09003	KNEE CENTER	1.133956		90.07
90.08	09004	PALLIATIVE CARE	0.003166		90.08
90.10	09006	WORK SITE CLINICS	0.000000		90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000		90.12
91.00	09100	EMERGENCY	0.134778		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.810059		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part II Date/Time Prepared: 5/30/2018 11:17 am
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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	19,274,483	3,084,819	16,189,664	0	0	50.00
51.00	05100 RECOVERY ROOM	2,808,111	341,395	2,466,716	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,632,838	233,850	2,398,988	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,637,214	1,414,918	7,222,296	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,480,220	527,083	1,953,137	0	0	55.00
57.00	05700 CT SCAN	4,055,701	455,715	3,599,986	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,815,561	419,448	1,396,113	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,931,252	1,508,128	6,423,124	0	0	59.00
60.00	06000 LABORATORY	15,264,224	628,051	14,636,173	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	453,039	27,269	425,770	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,267,522	440,031	5,827,491	0	0	65.00
66.00	06600 PHYSICAL THERAPY	8,781,644	1,225,207	7,556,437	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,140,579	107,507	2,033,072	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	778,875	39,059	739,816	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	4,643,164	546,584	4,096,580	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,396,495	184,940	1,211,555	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,207,256	916,580	27,290,676	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,366,150	722,364	29,643,786	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	130,877,114	4,882,014	125,995,100	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,550,908	46,047	1,504,861	0	0	74.00
76.00	03330 ENDOSCOPY	510,821	76,674	434,147	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,917,213	2,421,094	17,496,119	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,300,221	1,382,904	3,917,317	0	0	76.03
76.04	03952 WOUND CARE CENTER	3,648,692	240,375	3,408,317	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,758,183	5,071,168	46,687,015	0	0	76.05
76.06	03953 IMAGING CENTERS	8,740,568	1,599,752	7,140,816	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,347,200	148,624	2,198,576	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	1,903,424	368,993	1,534,431	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	784,661	49,502	735,159	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,929,742	339,414	2,590,328	0	0	90.02
90.03	09001 CLINIC	0	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	1,212,771	351,499	861,272	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07	09003 KNEE CENTER	5,814,788	515,832	5,298,956	0	0	90.07
90.08	09004 PALLIATIVE CARE	24	1	23	0	0	90.08
90.10	09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	26,598,043	1,776,515	24,821,528	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,710,491	666,909	6,043,582	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Subtotal (sum of lines 50 thru 199)	418,539,192	32,760,265	385,778,927	0	0	200.00
201.00	Less Observation Beds	6,710,491	666,909	6,043,582	0	0	201.00
202.00	Total (line 200 minus line 201)	411,828,701	32,093,356	379,735,345	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part II Date/Time Prepared: 5/30/2018 11:17 am	
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	19,274,483	117,735,939	0.163709			50.00
51.00	05100 RECOVERY ROOM	2,808,111	13,302,573	0.211095			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,632,838	5,909,292	0.445542			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,637,214	52,616,663	0.164154			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,480,220	18,084,196	0.137148			55.00
57.00	05700 CT SCAN	4,055,701	74,091,086	0.054739			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,815,561	15,282,377	0.118801			58.00
59.00	05900 CARDIAC CATHETERIZATION	7,931,252	171,309,782	0.046298			59.00
60.00	06000 LABORATORY	15,264,224	148,953,118	0.102477			60.00
64.00	06400 INTRAVENOUS THERAPY	453,039	1,048,172	0.432218			64.00
65.00	06500 RESPIRATORY THERAPY	6,267,522	27,207,090	0.230364			65.00
66.00	06600 PHYSICAL THERAPY	8,781,644	23,456,297	0.374383			66.00
67.00	06700 OCCUPATIONAL THERAPY	2,140,579	6,475,467	0.330568			67.00
68.00	06800 SPEECH PATHOLOGY	778,875	2,396,812	0.324963			68.00
69.00	06900 ELECTROCARDIOLOGY	4,643,164	51,106,184	0.090853			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,396,495	6,698,651	0.208474			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	28,207,256	89,064,893	0.316705			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,366,150	73,707,497	0.411982			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	130,877,114	586,373,336	0.223198			73.00
74.00	07400 RENAL DIALYSIS	1,550,908	3,855,504	0.402258			74.00
76.00	03330 ENDOSCOPY	510,821	4,603,384	0.110966			76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,917,213	16,180,515	1.230938			76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5,300,221	929,484	5.702326			76.03
76.04	03952 WOUND CARE CENTER	3,648,692	11,951,630	0.305288			76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	51,758,183	194,591,141	0.265984			76.05
76.06	03953 IMAGING CENTERS	8,740,568	49,522,507	0.176497			76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,347,200	4,111,407	0.570899			76.07
76.97	07697 CARDIAC REHABILITATION	1,903,424	3,712,853	0.512658			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	784,661	2,818,044	0.278442			76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000			89.00
90.00	09000 CLINIC	0	0	0.000000			90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000			90.01
90.02	04951 HEALTHY HEARTS CENTER	2,929,742	4,397,050	0.666297			90.02
90.03	09001 CLINIC	0	0	0.000000			90.03
90.04	04953 SPINE CENTER	0	0	0.000000			90.04
90.05	04954 INFUSION CENTERS	1,212,771	2,933,710	0.413392			90.05
90.06	09002 MEDCHECK CLINICS	0	0	0.000000			90.06
90.07	09003 KNEE CENTER	5,814,788	5,127,877	1.133956			90.07
90.08	09004 PALLIATIVE CARE	24	7,581	0.003166			90.08
90.10	09006 WORK SITE CLINICS	0	0	0.000000			90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000			90.12
91.00	09100 EMERGENCY	26,598,043	197,347,598	0.134778			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,710,491	8,283,956	0.810059			92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000			98.00
200.00	Subtotal (sum of lines 50 thru 199)	418,539,192	1,995,193,666				200.00
201.00	Less Observation Beds	6,710,491	0				201.00
202.00	Total (line 200 minus line 201)	411,828,701	1,995,193,666				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/30/2018 11:17 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,311,398	0	8,311,398	70,027	118.69	30.00
31.00	INTENSIVE CARE UNIT	1,367,863		1,367,863	6,220	219.91	31.00
32.00	CORONARY CARE UNIT	767,447		767,447	6,283	122.15	32.00
43.00	NURSERY	91,739		91,739	1,799	50.99	43.00
200.00	Total (lines 30 through 199)	10,538,447		10,538,447	84,329		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,601	2,089,063				
31.00	INTENSIVE CARE UNIT	2,497	549,115				
32.00	CORONARY CARE UNIT	2,651	323,820				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	22,749	2,961,998				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 11:17 am	
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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,084,819	117,735,939	0.026201	38,931,324	1,020,040	50.00
51.00	05100	RECOVERY ROOM	341,395	13,302,573	0.025664	2,540,740	65,206	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,850	5,909,292	0.039573	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,414,918	52,616,663	0.026891	4,587,690	123,368	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	527,083	18,084,196	0.029146	2,550,830	74,346	55.00
57.00	05700	CT SCAN	455,715	74,091,086	0.006151	7,764,082	47,757	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	419,448	15,282,377	0.027447	1,686,238	46,282	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,508,128	171,309,782	0.008804	26,630,662	234,456	59.00
60.00	06000	LABORATORY	628,051	148,953,118	0.004216	28,014,677	118,110	60.00
64.00	06400	INTRAVENOUS THERAPY	27,269	1,048,172	0.026016	397,915	10,352	64.00
65.00	06500	RESPIRATORY THERAPY	440,031	27,207,090	0.016173	9,257,389	149,720	65.00
66.00	06600	PHYSICAL THERAPY	1,225,207	23,456,297	0.052234	1,592,312	83,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	107,507	6,475,467	0.016602	1,251,807	20,782	67.00
68.00	06800	SPEECH PATHOLOGY	39,059	2,396,812	0.016296	364,951	5,947	68.00
69.00	06900	ELECTROCARDIOLOGY	546,584	51,106,184	0.010695	6,011,465	64,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,940	6,698,651	0.027609	507,650	14,016	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	916,580	89,064,893	0.010291	19,502,356	200,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	722,364	73,707,497	0.009800	22,222,432	217,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,882,014	586,373,336	0.008326	23,229,142	193,406	73.00
74.00	07400	RENAL DIALYSIS	46,047	3,855,504	0.011943	1,964,591	23,463	74.00
76.00	03330	ENDOSCOPY	76,674	4,603,384	0.016656	122,558	2,041	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,421,094	16,180,515	0.149630	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,382,904	929,484	1.487819	0	0	76.03
76.04	03952	WOUND CARE CENTER	240,375	11,951,630	0.020112	6,984	140	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	5,071,168	194,591,141	0.026061	322,829	8,413	76.05
76.06	03953	IMAGING CENTERS	1,599,752	49,522,507	0.032304	17,127	553	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	148,624	4,111,407	0.036149	996	36	76.07
76.97	07697	CARDIAC REHABILITATION	368,993	3,712,853	0.099383	1,405	140	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	49,502	2,818,044	0.017566	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	339,414	4,397,050	0.077191	0	0	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	351,499	2,933,710	0.119814	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	515,832	5,127,877	0.100594	0	0	90.07
90.08	09004	PALLIATIVE CARE	1	7,581	0.000132	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	1,776,515	197,347,598	0.009002	15,660,460	140,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	666,909	8,283,956	0.080506	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	32,760,265	1,995,193,666		215,140,612	2,865,494	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	70,027	0.00	17,601	30.00
31.00	03100	INTENSIVE CARE UNIT		0	6,220	0.00	2,497	31.00
32.00	03200	CORONARY CARE UNIT		0	6,283	0.00	2,651	32.00
43.00	04300	NURSERY		0	1,799	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	84,329		22,749	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
			9.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	632,693	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	1,837,369	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	2,470,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	117,735,939	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,302,573	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,909,292	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	52,616,663	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,084,196	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	74,091,086	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,282,377	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	171,309,782	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	148,953,118	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,048,172	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	27,207,090	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	23,456,297	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,475,467	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,396,812	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	51,106,184	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,698,651	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	89,064,893	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,707,497	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	632,693	632,693	586,373,336	0.001079	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,855,504	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	4,603,384	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	16,180,515	0.000000	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	929,484	0.000000	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	11,951,630	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	194,591,141	0.000000	76.05
76.06	03953	IMAGING CENTERS	0	0	0	49,522,507	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	4,111,407	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,712,853	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	2,818,044	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	4,397,050	0.000000	90.02
90.03	09001	CLINIC	0	0	0	0	0.000000	90.03
90.04	04953	SPI NE CENTER	0	0	0	0	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	0	0	2,933,710	0.000000	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07	09003	KNEE CENTER	0	0	0	5,127,877	0.000000	90.07
90.08	09004	PALLIATIVE CARE	0	0	0	7,581	0.000000	90.08
90.10	09006	WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00	09100	EMERGENCY	0	1,837,369	1,837,369	197,347,598	0.009310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,283,956	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	2,470,062	2,470,062	1,995,193,666		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	38,931,324	0	4,114,327	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,540,740	0	1,269,720	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,587,690	0	11,314,525	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,550,830	0	7,148,528	0	55.00
57.00	05700 CT SCAN	0.000000	7,764,082	0	12,645,721	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,686,238	0	2,761,997	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	26,630,662	0	40,159,076	0	59.00
60.00	06000 LABORATORY	0.000000	28,014,677	0	19,798,744	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	397,915	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	9,257,389	0	341,593	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,592,312	0	30,230	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,251,807	0	21,211	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	364,951	0	3,297	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,011,465	0	11,700,994	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	507,650	0	1,071,246	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	19,502,356	0	11,365,974	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	22,222,432	0	10,247,227	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001079	23,229,142	25,064	197,336,805	212,926	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,964,591	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	122,558	0	632,152	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	769,860	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	6,984	0	4,978,165	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	322,829	0	65,366,171	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	17,127	0	12,924,970	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	996	0	82,489	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	1,405	0	1,538,359	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	0	0	2,254,754	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	1,026,382	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	0	0	90.07
90.08	09004 PALLIATIVE CARE	0.000000	0	0	0	0	90.08
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.009310	15,660,460	145,799	23,301,106	216,933	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	5,965,340	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		215,140,612	170,863	450,170,963	429,859	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:17 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.163709	4,114,327	0	0	673,552
51.00 05100 RECOVERY ROOM	0.211095	1,269,720	0	0	268,032
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.445542	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.164154	11,314,525	0	0	1,857,325
55.00 05500 RADIOLOGY-THERAPEUTIC	0.137148	7,148,528	0	0	980,406
57.00 05700 CT SCAN	0.054739	12,645,721	0	0	692,214
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118801	2,761,997	0	0	328,128
59.00 05900 CARDIAC CATHETERIZATION	0.046298	40,159,076	0	0	1,859,285
60.00 06000 LABORATORY	0.102477	19,798,744	0	0	2,028,916
64.00 06400 INTRAVENOUS THERAPY	0.432218	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.230364	341,593	0	0	78,691
66.00 06600 PHYSICAL THERAPY	0.374383	30,230	0	0	11,318
67.00 06700 OCCUPATIONAL THERAPY	0.330568	21,211	0	0	7,012
68.00 06800 SPEECH PATHOLOGY	0.324963	3,297	0	0	1,071
69.00 06900 ELECTROCARDIOLOGY	0.090853	11,700,994	0	0	1,063,070
70.00 07000 ELECTROENCEPHALOGRAPHY	0.208474	1,071,246	0	0	223,327
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.316705	11,365,974	0	0	3,599,661
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.411982	10,247,227	0	0	4,221,673
73.00 07300 DRUGS CHARGED TO PATIENTS	0.223198	197,336,805	1,353	349,492	44,045,180
74.00 07400 RENAL DIALYSIS	0.402258	0	0	0	0
76.00 03330 ENDOSCOPY	0.110966	632,152	0	0	70,147
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.230938	769,860	0	0	947,650
76.03 03951 LUTHERWOOD PARTNERSHIP	5.702326	0	0	0	0
76.04 03952 WOUND CARE CENTER	0.305288	4,978,165	0	0	1,519,774
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.265984	65,366,171	22,020	192	17,386,356
76.06 03953 IMAGING CENTERS	0.176497	12,924,970	0	0	2,281,218
76.07 03954 BREAST DIAGNOSTIC CENTER	0.570899	82,489	0	0	47,093
76.97 07697 CARDIAC REHABILITATION	0.512658	1,538,359	0	0	788,652
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.278442	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02 04951 HEALTHY HEARTS CENTER	0.666297	2,254,754	0	0	1,502,336
90.03 09001 CLINIC	0.000000	0	0	0	0
90.04 04953 SPINE CENTER	0.000000	0	0	0	0
90.05 04954 INFUSION CENTERS	0.413392	1,026,382	0	0	424,298
90.06 09002 MEDCHECK CLINICS	0.000000	0	0	0	0
90.07 09003 KNEE CENTER	1.133956	0	0	0	0
90.08 09004 PALLIATIVE CARE	0.003166	0	0	0	0
90.10 09006 WORK SITE CLINICS	0.000000	0	0	0	0
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.134778	23,301,106	0	171	3,140,476
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.810059	5,965,340	1,657	54	4,832,277
OTHER REIMBURSABLE COST CENTERS					
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	450,170,963	25,030	349,909	94,879,138
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	450,170,963	25,030	349,909	94,879,138

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:17 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	302	78,006		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0		76.03
76.04 03952 WOUND CARE CENTER	0	0		76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	5,857	51		76.05
76.06 03953 IMAGING CENTERS	0	0		76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0		76.07
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETIC CARE CENTER	0	0		90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0		90.02
90.03 09001 CLINIC	0	0		90.03
90.04 04953 SPINE CENTER	0	0		90.04
90.05 04954 INFUSION CENTERS	0	0		90.05
90.06 09002 MEDCHECK CLINICS	0	0		90.06
90.07 09003 KNEE CENTER	0	0		90.07
90.08 09004 PALLIATIVE CARE	0	0		90.08
90.10 09006 WORK SITE CLINICS	0	0		90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0		90.12
91.00 09100 EMERGENCY	0	23		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,342	44		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	7,501	78,124		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	7,501	78,124		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/30/2018 11:17 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	8,311,398	0	8,311,398	70,027	118.69	30.00
31.00	INTENSIVE CARE UNIT	1,367,863		1,367,863	6,220	219.91	31.00
32.00	CORONARY CARE UNIT	767,447		767,447	6,283	122.15	32.00
43.00	NURSERY	91,739		91,739	1,799	50.99	43.00
200.00	Total (lines 30 through 199)	10,538,447		10,538,447	84,329		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,348	397,374				
31.00	INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	0	0				
43.00	NURSERY	1,750	89,233				
200.00	Total (lines 30 through 199)	5,098	486,607				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/30/2018 11:17 am	
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)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,084,819	117,735,939	0.026201	681,284	17,850	50.00
51.00	05100	RECOVERY ROOM	341,395	13,302,573	0.025664	110,792	2,843	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,850	5,909,292	0.039573	331,490	13,118	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,414,918	52,616,663	0.026891	290,150	7,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	527,083	18,084,196	0.029146	170,328	4,964	55.00
57.00	05700	CT SCAN	455,715	74,091,086	0.006151	530,674	3,264	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	419,448	15,282,377	0.027447	101,440	2,784	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,508,128	171,309,782	0.008804	353,852	3,115	59.00
60.00	06000	LABORATORY	628,051	148,953,118	0.004216	2,103,794	8,870	60.00
64.00	06400	INTRAVENOUS THERAPY	27,269	1,048,172	0.026016	35,449	922	64.00
65.00	06500	RESPIRATORY THERAPY	440,031	27,207,090	0.016173	790,395	12,783	65.00
66.00	06600	PHYSICAL THERAPY	1,225,207	23,456,297	0.052234	116,197	6,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	107,507	6,475,467	0.016602	72,117	1,197	67.00
68.00	06800	SPEECH PATHOLOGY	39,059	2,396,812	0.016296	33,088	539	68.00
69.00	06900	ELECTROCARDIOLOGY	546,584	51,106,184	0.010695	238,090	2,546	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	184,940	6,698,651	0.027609	40,677	1,123	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	916,580	89,064,893	0.010291	701,426	7,218	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	722,364	73,707,497	0.009800	174,620	1,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,882,014	586,373,336	0.008326	2,126,143	17,702	73.00
74.00	07400	RENAL DIALYSIS	46,047	3,855,504	0.011943	151,134	1,805	74.00
76.00	03330	ENDOSCOPY	76,674	4,603,384	0.016656	41,188	686	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,421,094	16,180,515	0.149630	0	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	1,382,904	929,484	1.487819	0	0	76.03
76.04	03952	WOUND CARE CENTER	240,375	11,951,630	0.020112	1,741	35	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	5,071,168	194,591,141	0.026061	30,027	783	76.05
76.06	03953	IMAGING CENTERS	1,599,752	49,522,507	0.032304	7,481	242	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	148,624	4,111,407	0.036149	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	368,993	3,712,853	0.099383	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	49,502	2,818,044	0.017566	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	339,414	4,397,050	0.077191	82	6	90.02
90.03	09001	CLINIC	0	0	0.000000	0	0	90.03
90.04	04953	SPI NE CENTER	0	0	0.000000	0	0	90.04
90.05	04954	INFUSION CENTERS	351,499	2,933,710	0.119814	0	0	90.05
90.06	09002	MEDCHECK CLINICS	0	0	0.000000	0	0	90.06
90.07	09003	KNEE CENTER	515,832	5,127,877	0.100594	0	0	90.07
90.08	09004	PALLIATIVE CARE	1	7,581	0.000132	0	0	90.08
90.10	09006	WORK SITE CLINICS	0	0	0.000000	0	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	1,776,515	197,347,598	0.009002	1,068,321	9,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	666,909	8,283,956	0.080506	41,097	3,309	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	32,760,265	1,995,193,666		10,343,077	132,903	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	70,027	0.00	3,348 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,220	0.00	0 31.00
32.00	03200	CORONARY CARE UNIT	0	0	6,283	0.00	0 32.00
43.00	04300	NURSERY	0	0	1,799	0.00	1,750 43.00
200.00		Total (lines 30 through 199)	0	0	84,329		5,098 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description	Title XIX			Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	632,693	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.03 09001 CLINIC	0	0	0	0	0	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0	90.06
90.07 09003 KNEE CENTER	0	0	0	0	0	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	0	0	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	1,837,369	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	2,470,062	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description	Title XIX		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	117,735,939	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,302,573	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,909,292	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	52,616,663	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	18,084,196	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	74,091,086	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	15,282,377	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	171,309,782	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	148,953,118	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	1,048,172	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	27,207,090	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	23,456,297	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,475,467	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,396,812	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	51,106,184	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,698,651	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	89,064,893	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	73,707,497	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	632,693	632,693	586,373,336	0.001079	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,855,504	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	4,603,384	0.000000	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	16,180,515	0.000000	76.01
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	929,484	0.000000	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	11,951,630	0.000000	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	194,591,141	0.000000	76.05
76.06 03953 IMAGING CENTERS	0	0	0	49,522,507	0.000000	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	4,111,407	0.000000	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,712,853	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	2,818,044	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	4,397,050	0.000000	90.02
90.03 09001 CLINIC	0	0	0	0	0.000000	90.03
90.04 04953 SPINE CENTER	0	0	0	0	0.000000	90.04
90.05 04954 INFUSION CENTERS	0	0	0	2,933,710	0.000000	90.05
90.06 09002 MEDCHECK CLINICS	0	0	0	0	0.000000	90.06
90.07 09003 KNEE CENTER	0	0	0	5,127,877	0.000000	90.07
90.08 09004 PALLIATIVE CARE	0	0	0	7,581	0.000000	90.08
90.10 09006 WORK SITE CLINICS	0	0	0	0	0.000000	90.10
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	1,837,369	1,837,369	197,347,598	0.009310	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,283,956	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	2,470,062	2,470,062	1,995,193,666		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 11:17 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	681,284	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	110,792	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	331,490	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	290,150	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	170,328	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	530,674	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	101,440	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	353,852	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,103,794	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	35,449	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	790,395	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	116,197	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	72,117	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	33,088	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	238,090	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	40,677	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	701,426	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	174,620	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001079	2,126,143	2,294	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	151,134	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	41,188	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	0.000000	0	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.000000	1,741	0	0	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.000000	30,027	0	0	0	76.05
76.06	03953 IMAGING CENTERS	0.000000	7,481	0	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.000000	0	0	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.000000	82	0	0	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.000000	0	0	0	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003 KNEE CENTER	0.000000	0	0	0	0	90.07
90.08	09004 PALLIATIVE CARE	0.000000	0	0	0	0	90.08
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.009310	1,068,321	9,946	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	41,097	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		10,343,077	12,240	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:17 am			
		Title XIX	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	0.163709	0	0	310,419	0	50.00
51.00	05100 RECOVERY ROOM	0.211095	0	0	114,861	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.445542	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.164154	0	0	846,440	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.137148	0	0	422,744	0	55.00
57.00	05700 CT SCAN	0.054739	0	0	1,368,017	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.118801	0	0	164,834	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.046298	0	0	383,377	0	59.00
60.00	06000 LABORATORY	0.102477	0	0	1,859,148	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.432218	0	0	1,471	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.230364	0	0	83,314	0	65.00
66.00	06600 PHYSICAL THERAPY	0.374383	0	0	246,034	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.330568	0	0	138,813	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.324963	0	0	76,251	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090853	0	0	243,007	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.208474	0	0	68,795	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.316705	0	0	324,963	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.411982	0	0	252,530	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.223198	0	0	10,220,666	0	73.00
74.00	07400 RENAL DIALYSIS	0.402258	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.110966	0	0	48,211	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.230938	0	0	397,898	0	76.01
76.03	03951 LUTHERWOOD PARTNERSHIP	5.702326	0	0	343,566	0	76.03
76.04	03952 WOUND CARE CENTER	0.305288	0	0	786,841	0	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.265984	0	0	3,546,926	0	76.05
76.06	03953 IMAGING CENTERS	0.176497	0	0	400,088	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.570899	0	0	29,040	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.512658	0	0	2,687	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.278442	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.666297	0	0	24,019	0	90.02
90.03	09001 CLINIC	0.000000	0	0	0	0	90.03
90.04	04953 SPINE CENTER	0.000000	0	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.413392	0	0	25,647	0	90.05
90.06	09002 MEDCHECK CLINICS	0.000000	0	0	0	0	90.06
90.07	09003 KNEE CENTER	1.133956	0	0	0	0	90.07
90.08	09004 PALLIATIVE CARE	0.003166	0	0	171	0	90.08
90.10	09006 WORK SITE CLINICS	0.000000	0	0	0	0	90.10
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.134778	0	0	5,624,712	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.810059	0	0	325,089	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	28,680,579	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 - line 201)		0	0	28,680,579	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 11:17 am
		Title XIX	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	50,818	50.00
51.00 05100	RECOVERY ROOM	0	24,247	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	138,947	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	57,978	55.00
57.00 05700	CT SCAN	0	74,884	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,582	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	17,750	59.00
60.00 06000	LABORATORY	0	190,520	60.00
64.00 06400	INTRAVENOUS THERAPY	0	636	64.00
65.00 06500	RESPIRATORY THERAPY	0	19,193	65.00
66.00 06600	PHYSICAL THERAPY	0	92,111	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	45,887	67.00
68.00 06800	SPEECH PATHOLOGY	0	24,779	68.00
69.00 06900	ELECTROCARDIOLOGY	0	22,078	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,342	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	102,917	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	104,038	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	2,281,232	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03330	ENDOSCOPY	0	5,350	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	489,788	76.01
76.03 03951	LUTHERWOOD PARTNERSHIP	0	1,959,125	76.03
76.04 03952	WOUND CARE CENTER	0	240,213	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	943,426	76.05
76.06 03953	IMAGING CENTERS	0	70,614	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	16,579	76.07
76.97 07697	CARDIAC REHABILITATION	0	1,378	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	0	16,004	90.02
90.03 09001	CLINIC	0	0	90.03
90.04 04953	SPINE CENTER	0	0	90.04
90.05 04954	INFUSION CENTERS	0	10,602	90.05
90.06 09002	MEDCHECK CLINICS	0	0	90.06
90.07 09003	KNEE CENTER	0	0	90.07
90.08 09004	PALLIATIVE CARE	0	1	90.08
90.10 09006	WORK SITE CLINICS	0	0	90.10
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00 09100	EMERGENCY	0	758,087	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	263,341	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	8,056,447	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	8,056,447	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		70,027	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,027	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		64,408	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)		17,601	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)		83,629,564	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)		83,629,564	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)		83,629,564	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,194.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,019,994	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)		21,019,994	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 11:17 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	13,420,398	6,220	2,157.62	2,497	5,387,577	43.00
44.00	CORONARY CARE UNIT	8,476,115	6,283	1,349.06	2,651	3,576,358	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)					40,350,193	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					70,334,122	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)					2,961,998	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,036,357	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,998,355	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					64,335,767	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)					5,619	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,194.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,710,491	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,311,398	83,629,564	0.099383	6,710,491	666,909	90.00
91.00	Nursing School cost	0	83,629,564	0.000000	6,710,491	0	91.00
92.00	Allied health cost	0	83,629,564	0.000000	6,710,491	0	92.00
93.00	All other Medical Education	0	83,629,564	0.000000	6,710,491	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2018 11:17 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		70,027	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		70,027	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		64,408	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)		3,348	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,799	15.00
16.00	Nursery days (title V or XIX only)		1,750	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)		83,629,564	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)		83,629,564	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)		83,629,564	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,194.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,998,349	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)		3,998,349	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/30/2018 11:17 am		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	917,974	1,799	510.27	1,750	892,973	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,420,398	6,220	2,157.62	0	0	43.00
44.00	CORONARY CARE UNIT	8,476,115	6,283	1,349.06	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,953,453	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,844,775	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)					486,607	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					145,143	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					631,750	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,213,025	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)					5,619	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,194.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,710,491	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 11:17 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,311,398	83,629,564	0.099383	6,710,491	666,909	90.00
91.00	Nursing School cost	0	83,629,564	0.000000	6,710,491	0	91.00
92.00	Allied health cost	0	83,629,564	0.000000	6,710,491	0	92.00
93.00	All other Medical Education	0	83,629,564	0.000000	6,710,491	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XVIII		Hospital	
		Ratio of Cost To Charges		Inpatient Program Charges	
		1.00		2.00	
				Inpatient Program Costs (col. 1 x col. 2)	
				3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		35,471,917	30.00
31.00	03100	INTENSIVE CARE UNIT		11,383,953	31.00
32.00	03200	CORONARY CARE UNIT		7,319,922	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163709	38,931,324	50.00
51.00	05100	RECOVERY ROOM	0.211095	2,540,740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.445542	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164154	4,587,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137148	2,550,830	55.00
57.00	05700	CT SCAN	0.054739	7,764,082	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118801	1,686,238	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046298	26,630,662	59.00
60.00	06000	LABORATORY	0.102477	28,014,677	60.00
64.00	06400	INTRAVENOUS THERAPY	0.432218	397,915	64.00
65.00	06500	RESPIRATORY THERAPY	0.230364	9,257,389	65.00
66.00	06600	PHYSICAL THERAPY	0.374383	1,592,312	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330568	1,251,807	67.00
68.00	06800	SPEECH PATHOLOGY	0.324963	364,951	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090853	6,011,465	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208474	507,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.316705	19,502,356	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411982	22,222,432	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223198	23,229,142	73.00
74.00	07400	RENAL DIALYSIS	0.402258	1,964,591	74.00
76.00	03330	ENDOSCOPY	0.110966	122,558	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.230938	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.702326	0	76.03
76.04	03952	WOUND CARE CENTER	0.305288	6,984	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.265984	322,829	76.05
76.06	03953	IMAGING CENTERS	0.176497	17,127	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.570899	996	76.07
76.97	07697	CARDIAC REHABILITATION	0.512658	1,405	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.278442	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.666297	0	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.413392	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.133956	0	90.07
90.08	09004	PALLIATIVE CARE	0.003166	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.134778	15,660,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.810059	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		215,140,612	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)		215,140,612	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Title XIX		Hospital	
				PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,715,346	30.00
31.00	03100	INTENSIVE CARE UNIT		676,039	31.00
32.00	03200	CORONARY CARE UNIT		710,005	32.00
43.00	04300	NURSERY		195,593	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.163709	681,284	50.00
51.00	05100	RECOVERY ROOM	0.211095	110,792	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.445542	331,490	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164154	290,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.137148	170,328	55.00
57.00	05700	CT SCAN	0.054739	530,674	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.118801	101,440	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.046298	353,852	59.00
60.00	06000	LABORATORY	0.102477	2,103,794	60.00
64.00	06400	INTRAVENOUS THERAPY	0.432218	35,449	64.00
65.00	06500	RESPIRATORY THERAPY	0.230364	790,395	65.00
66.00	06600	PHYSICAL THERAPY	0.374383	116,197	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.330568	72,117	67.00
68.00	06800	SPEECH PATHOLOGY	0.324963	33,088	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090853	238,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.208474	40,677	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.316705	701,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411982	174,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.223198	2,126,143	73.00
74.00	07400	RENAL DIALYSIS	0.402258	151,134	74.00
76.00	03330	ENDOSCOPY	0.110966	41,188	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.230938	0	76.01
76.03	03951	LUTHERWOOD PARTNERSHIP	5.702326	0	76.03
76.04	03952	WOUND CARE CENTER	0.305288	1,741	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.265984	30,027	76.05
76.06	03953	IMAGING CENTERS	0.176497	7,481	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.570899	0	76.07
76.97	07697	CARDIAC REHABILITATION	0.512658	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.278442	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.666297	82	90.02
90.03	09001	CLINIC	0.000000	0	90.03
90.04	04953	SPINE CENTER	0.000000	0	90.04
90.05	04954	INFUSION CENTERS	0.413392	0	90.05
90.06	09002	MEDCHECK CLINICS	0.000000	0	90.06
90.07	09003	KNEE CENTER	1.133956	0	90.07
90.08	09004	PALLIATIVE CARE	0.003166	0	90.08
90.10	09006	WORK SITE CLINICS	0.000000	0	90.10
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0.000000	0	90.12
91.00	09100	EMERGENCY	0.134778	1,068,321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.810059	41,097	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,343,077	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)		10,343,077	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:17 am
		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)		37,669,788	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,160,578	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)		5,679,564	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		18,679,636	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		288.79	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)		25.01	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)		2.69	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-9.51	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		10.80	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		23.61	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		37.93	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.16	11.00
12.00	Current year allowable FTE (see instructions)		26.77	12.00
13.00	Total allowable FTE count for the prior year.		31.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		33.22	14.00
15.00	Sum of lines 12 through 14 divided by 3.		30.33	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		30.33	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.105024	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.100702	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.100702	21.00
22.00	IME payment adjustment (see instructions)		2,719,018	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		999,211	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		14.32	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)		2,719,018	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		999,211	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.20	30.00
31.00	Percentage of Medicaid patient days (see instructions)		37.67	31.00
32.00	Sum of lines 30 and 31		47.87	32.00
33.00	Allowable disproportionate share percentage (see instructions)		28.71	33.00
34.00	Disproportionate share adjustment (see instructions)		3,648,350	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:17 am
		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)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000588327	0.000641030	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,516,713	4,337,653	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,630,308	1,093,327	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,723,635		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	66,600,933		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		67,600,144	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,824,384	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).		412,218	52.00
53.00	Nursing and Allied Health Managed Care payment		82,350	53.00
54.00	Special add-on payments for new technologies		2,071	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)		170,863	58.00
59.00	Total (sum of amounts on lines 49 through 58)		73,092,030	59.00
60.00	Primary payer payments		26,671	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		73,065,359	61.00
62.00	Deductibles billed to program beneficiaries		4,518,920	62.00
63.00	Coinurance billed to program beneficiaries		108,787	63.00
64.00	Allowable bad debts (see instructions)		637,526	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		414,392	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		474,678	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		68,852,044	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		1,971	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		178,791	70.93
70.94	HRR adjustment amount (see instructions)		-110,334	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 11:17 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)			0 70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		68,918,530	71.00
71.01	Sequestration adjustment (see instructions)		1,378,371	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		68,099,939	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-559,780	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,164,988	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	0 100.00
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	0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0 104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 11:17 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		85,625	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		94,449,279	2.00
3.00	OPPS payments		77,757,407	3.00
4.00	Outlier payment (see instructions)		1,520,619	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		429,859	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		85,625	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		374,939	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)		374,939	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)		374,939	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		289,314	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		85,625	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		79,707,885	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,735	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		13,621,788	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)		66,166,987	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		556,695	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)		66,723,682	30.00
31.00	Primary payer payments		15,615	31.00
32.00	Subtotal (line 30 minus line 31)		66,708,067	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)		923,346	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		600,175	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		664,971	36.00
37.00	Subtotal (see instructions)		67,308,242	37.00
38.00	MSP-LCC reconciliation amount from PS&R		80	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		67,308,162	40.00
40.01	Sequestration adjustment (see instructions)		1,346,163	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		65,915,039	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		46,960	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: 15-0074		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/30/2018 11:17 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		68,099,939		65,915,039	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)		68,099,939		65,915,039	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		46,960	6.01	
6.02	SETTLEMENT TO PROGRAM		559,780		0	6.02	
7.00	Total Medicare program liability (see instructions)		67,540,159		65,961,999	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/30/2018 11:17 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 11:17 am	
		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.			26.92	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			2.82	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))			-9.51	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			9.72	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)			24.31	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			37.93	6.00
7.00	Enter the lesser of line 5 or line 6			24.31	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.	33.43	4.50	37.93	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.	21.43	2.88	24.31	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.76		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		3.16		10.01
11.00	Total weighted FTE count	21.43	5.64		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	28.60	4.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	26.84	2.64		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	25.62	4.36		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	25.62	4.36		17.00
18.00	Per resident amount	83,333.54	83,333.54		18.00
19.00	Approved amount for resident costs	2,135,005	363,334	2,498,339	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			13.62	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,498,339	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,749	8,385		26.00
27.00	Total Inpatient Days (see instructions)	77,224	77,224		27.00
28.00	Ratio of inpatient days to total inpatient days	0.294585	0.108580		28.00
29.00	Program direct GME amount	735,973	271,270		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		38,330		30.00
31.00	Net Program direct GME amount			968,913	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/30/2018 11:17 am
		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)		3,855,504	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)		70,334,122	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)		26,671	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		70,307,451	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		94,964,763	42.00
43.00	Primary payer payments (see instructions)		15,615	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		94,949,148	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		165,256,599	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.425444	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.574556	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		968,913	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		412,218	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		556,695	50.00

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

Provider CCN: 15-0074

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

Worksheet G

Date/Time Prepared:
5/30/2018 11:17 am

		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	207,493	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	48,112	0	0	0	3.00
4.00	Accounts receivable	1,057,259,736	0	0	0	4.00
5.00	Other receivable	6,969,491	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	3,932,391	0	0	0	6.00
7.00	Inventory	8,642,802	0	0	0	7.00
8.00	Prepaid expenses	82,295	0	0	0	8.00
9.00	Other current assets	17,424,799	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)	1,094,567,119	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,453,049	0	0	0	12.00
13.00	Land improvements	4,335,982	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	400,805,410	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	10,439,956	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	179,297,593	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	71,697	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-330,401,362	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	269,002,325	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	-865,595,771	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-865,595,771	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	497,973,673	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,459,982	0	0	0	37.00
38.00	Salaries, wages, and fees payable	207,966	0	0	0	38.00
39.00	Payroll taxes payable	3,016	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,933,363	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,604,327	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	36,654	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,654	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	4,640,981	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	493,332,692				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	493,332,692	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	497,973,673	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0074

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

Worksheet G-1

Date/Time Prepared:
5/30/2018 11:17 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		311,645,341		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		181,687,351			2.00
3.00	Total (sum of line 1 and line 2)		493,332,692		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		493,332,692		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)		493,332,692		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0074

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2018 11:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,882,792		53,882,792	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	53,882,792		53,882,792	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,348,634		12,348,634	11.00
12.00	CORONARY CARE UNIT	18,141,971		18,141,971	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,490,605		30,490,605	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	84,373,397		84,373,397	17.00
18.00	Ancillary services	627,064,412	1,319,829,980	1,946,894,392	18.00
19.00	Outpatient services	36,791,184	245,317,261	282,108,445	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	PROFESSIONAL FEES	0	23,118,385	23,118,385	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	748,228,993	1,588,265,626	2,336,494,619	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		593,929,304		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)		593,929,304		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet G-3 Date/Time Prepared: 5/30/2018 11:17 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,336,494,619	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,582,452,774	2.00
3.00	Net patient revenues (line 1 minus line 2)	754,041,845	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	593,929,304	4.00
5.00	Net income from service to patients (line 3 minus line 4)	160,112,541	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	79,822	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	412,511	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	311,002	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	20,771,475	24.00
25.00	Total other income (sum of lines 6-24)	21,574,810	25.00
26.00	Total (line 5 plus line 25)	181,687,351	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)	181,687,351	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0074	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 11:17 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,122,765	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		112,889	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)		213.01	3.00
4.00	Number of interns & residents (see instructions)		30.33	4.00
5.00	Indirect medical education percentage (see instructions)		4.10	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)		169,033	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.20	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		37.67	8.00
9.00	Sum of lines 7 and 8		47.87	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.18	10.00
11.00	Disproportionate share adjustment (see instructions)		419,697	11.00
12.00	Total prospective capital payments (see instructions)		4,824,384	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