

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: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/30/2018 5:10 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: 5:10 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 HENDRICKS REGIONAL HEALTH ( 15-0005 ) 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	22,058	-28,569	0	82,298	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	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	22,058	-28,569	0	82,298	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 4:38 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1000 EAST MAIN STREET			PO Box:						1.00		
2.00	City: DANVILLE			State: IN		Zip Code: 46122-1409		County: HENDRICKS		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	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		HENDRICKS REGIONAL HEALTH		150005	26900	1	07/01/1966	N	P	O	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	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.			310	2,226	0	0	1,096	0		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: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 4:38 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						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		
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N			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			47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N			48.00
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N				60.00
		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)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
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	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
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)						63.00	N
	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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0005

Period:  
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Date/Time Prepared:  
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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)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS 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	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	0	76.00

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						1.00			
<b>Long Term Care Hospital PPS</b>									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
<b>TEFRA Providers</b>									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital 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		
<b>Title V and XIX Services</b>									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
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		
<b>Rural Providers</b>									
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
						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: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 4:38 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		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:	888,708	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.	Y		5.00		122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				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
<b>All Providers</b>						
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)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/30/2018 4:38 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00		
142.00	Street:	PO Box:				142.00		
143.00	City:	State:		Zip Code:		143.00		
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
						1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N			155.00
156.00	Subprovider - IPF	N	N	N	N			156.00
157.00	Subprovider - IRF	N	N	N	N			157.00
158.00	SUBPROVIDER							158.00
159.00	SNF	N	N	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00
161.00	CMHC		N	N	N			161.00
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
						1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N	0171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 4:38 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/25/2018	Y	04/25/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 4:38 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHAEL		ALESSANDRI NI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.713.7959		MALESSANDRI NI@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/30/2018 4:38 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	115	41,975	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)		115	41,975	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		127	46,355	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	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		127				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: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

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)	6,690	310	16,351			1.00
2.00 HMO and other (see instructions)	1,991	3,315				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,690	310	16,351			7.00
8.00 INTENSIVE CARE UNIT	904	0	1,809			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		0	3,063			13.00
14.00 Total (see instructions)	7,594	310	21,223	0.00	1,576.00	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	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,576.00	27.00
28.00 Observation Bed Days		0	2,018			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	7	262			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: 15-0005

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

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	2,062	58	5,679	1.00
2.00 HMO and other (see instructions)			563	764		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,062	58	5,679	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	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet S-3 Part II Date/Time Prepared: 5/30/2018 4:38 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	123,208,498	0	123,208,498	3,278,718.00	37.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		3,011	0	3,011	20.00	150.55	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		8,383,277	0	8,383,277	32,593.00	257.21	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		40,864,972	0	40,864,972	799,100.00	51.14	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		1,946,873	0	1,946,873	17,806.00	109.34	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,011,753	0	1,011,753	9,759.00	103.67	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		0	0	0	0.00	0.00	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		21,835,329	0	21,835,329			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		8,585,915	0	8,585,915			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		2,442	0	2,442			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,206,043	0	1,206,043			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		0	0	0			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,516,683	0	1,516,683	46,310.00	32.75	26.00
27.00	Administrative & General	5.00	16,659,233	-1,119,116	15,540,117	339,299.00	45.80	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2018 4:38 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	4,823,816	0	4,823,816	18,357.00	262.78	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,584,991	0	2,584,991	109,296.00	23.65	30.00
31.00	Laundry & Linen Service	346,844	0	346,844	22,582.00	15.36	31.00
32.00	Housekeeping	2,141,645	0	2,141,645	135,423.00	15.81	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,793,116	-1,283,712	509,404	29,639.00	17.19	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,283,712	1,283,712	73,022.00	17.58	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,133,391	0	2,133,391	60,908.00	35.03	38.00
39.00	Central Services and Supply	785,696	0	785,696	40,428.00	19.43	39.00
40.00	Pharmacy	2,092,668	0	2,092,668	55,677.00	37.59	40.00
41.00	Medical Records & Medical Records Library	0	1,119,116	1,119,116	53,817.00	20.79	41.00
42.00	Social Service	1,810,200	0	1,810,200	58,274.00	31.06	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0005

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2018 4:38 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	119,649,037	0	119,649,037	3,264,482.00	36.65	1.00
2.00	Excluded area salaries (see instructions)	40,864,972	0	40,864,972	799,100.00	51.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,784,065	0	78,784,065	2,465,382.00	31.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,958,626	0	2,958,626	27,565.00	107.33	4.00
5.00	Subtotal wage-related costs (see inst.)	21,837,771	0	21,837,771	0.00	27.72	5.00
6.00	Total (sum of lines 3 thru 5)	103,580,462	0	103,580,462	2,492,947.00	41.55	6.00
7.00	Total overhead cost (see instructions)	36,688,283	0	36,688,283	1,043,032.00	35.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2018 4:38 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,269,347	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,677,191	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		-1,129	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		16,659,195	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		181,479	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)		2,245	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		555,327	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		5,054,288	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		19,574	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		212,211	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		31,629,728	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0005

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/30/2018 4:38 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.319060	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,089,564	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?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		43,091,007	6.00	
7.00	Medicaid cost (line 1 times line 6)		13,748,617	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)		3,659,053	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)		3,659,053	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)	3,983,772	0	3,983,772	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,271,062	0	1,271,062	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,271,062	0	1,271,062	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?				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)			21,010,665	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			243,487	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			374,595	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,636,070	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,715,252	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,986,314	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,645,367	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		22,718,067	22,718,067	0	22,718,067	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,516,683	3,650,562	5,167,245	5,130	5,172,375	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,659,233	35,413,569	52,072,802	-2,388,967	49,683,835	5.00
7.00	00700	OPERATION OF PLANT	2,584,991	8,014,977	10,599,968	14,026	10,613,994	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	346,844	498,534	845,378	44,076	889,454	8.00
9.00	00900	HOUSEKEEPING	2,141,645	1,446,426	3,588,071	-13	3,588,058	9.00
10.00	01000	DIETARY	1,793,116	1,942,627	3,735,743	-2,674,915	1,060,828	10.00
11.00	01100	CAFETERIA	0	0	0	2,674,461	2,674,461	11.00
13.00	01300	NURSING ADMINISTRATION	2,133,391	935,955	3,069,346	-539	3,068,807	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	785,696	657,763	1,443,459	-5,046	1,438,413	14.00
15.00	01500	PHARMACY	2,092,668	9,849,318	11,941,986	-8,239,389	3,702,597	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,420,719	2,420,719	16.00
17.00	01700	SOCIAL SERVICE	1,810,200	627,454	2,437,654	16,850	2,454,504	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,942,483	5,358,911	18,301,394	-370,960	17,930,434	30.00
31.00	03100	INTENSIVE CARE UNIT	1,685,911	787,752	2,473,663	-127,610	2,346,053	31.00
43.00	04300	NURSERY	385,680	153,798	539,478	-59,806	479,672	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,390,707	8,548,904	10,939,611	-1,679,204	9,260,407	50.00
50.01	05001	ENDOSCOPY	1,063,015	789,099	1,852,114	-301,458	1,550,656	50.01
51.00	05100	RECOVERY ROOM	1,281,311	481,460	1,762,771	-99,185	1,663,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	855,696	182,352	1,038,048	-40,496	997,552	52.00
53.00	05300	ANESTHESIOLOGY	5,297,545	1,277,139	6,574,684	-168,349	6,406,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,225,302	2,924,564	7,149,866	-317,686	6,832,180	54.00
54.01	05401	RADIATION-ONCOLOGY	1,214,474	18,684,531	19,899,005	119,453	20,018,458	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	162,850	252,365	415,215	-1,362	413,853	56.00
59.00	05900	CARDIAC CATHETERIZATION	591,669	610,054	1,201,723	-407,482	794,241	59.00
60.00	06000	LABORATORY	2,685,575	5,284,173	7,969,748	2,946	7,972,694	60.00
64.00	06400	INTRAVENOUS THERAPY	934,304	348,939	1,283,243	134,356	1,417,599	64.00
65.00	06500	RESPIRATORY THERAPY	1,991,723	1,037,434	3,029,157	-82,399	2,946,758	65.00
66.00	06600	PHYSICAL THERAPY	5,037,181	2,902,716	7,939,897	-110,435	7,829,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	386,672	134,095	520,767	21,863	542,630	67.00
68.00	06800	SPEECH PATHOLOGY	269,582	111,131	380,713	0	380,713	68.00
69.00	06900	ELECTROCARDIOLOGY	557,812	481,374	1,039,186	-4,847	1,034,339	69.00
69.01	06901	CARDIAC REHAB	450,606	176,698	627,304	-4,445	622,859	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	96,499	33,921	130,420	-38	130,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,071,967	6,071,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,066,216	11,066,216	73.00
73.01	07301	ULTRA SOUND	464,092	182,638	646,730	-65,725	581,005	73.01
74.00	07400	RENAL DIALYSIS	0	192,303	192,303	-828	191,475	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	1,689,250	4,774,005	6,463,255	-390,936	6,072,319	90.00
91.00	09100	EMERGENCY	3,819,120	2,850,907	6,670,027	-360,638	6,309,389	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	82,343,526	144,316,515	226,660,041	4,689,305	231,349,346	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,346,454	20,972,701	54,319,155	-4,497,139	49,822,016	192.00
192.01	19201	HEALTH TRACKS	2,979,753	1,188,946	4,168,699	-73,695	4,095,004	192.01
194.00	07950	PRIMARY CARE CLINIC	1,114,184	2,247,897	3,362,081	-14,947	3,347,134	194.00
194.01	07951	PARTNERS IN CARE	645,413	266,096	911,509	-23,945	887,564	194.01
194.02	07952	OCCUPATIONAL MEDICINE	255,634	696,685	952,319	-43,488	908,831	194.02
194.03	07953	FOUNDATION	148,828	82,113	230,941	0	230,941	194.03
194.04	07954	SCHOOL & TOWN CLINICS	1,365,023	479,686	1,844,709	-30,358	1,814,351	194.04
194.05	07955	MANAGED FACILITY	0	440,098	440,098	-14	440,084	194.05
194.06	07956	RENTAL PROPERTIES	0	-14,994	-14,994	0	-14,994	194.06
194.07	07957	SNF NON CERTIFIED	1,009,683	283,256	1,292,939	-5,719	1,287,220	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	123,208,498	170,958,999	294,167,497	0	294,167,497	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0005

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

Worksheet A  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-402,602	22,315,465	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-77,551	5,094,824	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,551,135	34,132,700	5.00
7.00	00700	OPERATION OF PLANT	-162,344	10,451,650	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	889,454	8.00
9.00	00900	HOUSEKEEPING	0	3,588,058	9.00
10.00	01000	DIETARY	-463,974	596,854	10.00
11.00	01100	CAFETERIA	-920,214	1,754,247	11.00
13.00	01300	NURSING ADMINISTRATION	-13,688	3,055,119	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-256	1,438,157	14.00
15.00	01500	PHARMACY	0	3,702,597	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,420,719	16.00
17.00	01700	SOCIAL SERVICE	-10,081	2,444,423	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,001,937	14,928,497	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,346,053	31.00
43.00	04300	NURSERY	0	479,672	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	9,260,407	50.00
50.01	05001	ENDOSCOPY	0	1,550,656	50.01
51.00	05100	RECOVERY ROOM	0	1,663,586	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	997,552	52.00
53.00	05300	ANESTHESIOLOGY	-5,077,549	1,328,786	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-75,586	6,756,594	54.00
54.01	05401	RADIATION-ONCOLOGY	-33,338	19,985,120	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	413,853	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	794,241	59.00
60.00	06000	LABORATORY	-818	7,971,876	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,417,599	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,946,758	65.00
66.00	06600	PHYSICAL THERAPY	-596,718	7,232,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	-38,129	504,501	67.00
68.00	06800	SPEECH PATHOLOGY	-3,210	377,503	68.00
69.00	06900	ELECTROCARDIOLOGY	-178,054	856,285	69.00
69.01	06901	CARDIAC REHAB	0	622,859	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	130,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,071,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,066,216	73.00
73.01	07301	ULTRA SOUND	0	581,005	73.01
74.00	07400	RENAL DIALYSIS	0	191,475	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-40,883	6,031,436	90.00
91.00	09100	EMERGENCY	2,538	6,311,927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-26,645,529	204,703,817	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49,822,016	192.00
192.01	19201	HEALTH TRACKS	0	4,095,004	192.01
194.00	07950	PRIMARY CARE CLINIC	0	3,347,134	194.00
194.01	07951	PARTNERS IN CARE	0	887,564	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	908,831	194.02
194.03	07953	FOUNDATION	0	230,941	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	1,814,351	194.04
194.05	07955	MANAGED FACILITY	0	440,084	194.05
194.06	07956	RENTAL PROPERTIES	0	-14,994	194.06
194.07	07957	SNF NON CERTIFIED	0	1,287,220	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-26,645,529	267,521,968	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,066,216	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	199,862	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
0			0	11,266,078	
<b>B - MOB PLANT RECLASS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,784	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	62,013	2.00
3.00	OPERATION OF PLANT	7.00	0	14,026	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	44,212	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,953	5.00
6.00	SOCIAL SERVICE	17.00	0	16,850	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	95,475	7.00
8.00	RADIATION-ONCOLOGY	54.01	0	142,013	8.00
9.00	LABORATORY	60.00	0	5,045	9.00
10.00	RESPIRATORY THERAPY	65.00	0	2,188	10.00
11.00	PHYSICAL THERAPY	66.00	0	25,157	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	25,148	12.00
13.00	CLINIC	90.00	0	166,861	13.00
0			0	607,725	
<b>C - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,283,712	1,390,749	1.00
0			1,283,712	1,390,749	
<b>D - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,071,967	1.00
2.00		0.00	0	0	2.00
0			0	6,071,967	
<b>F - MEDICAL SUPPLY RECLASS</b>					
1.00	OPERATING ROOM	50.00	0	3,853,632	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

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
5/30/2018 4:38 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	0		0	3,853,632		
G - HIM RECLASS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,119,116	1,299,650		1.00
	TOTALS		1,119,116	1,299,650		
500.00	Grand Total: Increases		2,402,828	24,489,801		500.00



RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
5/30/2018 4:38 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DRUG RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	31,875	0		2.00
3.00	DIETARY	10.00	0	115	0		3.00
4.00	PHARMACY	15.00	0	8,157,242	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	3,970	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	319	0		6.00
7.00	NURSERY	43.00	0	882	0		7.00
8.00	SNF NON CERTIFIED	194.07	0	37	0		8.00
9.00	OPERATING ROOM	50.00	0	10,095	0		9.00
10.00	RECOVERY ROOM	51.00	0	713	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,257	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,954	0		12.00
13.00	RADIATION-ONCOLOGY	54.01	0	134	0		13.00
14.00	LABORATORY	60.00	0	69	0		14.00
15.00	INTRAVENOUS THERAPY	64.00	0	546	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	636	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	45,424	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	165	0		18.00
19.00	CARDIAC REHAB	69.01	0	32	0		19.00
20.00	RENAL DIALYSIS	74.00	0	828	0		20.00
21.00	CLINIC	90.00	0	8,222	0		21.00
22.00	EMERGENCY	91.00	0	1,261	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,864,224	0		23.00
24.00	HEALTH TRACKS	192.01	0	37,774	0		24.00
25.00	PRIMARY CARE CLINIC	194.00	0	13,128	0		25.00
26.00	PARTNERS IN CARE	194.01	0	14,781	0		26.00
27.00	OCCUPATIONAL MEDICINE	194.02	0	35,883	0		27.00
28.00	SCHOOL & TOWN CLINICS	194.04	0	29,483	0		28.00
O			0	11,266,078			
<b>B - MOB PLANT RECLASS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	607,725	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
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
O			0	607,725			
<b>C - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,283,712	1,390,749	0		1.00
O			1,283,712	1,390,749			
<b>D - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	5,522,741	0		1.00
2.00	CLINIC	90.00	0	549,226	0		2.00
O			0	6,071,967			
<b>F - MEDICAL SUPPLY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,625	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	339	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	136	0		3.00
4.00	HOUSEKEEPING	9.00	0	13	0		4.00
5.00	DIETARY	10.00	0	339	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	539	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,046	0		7.00
8.00	PHARMACY	15.00	0	82,147	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	366,990	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	127,291	0		10.00
11.00	NURSERY	43.00	0	58,924	0		11.00
12.00	SNF NON CERTIFIED	194.07	0	5,682	0		12.00
13.00	ENDOSCOPY	50.01	0	301,458	0		13.00
14.00	RECOVERY ROOM	51.00	0	98,472	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	39,239	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	168,349	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	406,207	0		17.00
18.00	RADIATION-ONCOLOGY	54.01	0	22,426	0		18.00
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	1,362	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	407,482	0		20.00

RECLASSIFICATIONS

Provider CCN: 15-0005

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

Worksheet A-6

Date/Time Prepared:  
5/30/2018 4:38 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
21.00	LABORATORY	60.00	0	2,030	0		21.00	
22.00	INTRAVENOUS THERAPY	64.00	0	64,960	0		22.00	
23.00	RESPIRATORY THERAPY	65.00	0	83,951	0		23.00	
24.00	PHYSICAL THERAPY	66.00	0	90,168	0		24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	3,285	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	4,682	0		26.00	
27.00	CARDIAC REHAB	69.01	0	4,413	0		27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	38	0		28.00	
29.00	ULTRA SOUND	73.01	0	65,725	0		29.00	
30.00	CLINIC	90.00	0	349	0		30.00	
31.00	EMERGENCY	91.00	0	359,377	0		31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,025,190	0		32.00	
33.00	HEALTH TRACKS	192.01	0	35,921	0		33.00	
34.00	PRIMARY CARE CLINIC	194.00	0	1,819	0		34.00	
35.00	PARTNERS IN CARE	194.01	0	9,164	0		35.00	
36.00	OCCUPATIONAL MEDICINE	194.02	0	7,605	0		36.00	
37.00	SCHOOL & TOWN CLINICS	194.04	0	875	0		37.00	
38.00	MANAGED FACILITY	194.05	0	14	0		38.00	
	0		0	3,853,632				
G - HIM RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,119,116	1,299,650	0		1.00	
	TOTALS		1,119,116	1,299,650				
500.00	Grand Total: Decreases		2,402,828	24,489,801			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	28,602,369	0	0	0	1.00
2.00	Land Improvements	16,423,618	0	0	0	2.00
3.00	Buildings and Fixtures	240,688,423	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	162,139,929	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	447,854,339	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	447,854,339	0	0	0	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	28,602,369	0			1.00
2.00	Land Improvements	16,423,618	0			2.00
3.00	Buildings and Fixtures	240,688,423	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	162,139,929	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	447,854,339	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	447,854,339	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	17,712,873	0	5,005,194	0	0	1.00
3.00	Total (sum of lines 1-2)	17,712,873	0	5,005,194	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	NEW CAP REL COSTS-BLDG & FIXT	0	22,718,067	1.00			
3.00	Total (sum of lines 1-2)	0	22,718,067	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0005

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	447,854,339	0	447,854,339	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	447,854,339	0	447,854,339	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	17,702,144	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	17,702,144	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	NEW CAP REL COSTS-BLDG & FIXT	4,613,321	0	0	0	22,315,465	1.00
3.00	Total (sum of lines 1-2)	4,613,321	0	0	0	22,315,465	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
5/30/2018 4:38 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-14,725	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A	-377,148	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		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	-8,886,362			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	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-920,214	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	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

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.00	1993 CARRYFORWARD	A	-14,017	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.00
33.01	1994 CARRYFORWARD	A	3,288	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.01
33.06	ADMINI STRATIVE TELEPHONE (EQUIPMENT)	A	-7,318	ADMINI STRATIVE & GENERAL	5.00	0 33.06
33.07	ADMINI STRATIVE TELEPHONE (SALARY)	A	-24,659	ADMINI STRATIVE & GENERAL	5.00	0 33.07
33.08	MARKETING DEPARTMENT	A	-3,527,497	ADMINI STRATIVE & GENERAL	5.00	0 33.08
33.09	PHYSICIAN RECRUITMENT	A	-1,995,698	ADMINI STRATIVE & GENERAL	5.00	0 33.09
33.10	PHYSICIAN LOBBYING EXPENSE	A	-1,435	ADMINI STRATIVE & GENERAL	5.00	0 33.10
33.11	PHYSICIAN LOBBYING EXPENSE	A	-34	ADMINI STRATIVE & GENERAL	5.00	0 33.11
34.00	HOSPITAL ASSESSMENT FEE	A	-7,173,702	ADMINI STRATIVE & GENERAL	5.00	0 34.00
35.00	MEALS ON WHEELS	A	-448,516	DIETARY	10.00	0 35.00
36.00	HUMAN RESOURCES JURY DUTY RECEIPTS	B	-77	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 36.00
37.00	HRH WELLNESSED DEPARTMENT COURSES	B	-77,474	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.00
38.00	INVESTMENT GAIN/LOSS-ADMINI STRATION	B	252,735	ADMINI STRATIVE & GENERAL	5.00	0 38.00
39.00	REVENUE - OTHER NON-OPERATING-CHAPLA	B	-1,419	ADMINI STRATIVE & GENERAL	5.00	0 39.00
40.00	REVENUE - OTHER NON-OPERATING-REVENU	B	-5,000	ADMINI STRATIVE & GENERAL	5.00	0 40.00
41.00	REVENUE - OTHER OPERATING-ADMINI STRA	B	-29	ADMINI STRATIVE & GENERAL	5.00	0 41.00
43.00	REVENUE - OTHER OPERATING-FINANCIAL	B	163	ADMINI STRATIVE & GENERAL	5.00	0 43.00
44.00	REVENUE - OTHER OPERATING-GIFT SHOP	B	-307,037	ADMINI STRATIVE & GENERAL	5.00	0 44.00
45.00	REVENUE - OTHER OPERATING-OPERATIONA	B	-80	ADMINI STRATIVE & GENERAL	5.00	0 45.00
45.01	REVENUE - OTHER OPERATING-REVENUE CY	B	-3,718	ADMINI STRATIVE & GENERAL	5.00	0 45.01
45.02	REVENUE - OTHER OPERATING-VOLUNTEER	B	-11,426	ADMINI STRATIVE & GENERAL	5.00	0 45.02
45.03	REVENUE - OTHER NON-OPERATING-HOSPIT	B	-511,340	ADMINI STRATIVE & GENERAL	5.00	0 45.03
45.04	REVENUE - OTHER OPERATING	B	-1,955,951	ADMINI STRATIVE & GENERAL	5.00	0 45.04
45.05	REVENUE - OTHER OPERATING-HOSPITAL O	B	-277,690	ADMINI STRATIVE & GENERAL	5.00	0 45.05
45.06	TRIMEDX MI SC	B	-80,846	OPERATION OF PLANT	7.00	0 45.06
45.07	REVENUE - OTHER OPERATING-ENGINEERING	B	-81,498	OPERATION OF PLANT	7.00	0 45.07
45.08	REVENUE- OUTPATIENT- NUTRITION & DIE	B	-15,458	DIETARY	10.00	0 45.08
45.09	STAFF EDUCATION ED DEPT COURSES	B	-13,336	NURSING ADMINI STRATION	13.00	0 45.09
45.10	INPATIENT - NURSING ADMINI STRATION	B	-352	NURSING ADMINI STRATION	13.00	0 45.10
45.11	MATERIALS MGMT. SUPPLIES SOLD TO OTH	B	-256	CENTRAL SERVICES & SUPPLY	14.00	0 45.11
45.12	REVENUE - OTHER OPERATING-TRANSITION	B	-10,081	SOCIAL SERVICE	17.00	0 45.12
45.13	CBC - OBUNIT ED DEPT COURSES	B	-4,671	ADULTS & PEDIATRICS	30.00	0 45.13
45.15	RADIOLOGY SALE OF X-RAYS	B	-4,000	RADIOLOGY-DIAGNOSTIC	54.00	0 45.15
45.16	RAD ONCOLOGY SALE OF X-RAYS	B	-30,363	RADIATION-ONCOLOGY	54.01	0 45.16
45.17	LABORATORY MI SC. SERVICES	B	-776	LABORATORY	60.00	9 45.17
45.18	REVENUE - OTHER OPERATING-HRH SPORTS	B	-483	PHYSICAL THERAPY	66.00	0 45.18
45.19	REVENUE - OTHER OPERATING-PHYSICAL T	B	-3,079	PHYSICAL THERAPY	66.00	0 45.19
45.20	REVENUE - OTHER OPERATING-PHYSICAL T	B	-4,408	PHYSICAL THERAPY	66.00	0 45.20
45.21	REVENUE - OTHER OPERATING-PHYSICAL T	B	-212	PHYSICAL THERAPY	66.00	9 45.21
45.22	REVENUE - OTHER OPERATING-PHYSICAL T	B	-5,380	PHYSICAL THERAPY	66.00	0 45.22
45.23	REVENUE - OTHER OPERATING-SPORTS MED	B	-24,270	PHYSICAL THERAPY	66.00	0 45.23
45.24	OCCUPATIONAL THERAPY	B	-38,129	OCCUPATIONAL THERAPY	67.00	0 45.24
45.25	SPEECH THERAPY MI SC	B	-3,210	SPEECH PATHOLOGY	68.00	0 45.25

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0005

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

Worksheet A-8

Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
45.26 HIBBELN SUR CNT MISCELLANEOUS	B	-40,883	CLINIC	90.00	0	45.26
45.27 REVENUE - OTHER OPERATING-EMERGENCY	B	52,969	EMERGENCY	91.00	0	45.27
45.28 EMS PROGRAM ED DEPT COURSES	B	-50,427	EMERGENCY	91.00	0	45.28
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,645,529				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.



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0005

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2018 4:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,746,846	2,746,846	0	174,600	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	249,000	249,000	0	0	0	2.00
3.00	91.00	EMERGENCY	540,649	0	540,649	206,300	5,451	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	231,870	0	231,870	206,300	2,338	5.00
6.00	54.01	RADIATION-ONCOLOGY	2,975	2,975	0	0	0	6.00
7.00	60.00	LABORATORY	137,368	0	137,368	253,900	1,125	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	58,866	0	58,866	265,200	462	8.00
9.00	66.00	PHYSICAL THERAPY	558,386	558,386	0	206,300	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	63,555	63,555	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	178,054	178,054	0	206,300	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	3,011	0	3,011	165,500	20	12.00
13.00	66.00	PHYSICAL THERAPY	500	500	0	0	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	8,031	8,031	0	206,300	0	14.00
15.00	53.00	ANESTHESIOLOGY	5,120,545	5,077,545	43,000	233,500	383	15.00
200.00			9,899,656	8,884,892	1,014,764		9,779	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	91.00	EMERGENCY	540,645	27,032	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	231,889	11,594	0	0	0	5.00
6.00	54.01	RADIATION-ONCOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	137,326	6,866	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	58,905	2,945	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	30.00	ADULTS & PEDIATRICS	1,591	80	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	14.00
15.00	53.00	ANESTHESIOLOGY	42,996	2,150	0	0	0	15.00
200.00			1,013,352	50,667	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,746,846		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	249,000		2.00
3.00	91.00	EMERGENCY	0	540,645	4	4		3.00
4.00	0.00		0	0	0	0		4.00
5.00	91.00	EMERGENCY	0	231,889	0	0		5.00
6.00	54.01	RADIATION-ONCOLOGY	0	0	0	2,975		6.00
7.00	60.00	LABORATORY	0	137,326	42	42		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	58,905	0	0		8.00
9.00	66.00	PHYSICAL THERAPY	0	0	0	558,386		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	63,555		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	178,054		11.00
12.00	30.00	ADULTS & PEDIATRICS	0	1,591	1,420	1,420		12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	500		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	8,031		14.00
15.00	53.00	ANESTHESIOLOGY	0	42,996	4	5,077,549		15.00
200.00			0	1,013,352	1,470	8,886,362		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		4.00	4A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	22,315,465	22,315,465				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,094,824	194,621	5,289,445			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,132,700	1,471,518	675,467	36,279,685	36,279,685	5.00
7.00 00700	OPERATION OF PLANT	10,451,650	2,246,975	112,359	12,810,984	2,009,787	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	889,454	276,841	15,076	1,181,371	185,333	8.00
9.00 00900	HOUSEKEEPING	3,588,058	124,276	93,089	3,805,423	596,995	9.00
10.00 01000	DIETARY	596,854	487,557	22,142	1,106,553	173,596	10.00
11.00 01100	CAFETERIA	1,754,247	86,586	55,798	1,896,631	297,543	11.00
13.00 01300	NURSING ADMINISTRATION	3,055,119	252,015	92,730	3,399,864	533,371	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,438,157	450,914	34,151	1,923,222	301,715	14.00
15.00 01500	PHARMACY	3,702,597	198,987	90,960	3,992,544	626,350	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,420,719	209,493	48,643	2,678,855	420,259	16.00
17.00 01700	SOCIAL SERVICE	2,444,423	91,679	78,682	2,614,784	410,207	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	14,928,497	2,048,163	562,558	17,539,218	2,751,553	30.00
31.00 03100	INTENSIVE CARE UNIT	2,346,053	256,439	73,280	2,675,772	419,775	31.00
43.00 04300	NURSERY	479,672	48,546	16,764	544,982	85,497	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	9,260,407	484,413	103,914	9,848,734	1,545,069	50.00
50.01 05001	ENDOSCOPY	1,550,656	156,698	46,205	1,753,559	275,098	50.01
51.00 05100	RECOVERY ROOM	1,663,586	797,780	55,693	2,517,059	394,876	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	997,552	164,643	37,194	1,199,389	188,160	52.00
53.00 05300	ANESTHESIOLOGY	1,328,786	0	230,263	1,559,049	244,584	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,756,594	886,112	183,657	7,826,363	1,227,800	54.00
54.01 05401	RADIATION-ONCOLOGY	19,985,120	573,036	52,788	20,610,944	3,233,445	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	413,853	15,338	7,078	436,269	68,442	56.00
59.00 05900	CARDIAC CATHETERIZATION	794,241	277,452	25,717	1,097,410	172,162	59.00
60.00 06000	LABORATORY	7,971,876	303,908	116,731	8,392,515	1,316,618	60.00
64.00 06400	INTRAVENOUS THERAPY	1,417,599	39,436	40,610	1,497,645	234,951	64.00
65.00 06500	RESPIRATORY THERAPY	2,946,758	334,817	86,572	3,368,147	528,395	65.00
66.00 06600	PHYSICAL THERAPY	7,232,744	523,704	218,946	7,975,394	1,251,180	66.00
67.00 06700	OCCUPATIONAL THERAPY	504,501	53,552	16,807	574,860	90,184	67.00
68.00 06800	SPEECH PATHOLOGY	377,503	69,123	11,718	458,344	71,905	68.00
69.00 06900	ELECTROCARDIOLOGY	856,285	121,831	24,246	1,002,362	157,251	69.00
69.01 06901	CARDIAC REHAB	622,859	142,611	19,586	785,056	123,160	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	130,382	78,058	4,194	212,634	33,358	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	6,071,967	0	0	6,071,967	952,570	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,066,216	0	0	11,066,216	1,736,068	73.00
73.01 07301	ULTRA SOUND	581,005	19,849	20,172	621,026	97,427	73.01
74.00 07400	RENAL DIALYSIS	191,475	0	0	191,475	30,039	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	6,031,436	586,861	73,425	6,691,722	1,049,797	90.00
91.00 09100	EMERGENCY	6,311,927	658,166	166,002	7,136,095	1,119,511	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	204,703,817	14,731,998	3,513,217	195,344,122	24,954,031	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	49,822,016	6,190,037	1,449,428	57,461,481	9,014,599	192.00
192.01 19201	HEALTH TRACKS	4,095,004	361,622	129,518	4,586,144	719,474	192.01
194.00 07950	PRIMARY CARE CLINIC	3,347,134	323,699	48,429	3,719,262	583,478	194.00
194.01 07951	PARTNERS IN CARE	887,564	138,129	28,054	1,053,747	165,312	194.01
194.02 07952	OCCUPATIONAL MEDICINE	908,831	137,751	11,111	1,057,693	165,931	194.02
194.03 07953	FOUNDATION	230,941	14,057	6,469	251,467	39,450	194.03
194.04 07954	SCHOOL & TOWN CLINICS	1,814,351	33,412	59,332	1,907,095	299,185	194.04
194.05 07955	MANAGED FACILITY	440,084	0	0	440,084	69,040	194.05
194.06 07956	RENTAL PROPERTIES	-14,994	0	0	-14,994	0	194.06
194.07 07957	SNF NON CERTIFIED	1,287,220	384,760	43,887	1,715,867	269,185	194.07
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	267,521,968	22,315,465	5,289,445	267,521,968	36,279,685	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B Part I Date/Time Prepared: 5/30/2018 4:38 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	14,820,771				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,366,704			8.00	
9.00	00900	HOUSEKEEPING	206,983	0	4,609,401		9.00	
10.00	01000	DIETARY	812,033	0	155,465	2,247,647	10.00	
11.00	01100	CAFETERIA	144,210	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	419,735	0	36,099	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	751,005	422	88,272	0	14.00	
15.00	01500	PHARMACY	331,415	1,780	20,553	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	263,116	0	38,471	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	3,425	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,411,247	367,229	1,836,337	1,710,555	30.00	
31.00	03100	INTENSIVE CARE UNIT	427,103	51,279	160,208	216,657	31.00	
43.00	04300	NURSERY	80,854	19,461	14,492	320,435	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	806,798	91,400	322,260	0	50.00	
50.01	05001	ENDOSCOPY	260,983	50,248	7,905	0	50.01	
51.00	05100	RECOVERY ROOM	1,328,716	101,974	58,497	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,216	71,781	6,851	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	7,378	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	843,493	150,925	182,342	0	54.00	
54.01	05401	RADIATION-ONCOLOGY	0	9,426	104,873	0	54.01	
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	25,546	0	8,168	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	462,101	0	62,976	0	59.00	
60.00	06000	LABORATORY	437,331	164	126,216	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	65,682	5,528	9,486	0	64.00	
65.00	06500	RESPIRATORY THERAPY	497,244	0	16,600	0	65.00	
66.00	06600	PHYSICAL THERAPY	340,722	92,893	125,162	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	20,989	0	20,026	0	67.00	
68.00	06800	SPEECH PATHOLOGY	115,125	0	7,905	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	202,911	21,986	47,430	0	69.00	
69.01	06901	CARDIAC REHAB	143,289	477	21,080	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	130,007	1,151	44,004	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
73.01	07301	ULTRA SOUND	33,059	0	8,959	0	73.01	
74.00	07400	RENAL DIALYSIS	0	168	12,384	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	88,400	182,605	0	90.00	
91.00	09100	EMERGENCY	1,096,187	177,499	332,273	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				165,103	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,932,100	1,304,191	4,068,702	2,247,647	2,298,143	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55,357	38,271	322,260	0	192.00	
192.01	19201	HEALTH TRACKS	0	8,078	111,460	0	192.01	
194.00	07950	PRIMARY CARE CLINIC	0	684	5,533	0	194.00	
194.01	07951	PARTNERS IN CARE	192,490	890	29,775	0	194.01	
194.02	07952	OCCUPATIONAL MEDICINE	0	2,406	67,456	0	194.02	
194.03	07953	FOUNDATION	0	0	1,844	0	194.03	
194.04	07954	SCHOOL & TOWN CLINICS	0	503	2,371	0	194.04	
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05	
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06	
194.07	07957	SNF NON CERTIFIED	640,824	11,681	0	0	194.07	
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)	14,820,771	1,366,704	4,609,401	2,247,647	2,338,384	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
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						11.00
13.00	01300	4,472,875					13.00
14.00	01400	0	3,120,263				14.00
15.00	01500	0	0	5,049,251			15.00
16.00	01600	0	0	0	3,474,751		16.00
17.00	01700	0	0	0	0	3,108,598	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,457,616	0	0	396,688	2,209,609	30.00
31.00	03100	230,765	0	0	89,767	239,063	31.00
43.00	04300	39,477	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	301,972	3,120,263	0	0	0	50.00
50.01	05001	148,321	0	0	0	0	50.01
51.00	05100	193,210	0	0	153,393	0	51.00
52.00	05200	96,030	0	0	0	0	52.00
53.00	05300	165,580	0	0	0	0	53.00
54.00	05400	603,279	0	0	336,780	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	03450	0	0	0	0	0	56.00
59.00	05900	68,029	0	0	0	0	59.00
60.00	06000	0	0	0	863,026	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	311,578	0	0	116,269	0	65.00
66.00	06600	0	0	0	69,670	0	66.00
67.00	06700	0	0	0	19,910	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	163,603	0	0	90,877	0	69.00
69.01	06901	56,011	0	0	0	0	69.01
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	5,049,251	0	0	73.00
73.01	07301	0	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	512,493	0	0	1,338,371	659,926	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		4,347,964	3,120,263	5,049,251	3,474,751	3,108,598	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	124,911	0	0	0	0	194.07
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		4,472,875	3,120,263	5,049,251	3,474,751	3,108,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
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				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	32,149,633	0	32,149,633	30.00
31.00	03100	4,584,732	0	4,584,732	31.00
43.00	04300	1,117,916	0	1,117,916	43.00
44.00	04400	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	16,133,778	0	16,133,778	50.00
50.01	05001	2,543,897	0	2,543,897	50.01
51.00	05100	4,809,969	0	4,809,969	51.00
52.00	05200	1,867,364	0	1,867,364	52.00
53.00	05300	2,029,934	0	2,029,934	53.00
54.00	05400	11,365,332	0	11,365,332	54.00
54.01	05401	24,020,138	0	24,020,138	54.01
56.00	03450	544,219	0	544,219	56.00
59.00	05900	1,884,594	0	1,884,594	59.00
60.00	06000	11,289,289	0	11,289,289	60.00
64.00	06400	1,845,143	0	1,845,143	64.00
65.00	06500	4,938,610	0	4,938,610	65.00
66.00	06600	10,078,526	0	10,078,526	66.00
67.00	06700	740,668	0	740,668	67.00
68.00	06800	662,238	0	662,238	68.00
69.00	06900	1,739,126	0	1,739,126	69.00
69.01	06901	1,147,117	0	1,147,117	69.01
70.00	07000	429,825	0	429,825	70.00
71.00	07100	0	0	0	71.00
72.00	07200	7,024,537	0	7,024,537	72.00
73.00	07300	17,851,535	0	17,851,535	73.00
73.01	07301	779,265	0	779,265	73.01
74.00	07400	234,066	0	234,066	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	8,012,524	0	8,012,524	90.00
91.00	09100	12,537,458	0	12,537,458	91.00
92.00	09200	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		182,361,433	0	182,361,433	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	66,891,968	0	66,891,968	192.00
192.01	19201	5,425,156	0	5,425,156	192.01
194.00	07950	4,308,957	0	4,308,957	194.00
194.01	07951	1,442,214	0	1,442,214	194.01
194.02	07952	1,293,486	0	1,293,486	194.02
194.03	07953	292,761	0	292,761	194.03
194.04	07954	2,209,154	0	2,209,154	194.04
194.05	07955	509,124	0	509,124	194.05
194.06	07956	-14,994	0	-14,994	194.06
194.07	07957	2,802,709	0	2,802,709	194.07
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		267,521,968	0	267,521,968	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0005

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	194,621	194,621	194,621		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,471,518	1,471,518	24,849	1,496,367	5.00
7.00 00700	OPERATION OF PLANT	0	2,246,975	2,246,975	4,133	82,900	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	276,841	276,841	555	7,645	8.00
9.00 00900	HOUSEKEEPING	0	124,276	124,276	3,424	24,625	9.00
10.00 01000	DIETARY	0	487,557	487,557	815	7,161	10.00
11.00 01100	CAFETERIA	0	86,586	86,586	2,053	12,273	11.00
13.00 01300	NURSING ADMINISTRATION	0	252,015	252,015	3,411	22,001	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	450,914	450,914	1,256	12,445	14.00
15.00 01500	PHARMACY	0	198,987	198,987	3,346	25,836	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	209,493	209,493	1,789	17,335	16.00
17.00 01700	SOCIAL SERVICE	0	91,679	91,679	2,895	16,920	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	2,048,163	2,048,163	20,695	113,496	30.00
31.00 03100	INTENSIVE CARE UNIT	0	256,439	256,439	2,696	17,315	31.00
43.00 04300	NURSERY	0	48,546	48,546	617	3,527	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	484,413	484,413	3,823	63,731	50.00
50.01 05001	ENDOSCOPY	0	156,698	156,698	1,700	11,347	50.01
51.00 05100	RECOVERY ROOM	0	797,780	797,780	2,049	16,288	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	164,643	164,643	1,368	7,761	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	8,471	10,089	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	886,112	886,112	6,756	50,644	54.00
54.01 05401	RADIATION-ONCOLOGY	0	573,036	573,036	1,942	133,373	54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	15,338	15,338	260	2,823	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	277,452	277,452	946	7,101	59.00
60.00 06000	LABORATORY	0	303,908	303,908	4,294	54,308	60.00
64.00 06400	INTRAVENOUS THERAPY	0	39,436	39,436	1,494	9,691	64.00
65.00 06500	RESPIRATORY THERAPY	0	334,817	334,817	3,185	21,795	65.00
66.00 06600	PHYSICAL THERAPY	0	523,704	523,704	8,054	51,609	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	53,552	53,552	618	3,720	67.00
68.00 06800	SPEECH PATHOLOGY	0	69,123	69,123	431	2,966	68.00
69.00 06900	ELECTROCARDIOLOGY	0	121,831	121,831	892	6,486	69.00
69.01 06901	CARDIAC REHAB	0	142,611	142,611	721	5,080	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	78,058	78,058	154	1,376	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	39,292	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	71,609	73.00
73.01 07301	ULTRA SOUND	0	19,849	19,849	742	4,019	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	1,239	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	586,861	586,861	2,701	43,302	90.00
91.00 09100	EMERGENCY	0	658,166	658,166	6,107	46,178	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	14,731,998	14,731,998	129,242	1,029,306	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	6,190,037	6,190,037	53,356	371,735	192.00
192.01 19201	HEALTH TRACKS	0	361,622	361,622	4,765	29,677	192.01
194.00 07950	PRIMARY CARE CLINIC	0	323,699	323,699	1,782	24,067	194.00
194.01 07951	PARTNERS IN CARE	0	138,129	138,129	1,032	6,819	194.01
194.02 07952	OCCUPATIONAL MEDICINE	0	137,751	137,751	409	6,844	194.02
194.03 07953	FOUNDATION	0	14,057	14,057	238	1,627	194.03
194.04 07954	SCHOOL & TOWN CLINICS	0	33,412	33,412	2,183	12,341	194.04
194.05 07955	MANAGED FACILITY	0	0	0	0	2,848	194.05
194.06 07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07 07957	SNF NON CERTIFIED	0	384,760	384,760	1,614	11,103	194.07
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	22,315,465	22,315,465	194,621	1,496,367	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 4:38 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	2,334,008				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	285,041			8.00	
9.00	00900	HOUSEKEEPING	32,596	0	184,921		9.00	
10.00	01000	DIETARY	127,881	0	6,237	629,651	10.00	
11.00	01100	CAFETERIA	22,710	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	66,101	0	1,448	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	118,270	88	3,541	0	14.00	
15.00	01500	PHARMACY	52,192	371	825	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	41,436	0	1,543	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	137	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	537,212	76,588	73,670	479,191	24,823	30.00
31.00	03100	INTENSIVE CARE UNIT	67,261	10,695	6,427	60,694	3,930	31.00
43.00	04300	NURSERY	12,733	4,059	581	89,766	672	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	127,056	19,062	12,929	0	5,143	50.00
50.01	05001	ENDOSCOPY	41,100	10,480	317	0	2,526	50.01
51.00	05100	RECOVERY ROOM	209,249	21,268	2,347	0	3,291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,184	14,971	275	0	1,636	52.00
53.00	05300	ANESTHESIOLOGY	0	0	296	0	2,820	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,835	31,477	7,315	0	10,275	54.00
54.01	05401	RADIATION-ONCOLOGY	0	1,966	4,207	0	3,249	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	4,023	0	328	0	306	56.00
59.00	05900	CARDIAC CATHETERIZATION	72,773	0	2,527	0	1,159	59.00
60.00	06000	LABORATORY	68,872	34	5,064	0	8,111	60.00
64.00	06400	INTRAVENOUS THERAPY	10,344	1,153	381	0	1,684	64.00
65.00	06500	RESPIRATORY THERAPY	78,307	0	666	0	5,307	65.00
66.00	06600	PHYSICAL THERAPY	53,658	19,374	5,021	0	11,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,305	0	803	0	777	67.00
68.00	06800	SPEECH PATHOLOGY	18,130	0	317	0	474	68.00
69.00	06900	ELECTROCARDIOLOGY	31,955	4,586	1,903	0	2,786	69.00
69.01	06901	CARDIAC REHAB	22,565	99	846	0	954	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	20,474	240	1,765	0	458	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	5,206	0	359	0	994	73.01
74.00	07400	RENAL DIALYSIS	0	35	497	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	18,437	7,326	0	0	90.00
91.00	09100	EMERGENCY	172,630	37,019	13,330	0	8,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,194,058	272,002	163,228	629,651	121,495	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,718	7,982	12,929	0	0	192.00
192.01	19201	HEALTH TRACKS	0	1,685	4,472	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	143	222	0	0	194.00
194.01	07951	PARTNERS IN CARE	30,314	186	1,195	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	502	2,706	0	0	194.02
194.03	07953	FOUNDATION	0	0	74	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	105	95	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	100,918	2,436	0	0	2,127	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,334,008	285,041	184,921	629,651	123,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	349,407				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	589,455			14.00
15.00	01500	PHARMACY	0	0	285,607		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	275,511	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	115,870
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	113,864	0	0	31,445	82,361
31.00	03100	INTENSIVE CARE UNIT	18,027	0	0	7,116	8,911
43.00	04300	NURSERY	3,084	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	23,589	589,455	0	0	0
50.01	05001	ENDOSCOPY	11,586	0	0	0	0
51.00	05100	RECOVERY ROOM	15,093	0	0	12,159	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,502	0	0	0	0
53.00	05300	ANESTHESIOLOGY	12,935	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,126	0	0	26,696	0
54.01	05401	RADIATION-ONCOLOGY	0	0	0	0	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,314	0	0	0	0
60.00	06000	LABORATORY	0	0	0	68,411	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	24,340	0	0	9,216	0
66.00	06600	PHYSICAL THERAPY	0	0	0	5,523	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,578	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	12,780	0	0	7,204	0
69.01	06901	CARDIAC REHAB	4,375	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	285,607	0	0
73.01	07301	ULTRA SOUND	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	40,034	0	0	106,163	24,598
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	339,649	589,455	285,607	275,511	115,870
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	HEALTH TRACKS	0	0	0	0	0
194.00	07950	PRIMARY CARE CLINIC	0	0	0	0	0
194.01	07951	PARTNERS IN CARE	0	0	0	0	0
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	FOUNDATION	0	0	0	0	0
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	0	0
194.05	07955	MANAGED FACILITY	0	0	0	0	0
194.06	07956	RENTAL PROPERTIES	0	0	0	0	0
194.07	07957	SNF NON CERTIFIED	9,758	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	349,407	589,455	285,607	275,511	115,870



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/30/2018 4:38 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	3,601,508	0	3,601,508
31.00	03100	INTENSIVE CARE UNIT	459,511	0	459,511
43.00	04300	NURSERY	163,585	0	163,585
44.00	04400	SKILLED NURSING FACILITY	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1,329,201	0	1,329,201
50.01	05001	ENDOSCOPY	235,754	0	235,754
51.00	05100	RECOVERY ROOM	1,079,524	0	1,079,524
52.00	05200	DELIVERY ROOM & LABOR ROOM	241,340	0	241,340
53.00	05300	ANESTHESIOLOGY	34,611	0	34,611
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,199,236	0	1,199,236
54.01	05401	RADIATION-ONCOLOGY	717,773	0	717,773
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	23,078	0	23,078
59.00	05900	CARDIAC CATHETERIZATION	367,272	0	367,272
60.00	06000	LABORATORY	513,002	0	513,002
64.00	06400	INTRAVENOUS THERAPY	64,183	0	64,183
65.00	06500	RESPIRATORY THERAPY	477,633	0	477,633
66.00	06600	PHYSICAL THERAPY	678,759	0	678,759
67.00	06700	OCCUPATIONAL THERAPY	64,353	0	64,353
68.00	06800	SPEECH PATHOLOGY	91,441	0	91,441
69.00	06900	ELECTROCARDIOLOGY	190,423	0	190,423
69.01	06901	CARDIAC REHAB	177,251	0	177,251
70.00	07000	ELECTROENCEPHALOGRAPHY	102,525	0	102,525
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	39,292	0	39,292
73.00	07300	DRUGS CHARGED TO PATIENTS	357,216	0	357,216
73.01	07301	ULTRA SOUND	31,169	0	31,169
74.00	07400	RENAL DIALYSIS	1,771	0	1,771
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	658,627	0	658,627
91.00	09100	EMERGENCY	1,112,953	0	1,112,953
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,012,991	0	14,012,991
<b>NONREIMBURSABLE COST CENTERS</b>					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,644,757	0	6,644,757
192.01	19201	HEALTH TRACKS	402,221	0	402,221
194.00	07950	PRIMARY CARE CLINIC	349,913	0	349,913
194.01	07951	PARTNERS IN CARE	177,675	0	177,675
194.02	07952	OCCUPATIONAL MEDICINE	148,212	0	148,212
194.03	07953	FOUNDATION	15,996	0	15,996
194.04	07954	SCHOOL & TOWN CLINICS	48,136	0	48,136
194.05	07955	MANAGED FACILITY	2,848	0	2,848
194.06	07956	RENTAL PROPERTIES	0	0	0
194.07	07957	SNF NON CERTIFIED	512,716	0	512,716
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	22,315,465	0	22,315,465

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	766,739				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,687	121,691,815			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	50,560	15,540,117	-36,279,685	231,257,277	5.00
7.00 00700	OPERATION OF PLANT	77,204	2,584,991	0	12,810,984	305,748 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	9,512	346,844	0	1,181,371	0 8.00
9.00 00900	HOUSEKEEPING	4,270	2,141,645	0	3,805,423	4,270 9.00
10.00 01000	DIETARY	16,752	509,404	0	1,106,553	16,752 10.00
11.00 01100	CAFETERIA	2,975	1,283,712	0	1,896,631	2,975 11.00
13.00 01300	NURSING ADMINISTRATION	8,659	2,133,391	0	3,399,864	8,659 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,493	785,696	0	1,923,222	15,493 14.00
15.00 01500	PHARMACY	6,837	2,092,668	0	3,992,544	6,837 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,198	1,119,116	0	2,678,855	5,428 16.00
17.00 01700	SOCIAL SERVICE	3,150	1,810,200	0	2,614,784	0 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	70,373	12,942,483	0	17,539,218	70,373 30.00
31.00 03100	INTENSIVE CARE UNIT	8,811	1,685,911	0	2,675,772	8,811 31.00
43.00 04300	NURSERY	1,668	385,680	0	544,982	1,668 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	16,644	2,390,707	0	9,848,734	16,644 50.00
50.01 05001	ENDOSCOPY	5,384	1,063,015	0	1,753,559	5,384 50.01
51.00 05100	RECOVERY ROOM	27,411	1,281,311	0	2,517,059	27,411 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,657	855,696	0	1,199,389	5,657 52.00
53.00 05300	ANESTHESIOLOGY	0	5,297,545	0	1,559,049	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,446	4,225,302	0	7,826,363	17,401 54.00
54.01 05401	RADIATION-ONCOLOGY	19,689	1,214,474	0	20,610,944	0 54.01
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	527	162,850	0	436,269	527 56.00
59.00 05900	CARDIAC CATHETERIZATION	9,533	591,669	0	1,097,410	9,533 59.00
60.00 06000	LABORATORY	10,442	2,685,575	0	8,392,515	9,022 60.00
64.00 06400	INTRAVENOUS THERAPY	1,355	934,304	0	1,497,645	1,355 64.00
65.00 06500	RESPIRATORY THERAPY	11,504	1,991,723	0	3,368,147	10,258 65.00
66.00 06600	PHYSICAL THERAPY	17,994	5,037,181	0	7,975,394	7,029 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,840	386,672	0	574,860	433 67.00
68.00 06800	SPEECH PATHOLOGY	2,375	269,582	0	458,344	2,375 68.00
69.00 06900	ELECTROCARDIOLOGY	4,186	557,812	0	1,002,362	4,186 69.00
69.01 06901	CARDIAC REHAB	4,900	450,606	0	785,056	2,956 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	2,682	96,499	0	212,634	2,682 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,071,967	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,066,216	0 73.00
73.01 07301	ULTRA SOUND	682	464,092	0	621,026	682 73.01
74.00 07400	RENAL DIALYSIS	0	0	0	191,475	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	20,164	1,689,250	0	6,691,722	0 90.00
91.00 09100	EMERGENCY	22,614	3,819,120	0	7,136,095	22,614 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	506,178	80,826,843	-36,279,685	159,064,437	287,415 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00 19200	PHYSICIANS' PRIVATE OFFICES	212,684	33,346,454	0	57,461,481	1,142 192.00
192.01 19201	HEALTH TRACKS	12,425	2,979,753	0	4,586,144	0 192.01
194.00 07950	PRIMARY CARE CLINIC	11,122	1,114,184	0	3,719,262	0 194.00
194.01 07951	PARTNERS IN CARE	4,746	645,413	0	1,053,747	3,971 194.01
194.02 07952	OCCUPATIONAL MEDICINE	4,733	255,634	0	1,057,693	0 194.02
194.03 07953	FOUNDATION	483	148,828	0	251,467	0 194.03
194.04 07954	SCHOOL & TOWN CLINICS	1,148	1,365,023	0	1,907,095	0 194.04
194.05 07955	MANAGED FACILITY	0	0	0	440,084	0 194.05
194.06 07956	RENTAL PROPERTIES	0	0	14,994	0	0 194.06
194.07 07957	SNF NON CERTIFIED	13,220	1,009,683	0	1,715,867	13,220 194.07
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)	22,315,465	5,289,445		36,279,685	14,820,771 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.104382	0.043466		0.156880	48.473812 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		194,621		1,496,367	2,334,008 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.001599		0.006471	7.633764 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5A	5.00	7.00	
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: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
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	1,227,497				8.00
9.00	00900	HOUSEKEEPING	0	17,493			9.00
10.00	01000	DIETARY	0	590	21,485		10.00
11.00	01100	CAFETERIA	0	0	0	1,699,467	11.00
13.00	01300	NURSING ADMINISTRATION	0	137	0	60,908	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	379	335	0	40,428	14.00
15.00	01500	PHARMACY	1,599	78	0	55,677	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	146	0	53,817	16.00
17.00	01700	SOCIAL SERVICE	0	13	0	58,274	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	329,825	6,969	16,351	341,277	30.00
31.00	03100	INTENSIVE CARE UNIT	46,056	608	2,071	54,030	31.00
43.00	04300	NURSERY	17,479	55	3,063	9,243	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	82,090	1,223	0	70,702	50.00
50.01	05001	ENDOSCOPY	45,130	30	0	34,727	50.01
51.00	05100	RECOVERY ROOM	91,587	222	0	45,237	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,470	26	0	22,484	52.00
53.00	05300	ANESTHESIOLOGY	0	28	0	38,768	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,552	692	0	141,248	54.00
54.01	05401	RADIATION-ONCOLOGY	8,466	398	0	44,660	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	31	0	4,211	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	239	0	15,928	59.00
60.00	06000	LABORATORY	147	479	0	111,500	60.00
64.00	06400	INTRAVENOUS THERAPY	4,965	36	0	23,148	64.00
65.00	06500	RESPIRATORY THERAPY	0	63	0	72,951	65.00
66.00	06600	PHYSICAL THERAPY	83,431	475	0	162,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	76	0	10,683	67.00
68.00	06800	SPEECH PATHOLOGY	0	30	0	6,511	68.00
69.00	06900	ELECTROCARDIOLOGY	19,747	180	0	38,305	69.00
69.01	06901	CARDIAC REHAB	428	80	0	13,114	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,034	167	0	6,302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	ULTRA SOUND	0	34	0	13,659	73.01
74.00	07400	RENAL DIALYSIS	151	47	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	79,396	693	0	0	90.00
91.00	09100	EMERGENCY	159,420	1,261	0	119,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,171,352	15,441	21,485	1,670,221	1,018,006
<b>NONREIMBURSABLE COST CENTERS</b>							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	34,373	1,223	0	0	192.00
192.01	19201	HEALTH TRACKS	7,255	423	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	614	21	0	0	194.00
194.01	07951	PARTNERS IN CARE	799	113	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	2,161	256	0	0	194.02
194.03	07953	FOUNDATION	0	7	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	452	9	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	10,491	0	0	29,246	194.07
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,366,704	4,609,401	2,247,647	2,338,384	4,472,875
203.00		Unit cost multiplier (Wkst. B, Part I)	1.113407	263.499743	104.614708	1.375951	4.271059
204.00		Cost to be allocated (per Wkst. B, Part II)	285,041	184,921	629,651	123,622	349,407
205.00		Unit cost multiplier (Wkst. B, Part II)	0.232213	10.571143	29.306539	0.072742	0.333642
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0005

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

Worksheet B-1

Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
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	100			14.00
15.00	01500	PHARMACY	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	229,341,030	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	0	0	26,182,313	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,924,854	31.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	100	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	10,124,278	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	22,228,227	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	56,961,679	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	7,673,998	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,598,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,314,134	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,998,071	69.00
69.01	06901	CARDIAC REHAB	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	0	73.00
73.01	07301	ULTRA SOUND	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	88,335,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	229,341,030	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	HEALTH TRACKS	0	0	0	192.01
194.00	07950	PRIMARY CARE CLINIC	0	0	0	194.00
194.01	07951	PARTNERS IN CARE	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	194.02
194.03	07953	FOUNDATION	0	0	0	194.03
194.04	07954	SCHOOL & TOWN CLINICS	0	0	0	194.04
194.05	07955	MANAGED FACILITY	0	0	0	194.05
194.06	07956	RENTAL PROPERTIES	0	0	0	194.06
194.07	07957	SNF NON CERTIFIED	0	0	0	194.07
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,120,263	5,049,251	3,474,751	3,108,598
203.00		Unit cost multiplier (Wkst. B, Part I)	31,202.630000	50,492.510000	0.015151	156.454678
204.00		Cost to be allocated (per Wkst. B, Part II)	589,455	285,607	275,511	115,870
205.00		Unit cost multiplier (Wkst. B, Part II)	5,894.550000	2,856.070000	0.001201	5.831698
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0005			Period: From 01/01/2017 To 12/31/2017		Worksheet B-1 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)			
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	14.00	15.00	16.00	17.00			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		32,149,633	1,420	32,151,053	30.00
31.00	03100 INTENSIVE CARE UNIT		4,584,732	0	4,584,732	31.00
43.00	04300 NURSERY		1,117,916	0	1,117,916	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		16,133,778	0	16,133,778	50.00
50.01	05001 ENDOSCOPY		2,543,897	0	2,543,897	50.01
51.00	05100 RECOVERY ROOM		4,809,969	0	4,809,969	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,867,364	0	1,867,364	52.00
53.00	05300 ANESTHESIOLOGY		2,029,934	4	2,029,938	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		11,365,332	0	11,365,332	54.00
54.01	05401 RADIOLOGY-ONCOLOGY		24,020,138	0	24,020,138	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC		544,219	0	544,219	56.00
59.00	05900 CARDIAC CATHETERIZATION		1,884,594	0	1,884,594	59.00
60.00	06000 LABORATORY		11,289,289	42	11,289,331	60.00
64.00	06400 INTRAVENOUS THERAPY		1,845,143	0	1,845,143	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,938,610	0	4,938,610	65.00
66.00	06600 PHYSICAL THERAPY	0	10,078,526	0	10,078,526	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	740,668	0	740,668	67.00
68.00	06800 SPEECH PATHOLOGY	0	662,238	0	662,238	68.00
69.00	06900 ELECTROCARDIOLOGY		1,739,126	0	1,739,126	69.00
69.01	06901 CARDIAC REHAB		1,147,117	0	1,147,117	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		429,825	0	429,825	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		7,024,537	0	7,024,537	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,851,535	0	17,851,535	73.00
73.01	07301 ULTRA SOUND		779,265	0	779,265	73.01
74.00	07400 RENAL DIALYSIS		234,066	0	234,066	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		8,012,524	0	8,012,524	90.00
91.00	09100 EMERGENCY		12,537,458	4	12,537,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,532,085		3,532,085	92.00
200.00	Subtotal (see instructions)	0	185,893,518	1,470	185,894,988	200.00
201.00	Less Observation Beds		3,532,085		3,532,085	201.00
202.00	Total (see instructions)	0	182,361,433	1,470	182,362,903	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	22,608,048		22,608,048	30.00
31.00	03100	INTENSIVE CARE UNIT	5,626,916		5,626,916	31.00
43.00	04300	NURSERY	6,439,564		6,439,564	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	17,611,770	30,181,872	47,793,642	50.00
50.01	05001	ENDOSCOPY	694,364	9,571,169	10,265,533	50.01
51.00	05100	RECOVERY ROOM	2,986,972	7,137,306	10,124,278	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,826,408	166,647	10,993,055	52.00
53.00	05300	ANESTHESIOLOGY	4,277,978	6,901,329	11,179,307	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,362,295	50,584,001	58,946,296	54.00
54.01	05401	RADIATION-ONCOLOGY	738,565	69,030,085	69,768,650	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	463,685	4,211,873	4,675,558	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,300,438	7,795,271	13,095,709	59.00
60.00	06000	LABORATORY	11,819,672	49,794,005	61,613,677	60.00
64.00	06400	INTRAVENOUS THERAPY	68,885	9,103,870	9,172,755	64.00
65.00	06500	RESPIRATORY THERAPY	5,736,483	7,252,160	12,988,643	65.00
66.00	06600	PHYSICAL THERAPY	1,676,288	12,785,379	14,461,667	66.00
67.00	06700	OCCUPATIONAL THERAPY	835,088	962,040	1,797,128	67.00
68.00	06800	SPEECH PATHOLOGY	421,446	1,218,563	1,640,009	68.00
69.00	06900	ELECTROCARDIOLOGY	2,736,990	7,343,817	10,080,807	69.00
69.01	06901	CARDIAC REHAB	26,048	2,439,260	2,465,308	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	138,163	852,395	990,558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,605,193	4,007,576	12,612,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,463,164	20,206,691	30,669,855	73.00
73.01	07301	ULTRA SOUND	1,876,543	10,662,384	12,538,927	73.01
74.00	07400	RENAL DIALYSIS	208,152	6,331	214,483	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	24,515	36,670,998	36,695,513	90.00
91.00	09100	EMERGENCY	16,557,344	71,666,532	88,223,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	426,512	3,449,504	3,876,016	92.00
200.00		Subtotal (see instructions)	147,557,489	424,001,058	571,558,547	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	147,557,489	424,001,058	571,558,547	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.337572		50.00
50.01	05001 ENDOSCOPY	0.247810		50.01
51.00	05100 RECOVERY ROOM	0.475093		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.169868		52.00
53.00	05300 ANESTHESIOLOGY	0.181580		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192808		54.00
54.01	05401 RADIATION-ONCOLOGY	0.344283		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116397		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.143909		59.00
60.00	06000 LABORATORY	0.183228		60.00
64.00	06400 INTRAVENOUS THERAPY	0.201155		64.00
65.00	06500 RESPIRATORY THERAPY	0.380225		65.00
66.00	06600 PHYSICAL THERAPY	0.696913		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.412140		67.00
68.00	06800 SPEECH PATHOLOGY	0.403801		68.00
69.00	06900 ELECTROCARDIOLOGY	0.172519		69.00
69.01	06901 CARDIAC REHAB	0.465304		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.433922		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.556939		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.582055		73.00
73.01	07301 ULTRA SOUND	0.062148		73.01
74.00	07400 RENAL DIALYSIS	1.091303		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.218352		90.00
91.00	09100 EMERGENCY	0.142110		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.911267		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0005

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	32,149,633		32,149,633	1,420	32,151,053	30.00
31.00	03100 INTENSIVE CARE UNIT	4,584,732		4,584,732	0	4,584,732	31.00
43.00	04300 NURSERY	1,117,916		1,117,916	0	1,117,916	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	16,133,778		16,133,778	0	16,133,778	50.00
50.01	05001 ENDOSCOPY	2,543,897		2,543,897	0	2,543,897	50.01
51.00	05100 RECOVERY ROOM	4,809,969		4,809,969	0	4,809,969	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,867,364		1,867,364	0	1,867,364	52.00
53.00	05300 ANESTHESIOLOGY	2,029,934		2,029,934	4	2,029,938	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	11,365,332		11,365,332	0	11,365,332	54.00
54.01	05401 RADIOLOGY-ONCOLOGY	24,020,138		24,020,138	0	24,020,138	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	544,219		544,219	0	544,219	56.00
59.00	05900 CARDIAC CATHETERIZATION	1,884,594		1,884,594	0	1,884,594	59.00
60.00	06000 LABORATORY	11,289,289		11,289,289	42	11,289,331	60.00
64.00	06400 INTRAVENOUS THERAPY	1,845,143		1,845,143	0	1,845,143	64.00
65.00	06500 RESPIRATORY THERAPY	4,938,610	0	4,938,610	0	4,938,610	65.00
66.00	06600 PHYSICAL THERAPY	10,078,526	0	10,078,526	0	10,078,526	66.00
67.00	06700 OCCUPATIONAL THERAPY	740,668	0	740,668	0	740,668	67.00
68.00	06800 SPEECH PATHOLOGY	662,238	0	662,238	0	662,238	68.00
69.00	06900 ELECTROCARDIOLOGY	1,739,126		1,739,126	0	1,739,126	69.00
69.01	06901 CARDIAC REHAB	1,147,117		1,147,117	0	1,147,117	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	429,825		429,825	0	429,825	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7,024,537		7,024,537	0	7,024,537	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,851,535		17,851,535	0	17,851,535	73.00
73.01	07301 ULTRA SOUND	779,265		779,265	0	779,265	73.01
74.00	07400 RENAL DIALYSIS	234,066		234,066	0	234,066	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	8,012,524		8,012,524	0	8,012,524	90.00
91.00	09100 EMERGENCY	12,537,458		12,537,458	4	12,537,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,532,085		3,532,085		3,532,085	92.00
200.00	Subtotal (see instructions)	185,893,518	0	185,893,518	1,470	185,894,988	200.00
201.00	Less Observation Beds	3,532,085		3,532,085		3,532,085	201.00
202.00	Total (see instructions)	182,361,433	0	182,361,433	1,470	182,362,903	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 4:38 pm
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Cost Center Description		Title XIX			Hospital	Cost	
		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	22,608,048		22,608,048		30.00
31.00	03100	INTENSIVE CARE UNIT	5,626,916		5,626,916		31.00
43.00	04300	NURSERY	6,439,564		6,439,564		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,611,770	30,181,872	47,793,642	0.337572	50.00
50.01	05001	ENDOSCOPY	694,364	9,571,169	10,265,533	0.247810	50.01
51.00	05100	RECOVERY ROOM	2,986,972	7,137,306	10,124,278	0.475093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,826,408	166,647	10,993,055	0.169868	52.00
53.00	05300	ANESTHESIOLOGY	4,277,978	6,901,329	11,179,307	0.181580	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,362,295	50,584,001	58,946,296	0.192808	54.00
54.01	05401	RADIATION-ONCOLOGY	738,565	69,030,085	69,768,650	0.344283	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	463,685	4,211,873	4,675,558	0.116397	56.00
59.00	05900	CARDIAC CATHETERIZATION	5,300,438	7,795,271	13,095,709	0.143909	59.00
60.00	06000	LABORATORY	11,819,672	49,794,005	61,613,677	0.183227	60.00
64.00	06400	INTRAVENOUS THERAPY	68,885	9,103,870	9,172,755	0.201155	64.00
65.00	06500	RESPIRATORY THERAPY	5,736,483	7,252,160	12,988,643	0.380225	65.00
66.00	06600	PHYSICAL THERAPY	1,676,288	12,785,379	14,461,667	0.696913	66.00
67.00	06700	OCCUPATIONAL THERAPY	835,088	962,040	1,797,128	0.412140	67.00
68.00	06800	SPEECH PATHOLOGY	421,446	1,218,563	1,640,009	0.403801	68.00
69.00	06900	ELECTROCARDIOLOGY	2,736,990	7,343,817	10,080,807	0.172519	69.00
69.01	06901	CARDIAC REHAB	26,048	2,439,260	2,465,308	0.465304	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	138,163	852,395	990,558	0.433922	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,605,193	4,007,576	12,612,769	0.556939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,463,164	20,206,691	30,669,855	0.582055	73.00
73.01	07301	ULTRA SOUND	1,876,543	10,662,384	12,538,927	0.062148	73.01
74.00	07400	RENAL DIALYSIS	208,152	6,331	214,483	1.091303	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	24,515	36,670,998	36,695,513	0.218352	90.00
91.00	09100	EMERGENCY	16,557,344	71,666,532	88,223,876	0.142110	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	426,512	3,449,504	3,876,016	0.911267	92.00
200.00		Subtotal (see instructions)	147,557,489	424,001,058	571,558,547		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	147,557,489	424,001,058	571,558,547		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/30/2018 4:38 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIATION-ONCOLOGY	0.000000		54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 ULTRA SOUND	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/30/2018 4:38 pm	
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	3,601,508	0	3,601,508	18,369	196.06	30.00
31.00	INTENSIVE CARE UNIT	459,511		459,511	1,809	254.01	31.00
43.00	NURSERY	163,585		163,585	3,063	53.41	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	4,224,604		4,224,604	23,241		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	6,690	1,311,641				
31.00	INTENSIVE CARE UNIT	904	229,625				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	7,594	1,541,266				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/30/2018 4:38 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,329,201	47,793,642	0.027811	7,120,218	198,020	50.00
50.01	05001	ENDOSCOPY	235,754	10,265,533	0.022966	358,477	8,233	50.01
51.00	05100	RECOVERY ROOM	1,079,524	10,124,278	0.106627	1,013,031	108,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	241,340	10,993,055	0.021954	9,155	201	52.00
53.00	05300	ANESTHESIOLOGY	34,611	11,179,307	0.003096	1,564,089	4,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,199,236	58,946,296	0.020345	4,111,749	83,654	54.00
54.01	05401	RADIATION-ONCOLOGY	717,773	69,768,650	0.010288	305,856	3,147	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	23,078	4,675,558	0.004936	242,553	1,197	56.00
59.00	05900	CARDIAC CATHETERIZATION	367,272	13,095,709	0.028045	2,657,822	74,539	59.00
60.00	06000	LABORATORY	513,002	61,613,677	0.008326	5,249,534	43,708	60.00
64.00	06400	INTRAVENOUS THERAPY	64,183	9,172,755	0.006997	5,511	39	64.00
65.00	06500	RESPIRATORY THERAPY	477,633	12,988,643	0.036773	2,679,107	98,519	65.00
66.00	06600	PHYSICAL THERAPY	678,759	14,461,667	0.046935	908,529	42,642	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,353	1,797,128	0.035809	450,608	16,136	67.00
68.00	06800	SPEECH PATHOLOGY	91,441	1,640,009	0.055756	261,137	14,560	68.00
69.00	06900	ELECTROCARDIOLOGY	190,423	10,080,807	0.018890	1,416,139	26,751	69.00
69.01	06901	CARDIAC REHAB	177,251	2,465,308	0.071898	11,859	853	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	102,525	990,558	0.103502	84,304	8,726	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	39,292	12,612,769	0.003115	3,846,288	11,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	357,216	30,669,855	0.011647	4,814,269	56,072	73.00
73.01	07301	ULTRA SOUND	31,169	12,538,927	0.002486	953,418	2,370	73.01
74.00	07400	RENAL DIALYSIS	1,771	214,483	0.008257	81,343	672	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	658,627	36,695,513	0.017948	0	0	90.00
91.00	09100	EMERGENCY	1,112,953	88,223,876	0.012615	8,620,919	108,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	395,657	3,876,016	0.102078	426,512	43,537	92.00
200.00		Total (lines 50 through 199)	10,184,044	536,884,019		47,192,427	957,168	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/30/2018 4:38 pm
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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
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 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	18,369	0.00	6,690	30.00
31.00	03100	INTENSIVE CARE UNIT		0	1,809	0.00	904	31.00
43.00	04300	NURSERY		0	3,063	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		0	23,241		7,594	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
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 4:38 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
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
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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 PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 ULTRA SOUND	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 4:38 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	47,793,642	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	10,265,533	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	10,124,278	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,993,055	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,179,307	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	58,946,296	0.000000	54.00
54.01	05401	RADIATION-ONCOLOGY	0	0	0	69,768,650	0.000000	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	4,675,558	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	13,095,709	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	61,613,677	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	9,172,755	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,988,643	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,461,667	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,797,128	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,640,009	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	10,080,807	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	2,465,308	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	990,558	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,612,769	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	30,669,855	0.000000	73.00
73.01	07301	ULTRA SOUND	0	0	0	12,538,927	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	214,483	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	36,695,513	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	88,223,876	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,876,016	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	536,884,019		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/30/2018 4:38 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000000	7,120,218	0	8,891,561	0	50.00
50.01	05001	ENDOSCOPY	0.000000	358,477	0	4,432,102	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	1,013,031	0	2,220,541	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	9,155	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,564,089	0	1,261,324	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,111,749	0	11,398,652	0	54.00
54.01	05401	RADIATION-ONCOLOGY	0.000000	305,856	0	25,941,987	0	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	242,553	0	1,755,593	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,657,822	0	2,263,966	0	59.00
60.00	06000	LABORATORY	0.000000	5,249,534	0	3,708,003	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	5,511	0	2,977,972	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,679,107	0	1,276,563	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	908,529	0	388,526	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	450,608	0	11,046	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	261,137	0	21,851	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,416,139	0	1,933,511	0	69.00
69.01	06901	CARDIAC REHAB	0.000000	11,859	0	1,137,358	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	84,304	0	68,179	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	3,846,288	0	1,210,960	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	4,814,269	0	5,324,116	0	73.00
73.01	07301	ULTRA SOUND	0.000000	953,418	0	3,005,253	0	73.01
74.00	07400	RENAL DIALYSIS	0.000000	81,343	0	2,727	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	2,204,895	0	90.00
91.00	09100	EMERGENCY	0.000000	8,620,919	0	13,660,286	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	426,512	0	685,051	0	92.00
200.00		Total (lines 50 through 199)		47,192,427	0	95,782,023	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.337572	8,891,561	0	0	3,001,542	50.00
50.01	05001	ENDOSCOPY	0.247810	4,432,102	0	0	1,098,319	50.01
51.00	05100	RECOVERY ROOM	0.475093	2,220,541	0	0	1,054,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.169868	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.181580	1,261,324	0	0	229,031	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192808	11,398,652	0	302	2,197,751	54.00
54.01	05401	RADIATION-ONCOLOGY	0.344283	25,941,987	0	11,575	8,931,385	54.01
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.116397	1,755,593	0	0	204,346	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.143909	2,263,966	0	0	325,805	59.00
60.00	06000	LABORATORY	0.183227	3,708,003	84	0	679,406	60.00
64.00	06400	INTRAVENOUS THERAPY	0.201155	2,977,972	0	0	599,034	64.00
65.00	06500	RESPIRATORY THERAPY	0.380225	1,276,563	0	0	485,381	65.00
66.00	06600	PHYSICAL THERAPY	0.696913	388,526	0	0	270,769	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.412140	11,046	0	0	4,552	67.00
68.00	06800	SPEECH PATHOLOGY	0.403801	21,851	0	0	8,823	68.00
69.00	06900	ELECTROCARDIOLOGY	0.172519	1,933,511	0	0	333,567	69.00
69.01	06901	CARDIAC REHAB	0.465304	1,137,358	0	0	529,217	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.433922	68,179	0	0	29,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.556939	1,210,960	0	0	674,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.582055	5,324,116	0	3,399	3,098,928	73.00
73.01	07301	ULTRA SOUND	0.062148	3,005,253	0	0	186,770	73.01
74.00	07400	RENAL DIALYSIS	1.091303	2,727	0	0	2,976	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.218352	2,204,895	0	0	481,443	90.00
91.00	09100	EMERGENCY	0.142110	13,660,286	0	0	1,941,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.911267	685,051	442	0	624,264	92.00
200.00		Subtotal (see instructions)		95,782,023	526	15,276	26,993,550	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		95,782,023	526	15,276	26,993,550	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/30/2018 4:38 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	58		54.00
54.01 05401 RADIATION-ONCOLOGY	0	3,985		54.01
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	15	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
69.01 06901 CARDIAC REHAB	0	0		69.01
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 PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,978		73.00
73.01 07301 ULTRA SOUND	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	403	0		92.00
200.00 Subtotal (see instructions)	418	6,021		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	418	6,021		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2018 4:38 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,369	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,369	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,351	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)		6,690	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,151,053	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)		32,151,053	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,151,053	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,750.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,709,440	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,709,440	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
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	4,584,732	1,809	2,534.40	904	2,291,098	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,466,558	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,467,096	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,541,266	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					957,168	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,498,434	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,968,662	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)					2,018	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,750.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,532,085	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,601,508	32,151,053	0.112018	3,532,085	395,657	90.00
91.00	Nursing School cost	0	32,151,053	0.000000	3,532,085	0	91.00
92.00	Allied health cost	0	32,151,053	0.000000	3,532,085	0	92.00
93.00	All other Medical Education	0	32,151,053	0.000000	3,532,085	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2018 4:38 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,369	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,369	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,351	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)		310	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)		3,063	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,149,633	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)		32,149,633	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,149,633	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,750.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		542,565	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)		542,565	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Cost Program Cost (col. 3 x col. 4)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,117,916	3,063	364.97	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,584,732	1,809	2,534.40	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					308,758	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					851,323	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,018	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,750.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,531,924	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,601,508	32,149,633	0.112023	3,531,924	395,657	90.00
91.00	Nursing School cost	0	32,149,633	0.000000	3,531,924	0	91.00
92.00	Allied health cost	0	32,149,633	0.000000	3,531,924	0	92.00
93.00	All other Medical Education	0	32,149,633	0.000000	3,531,924	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		7,847,704		30.00
31.00	03100 INTENSIVE CARE UNIT		2,717,583		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.337572	7,120,218	2,403,586	50.00
50.01	05001 ENDOSCOPY	0.247810	358,477	88,834	50.01
51.00	05100 RECOVERY ROOM	0.475093	1,013,031	481,284	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.169868	9,155	1,555	52.00
53.00	05300 ANESTHESIOLOGY	0.181580	1,564,089	284,007	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192808	4,111,749	792,778	54.00
54.01	05401 RADIATION-ONCOLOGY	0.344283	305,856	105,301	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116397	242,553	28,232	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.143909	2,657,822	382,485	59.00
60.00	06000 LABORATORY	0.183228	5,249,534	961,862	60.00
64.00	06400 INTRAVENOUS THERAPY	0.201155	5,511	1,109	64.00
65.00	06500 RESPIRATORY THERAPY	0.380225	2,679,107	1,018,663	65.00
66.00	06600 PHYSICAL THERAPY	0.696913	908,529	633,166	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.412140	450,608	185,714	67.00
68.00	06800 SPEECH PATHOLOGY	0.403801	261,137	105,447	68.00
69.00	06900 ELECTROCARDIOLOGY	0.172519	1,416,139	244,311	69.00
69.01	06901 CARDIAC REHAB	0.465304	11,859	5,518	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.433922	84,304	36,581	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.556939	3,846,288	2,142,148	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.582055	4,814,269	2,802,169	73.00
73.01	07301 ULTRA SOUND	0.062148	953,418	59,253	73.01
74.00	07400 RENAL DIALYSIS	1.091303	81,343	88,770	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.218352	0	0	90.00
91.00	09100 EMERGENCY	0.142110	8,620,919	1,225,119	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.911267	426,512	388,666	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		47,192,427	14,466,558	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		47,192,427		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/30/2018 4:38 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		284,284		30.00
31.00	03100 INTENSIVE CARE UNIT		34,760		31.00
43.00	04300 NURSERY		208,548		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.337572	154,492	52,152	50.00
50.01	05001 ENDOSCOPY	0.247810	7,586	1,880	50.01
51.00	05100 RECOVERY ROOM	0.475093	20,213	9,603	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.169868	335,193	56,939	52.00
53.00	05300 ANESTHESIOLOGY	0.181580	37,816	6,867	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192808	71,771	13,838	54.00
54.01	05401 RADIATION-ONCOLOGY	0.344283	4,688	1,614	54.01
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.116397	4,580	533	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.143909	0	0	59.00
60.00	06000 LABORATORY	0.183227	185,614	34,009	60.00
64.00	06400 INTRAVENOUS THERAPY	0.201155	1,208	243	64.00
65.00	06500 RESPIRATORY THERAPY	0.380225	55,407	21,067	65.00
66.00	06600 PHYSICAL THERAPY	0.696913	8,454	5,892	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.412140	3,934	1,621	67.00
68.00	06800 SPEECH PATHOLOGY	0.403801	1,664	672	68.00
69.00	06900 ELECTROCARDIOLOGY	0.172519	55,076	9,502	69.00
69.01	06901 CARDIAC REHAB	0.465304	344	160	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.433922	963	418	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.556939	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.582055	110,039	64,049	73.00
73.01	07301 ULTRA SOUND	0.062148	21,080	1,310	73.01
74.00	07400 RENAL DIALYSIS	1.091303	3,626	3,957	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.218352	0	0	90.00
91.00	09100 EMERGENCY	0.142110	157,848	22,432	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.911267	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,241,596	308,758	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,241,596		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,114,615	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)		407,880	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		121.47	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.90	31.00
32.00	Sum of lines 30 and 31		18.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.82	33.00
34.00	Disproportionate share adjustment (see instructions)		206,231	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	551,724	1,087,014	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	412,659	273,987	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	686,646		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
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)	18,415,372		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		18,415,372	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,500,672	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,916,044	59.00
60.00	Primary payer payments		11,041	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,905,003	61.00
62.00	Deductibles billed to program beneficiaries		2,043,132	62.00
63.00	Coinurance billed to program beneficiaries		27,965	63.00
64.00	Allowable bad debts (see instructions)		190,858	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		124,058	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		190,858	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,957,964	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		87,063	70.93
70.94	HRR adjustment amount (see instructions)		-79,788	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/30/2018 4:38 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			17,965,239	71.00
71.01	Sequestration adjustment (see instructions)			359,305	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			17,583,876	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)			22,058	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			199,017	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00



LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2018 4:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,114,615	0	0	17,114,615	17,114,615	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	407,880	0	0	407,880	407,880	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	0.000000	5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0482	0.0482	0.0482	0.0482	0.0482	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,231	0	0	206,231	206,231	11.00
11.01	Uncompensated care payments	36.00	686,646	0	412,659	273,987	686,646	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,415,372	0	412,659	18,002,713	18,415,372	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,415,372	0	412,659	18,002,713	18,415,372	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,500,672	0	0	1,500,672	1,500,672	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0005

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2018 4:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	412,659	19,503,385	19,916,044	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,395,704	0	0	1,395,704	1,395,704	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	51,513	0	0	51,513	51,513	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0383	0.0383	0.0383	0.0383		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	53,455	0	0	53,455	53,455	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,500,672	0	0	1,500,672	1,500,672	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0005		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2018 4:38 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	17,114,615		17,114,615	17,114,615	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	407,880	0	407,880	407,880	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0482	0.0482	0.0482		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	206,231	0	206,231	206,231	11.00
11.01	Uncompensated care payments	36.00	686,646	412,659	273,987	686,646	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,415,372	412,659	18,002,713	18,415,372	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,415,372	412,659	18,002,713	18,415,372	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,500,672	0	1,500,672	1,500,672	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			412,659	19,503,385	19,916,044	19.00

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,395,704	0	1,395,704	1,395,704	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	51,513	0	51,513	51,513	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0383	0.0383	0.0383		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	53,455	0	53,455	53,455	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,500,672	0	1,500,672	1,500,672	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	87,063	0	87,063	87,063	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-79,788	0	-79,788	-79,788	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		6,439	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,993,550	2.00
3.00	OPPS payments		18,985,994	3.00
4.00	Outlier payment (see instructions)		252,913	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,439	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		15,802	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)		15,802	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		15,802	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,363	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)		6,439	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)		19,238,907	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,687,917	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)		15,557,429	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		15,557,429	30.00
31.00	Primary payer payments		4,298	31.00
32.00	Subtotal (line 30 minus line 31)		15,553,131	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		183,737	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		119,429	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		183,737	36.00
37.00	Subtotal (see instructions)		15,672,560	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-42	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)		15,672,602	40.00
40.01	Sequestration adjustment (see instructions)		313,452	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		15,387,719	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-28,569	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0005

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2018 4:38 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		17,525,701		15,236,260	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	12/31/2017	58,175	12/31/2017	151,459	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)		58,175		151,459	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)		17,583,876		15,387,719	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		22,058		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		28,569	6.02	
7.00	Total Medicare program liability (see instructions)		17,605,934		15,359,150	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2018 4:38 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		851,323		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		851,323	0	4.00
5.00	Inpatient primary payer payments		101,642		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		749,681	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		527,592		8.00
9.00	Ancillary service charges		1,241,596	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,769,188	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,769,188	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		917,865	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		851,323	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		851,323	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		749,681	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		749,681	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		749,681	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		749,681	0	40.00
41.00	Interim payments		667,383	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		82,298	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0005

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

Worksheet G  
Date/Time Prepared:  
5/30/2018 4:38 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	4,553,151	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	101,147,263	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,360,659	0	0	0	6.00
7.00	Inventory	3,026,170	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	39,729,743	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)	84,095,668	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	44,108,460	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	403,745,882	0	0	0	19.00
20.00	Accumulated depreciation	-188,733,388	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	259,120,954	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	265,004,122	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	22,059,724	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	287,063,846	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	630,280,468	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	23,007,547	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,561,698	0	0	0	38.00
39.00	Payroll taxes payable	0	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	1,040,415	0	0	0	43.00
44.00	Other current liabilities	14,982,802	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	51,592,462	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	173,928,371	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	173,928,371	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	225,520,833	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	404,759,635				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)	404,759,635	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	630,280,468	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0005

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

Worksheet G-1

Date/Time Prepared:  
5/30/2018 4:38 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		391,238,581		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,521,067			2.00
3.00	Total (sum of line 1 and line 2)		404,759,648		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)		404,759,648		0	11.00
12.00	ROUNDING	13		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)		13		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		404,759,635		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	ROUNDING		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0005

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2018 4:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	29,047,612		29,047,612	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	0		0	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)	29,047,612		29,047,612	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,626,916		5,626,916	11.00
12.00	CORONARY CARE UNIT				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)	5,626,916		5,626,916	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,674,528		34,674,528	17.00
18.00	Ancillary services	102,871,136	319,852,236	422,723,372	18.00
19.00	Outpatient services	16,581,859	112,213,546	128,795,405	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	PRIMARY CARE CLINIC	0	722,133	722,133	27.00
27.01	OCCUPATIONAL MEDICINE	0	1,002,655	1,002,655	27.01
27.02	SCHOOL AND TOWN CLINICS	0	1,415,888	1,415,888	27.02
27.03	PROFESSIONAL FEES	4,975,799	60,230,628	65,206,427	27.03
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	159,103,322	495,437,086	654,540,408	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		294,167,497		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)		294,167,497		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0005

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

Worksheet G-3

Date/Time Prepared:  
5/30/2018 4:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	654,540,408	1.00
2.00	Less contractual allowances and discounts on patients' accounts	381,899,767	2.00
3.00	Net patient revenues (line 1 minus line 2)	272,640,641	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	294,167,497	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,526,856	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	25,967,663	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	15,810	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	<b>OTHER REVENUE</b>	9,064,450	24.00
25.00	Total other income (sum of lines 6-24)	35,047,923	25.00
26.00	Total (line 5 plus line 25)	13,521,067	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	13,521,067	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0005	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/30/2018 4:38 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,395,704	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		51,513	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)		50.47	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.90	8.00
9.00	Sum of lines 7 and 8		18.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.83	10.00
11.00	Disproportionate share adjustment (see instructions)		53,455	11.00
12.00	Total prospective capital payments (see instructions)		1,500,672	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00