

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: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/29/2018 2:05 pm
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PART I - COST REPORT STATUS

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

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

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

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

Date: 5/29/2018 Time: 2:05 pm

PART II - CERTIFICATION

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

CERTIFICATION BY 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 IU HEALTH BLOOMINGTON HOSPITAL (15-0051) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	92,027	3,119	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-11,436	1		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	80,591	3,120	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/27/2018 9:18 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 601 WEST SECOND STREET			PO Box: 1149				1.00			
2.00	City: BLOOMINGTON			State: IN		Zip Code: 47402		County: MONROE			
		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		IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	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.			1,219	542	55	32	12,070	29	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.			14	21	0	0	290		25.00	

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		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				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.		N				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N			40.00
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N			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
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N				61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)			0.00		0.00	61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						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) Teaching Hospitals that Claim Residents in Nonprovider Settings						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

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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			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000			66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
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)					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.			Y			75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00	

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	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.					N	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.					N	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.					N	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.					N	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							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.							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.								109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/27/2018 9:18 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	506,806	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/27/2018 9:18 am			
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: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00			
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202-3082		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			
Multi campus									
165.00	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.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						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)						9.99	169.00	
		Beginning					Ending		
		1.00					2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						04/01/2017	06/30/2017	170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	1,072	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/27/2018 9:18 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2018	Y	04/04/2018		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: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/27/2018 9:18 am		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/27/2018 9:18 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2018 9:18 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	198	72,270	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)		198	72,270	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	14	5,110	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	18	6,570	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		246	89,790	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			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)		262				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)		12	4,380			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2018 9:18 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,711	589	39,237			1.00
2.00 HMO and other (see instructions)	4,810	10,936				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	173	311				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,711	589	39,237			7.00
8.00 INTENSIVE CARE UNIT	1,965	367	3,800			8.00
9.00 CORONARY CARE UNIT	1,593	0	3,296			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	218	2,791			12.00
13.00 NURSERY		1,808	3,616			13.00
14.00 Total (see instructions)	20,269	2,982	52,740	0.00	1,705.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,627	14	2,761	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	20	0	40			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	1,705.20	27.00
28.00 Observation Bed Days		109	5,219			28.00
29.00 Ambulance Trips	7,758					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	29	744			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2018 9:18 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,367	175	13,475	1.00
2.00 HMO and other (see instructions)			1,051	2,476		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				28		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,367	175	13,475	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	156	1	258	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2018 9:18 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	103,123,638	-645,365	102,478,273	3,670,253.00	27.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		306,278	0	306,278	5,584.00	54.85
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,103,262	0	1,103,262	10,273.00	107.39
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,798,890	-111,690	10,687,200	421,250.00	25.37
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		6,766,310	0	6,766,310	77,183.88	87.66
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,598,968	0	1,598,968	14,533.00	110.02
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		24,137,776	0	24,137,776	779,943.00	30.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		30,772,771	0	30,772,771		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,802,408	0	3,802,408		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		81,703	0	81,703		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		225,329	0	225,329		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,029,910	-10,605	2,019,305	22,860.00	88.33
27.00	Administrative & General	5.00	8,818,203	211,990	9,030,193	215,393.00	41.92

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2018 9:18 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		885,262	0	885,262	4,525.24	195.63	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,322,865	2,537	2,325,402	89,390.00	26.01	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,797,092	-12,033	1,785,059	130,736.00	13.65	32.00
33.00	Housekeeping under contract (see instructions)		185,138	0	185,138	9,583.75	19.32	33.00
34.00	Dietary	10.00	2,132,510	-1,338,625	793,885	50,775.00	15.64	34.00
35.00	Dietary under contract (see instructions)		582	0	582	33.70	17.27	35.00
36.00	Cafeteria	11.00	0	1,323,862	1,323,862	83,399.00	15.87	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,443,519	-8,946	4,434,573	132,637.00	33.43	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	4,763,686	-217,030	4,546,656	124,750.00	36.45	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	424,846	-8,490	416,356	23,821.00	17.48	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2018 9:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	103,091,358	-645,365	102,445,993	3,674,122.69	27.88	1.00
2.00	Excluded area salaries (see instructions)	10,798,890	-111,690	10,687,200	421,250.00	25.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,292,468	-533,675	91,758,793	3,252,872.69	28.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,503,054	0	32,503,054	871,659.88	37.29	4.00
5.00	Subtotal wage-related costs (see inst.)	30,854,474	0	30,854,474	0.00	33.63	5.00
6.00	Total (sum of lines 3 thru 5)	155,649,996	-533,675	155,116,321	4,124,532.57	37.61	6.00
7.00	Total overhead cost (see instructions)	27,803,613	-57,340	27,746,273	887,903.69	31.25	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2018 9:18 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,715,823	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		7,417,427	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		13,557,314	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		-22,155	9.00
10.00	Dental, Hearing and Vision Plan		458,088	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		59,554	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)		774,096	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		565,522	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,324,591	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		16,364	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		15,587	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		34,882,211	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/27/2018 9:18 am
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	6,766,310	28,723,878	1.00
2.00	Hospital	6,766,310	28,723,878	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	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: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/27/2018 9:18 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.199339	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			28,086,419	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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			247,154,568	6.00
7.00	Medicaid cost (line 1 times line 6)			49,267,544	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)			21,181,125	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)			21,181,125	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)	20,891,208	1,352,036	22,243,244	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,164,433	1,352,036	5,516,469	21.00
22.00	Payments received from patients for amounts previously written off as charity care	304,435	0	304,435	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,859,998	1,352,036	5,212,034	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)			21,998,564	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			532,628	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			819,427	27.01
28.00	Non-Medicare bad debt expense (see instructions)			21,179,137	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,508,627	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,720,661	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			30,901,786	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/27/2018 9:18 am

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	
GENERAL SERVICE COST CENTERS							
1.00	00100		0	0	12,734,177	12,734,177	1.00
2.00	00200		0	0	6,728,191	6,728,191	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	2,029,910	2,312,966	4,342,876	18,470,926	22,813,802	4.00
5.00	00500	8,818,203	88,643,407	97,461,610	-3,085,973	94,375,637	5.00
7.00	00700	2,322,865	17,074,541	19,397,406	-9,681,375	9,716,031	7.00
8.00	00800	0	264,659	264,659	-23,053	241,606	8.00
9.00	00900	1,797,092	1,731,900	3,528,992	-733,836	2,795,156	9.00
10.00	01000	2,132,510	2,425,967	4,558,477	-3,061,103	1,497,374	10.00
11.00	01100	0	0	0	2,451,395	2,451,395	11.00
13.00	01300	4,443,519	1,640,084	6,083,603	-826,240	5,257,363	13.00
14.00	01400	0	182,416	182,416	9,927,892	10,110,308	14.00
15.00	01500	4,763,686	20,837,229	25,600,915	-19,932,817	5,668,098	15.00
16.00	01600	0	266,327	266,327	-2,520	263,807	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	424,846	541,662	966,508	-429,158	537,350	18.01
23.00	02301	96,147	44,183	140,330	172,162	312,492	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,196,181	12,089,557	32,285,738	-6,896,174	25,389,564	30.00
31.00	03100	2,812,694	1,822,911	4,635,605	-1,016,272	3,619,333	31.00
32.00	03200	2,372,294	926,656	3,298,950	-697,190	2,601,760	32.00
35.00	02060	1,754,691	1,588,185	3,342,876	-578,850	2,764,026	35.00
41.00	04100	859,437	436,499	1,295,936	-209,513	1,086,423	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	375	13,457	13,832	885,508	899,340	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,156,591	24,907,444	30,064,035	-22,048,259	8,015,776	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	2,868,819	802,059	3,670,878	-533,929	3,136,949	51.00
52.00	05200	2,760,825	1,381,125	4,141,950	-1,029,381	3,112,569	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	3,212,289	3,581,869	6,794,158	-2,761,039	4,033,119	54.00
55.00	05500	2,213,603	3,314,246	5,527,849	-1,488,402	4,039,447	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	643,228	1,285,171	1,928,399	-906,300	1,022,099	57.00
58.00	05800	413,023	783,268	1,196,291	-568,739	627,552	58.00
59.00	05900	1,131,458	8,383,112	9,514,570	-7,751,625	1,762,945	59.00
60.00	06000	0	12,842,355	12,842,355	-88,143	12,754,212	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,987,660	1,108,362	3,096,022	-934,925	2,161,097	65.00
66.00	06600	6,653,358	2,454,876	9,108,234	-1,694,379	7,413,855	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	881,865	740,179	1,622,044	-586,272	1,035,772	69.00
70.00	07000	167,086	1,011,366	1,178,452	-162,394	1,016,058	70.00
71.00	07100	0	0	0	8,644,552	8,644,552	71.00
72.00	07200	0	0	0	16,094,549	16,094,549	72.00
73.00	07300	105,415	-68,877	36,538	20,467,049	20,503,587	73.00
73.01	07302	0	0	0	0	0	73.01
74.00	07400	0	1,186,110	1,186,110	-21,229	1,164,881	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	644,639	211,707	856,346	-148,381	707,965	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,198,786	359,575	1,558,361	-249,448	1,308,913	90.00
90.01	09001	1,199,638	959,812	2,159,450	-822,289	1,337,161	90.01
90.02	09002	792,482	649,023	1,441,505	-353,380	1,088,125	90.02
90.03	09003	227,800	190,373	418,173	-145,052	273,121	90.03
90.05	09005	1,416,966	387,702	1,804,668	-48,311	1,756,357	90.05
91.00	09100	4,780,351	3,649,959	8,430,310	-2,255,654	6,174,656	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	5,074,224	3,153,544	8,227,768	-2,096,747	6,131,021	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	1,238,202	1,238,202	-1,238,202	0	113.00
114.00	11400	0	0	0	0	0	114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A

Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	98,354,556	227,355,168	325,709,724	1,469,847	327,179,571	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,974	78,619	122,593	-16,462	106,131	190.00
190.01	19001 PROMPTCARE	1,252,101	1,072,327	2,324,428	-620,475	1,703,953	190.01
190.02	19002 RENTAL PROPERTIES	0	91,270	91,270	-80,309	10,961	190.02
190.03	19003 OLCOTT	271,007	120,376	391,383	-75,533	315,850	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	567,103	306,585	873,688	-169,889	703,799	190.05
190.06	19006 MARKETING	0	0	0	124,621	124,621	190.06
190.07	19007 HME STORE	265,515	32,626	298,141	-22,448	275,693	190.07
190.08	19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	281,445	70,210	351,655	-56,700	294,955	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	2,087,937	1,567,205	3,655,142	-552,652	3,102,490	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	0	0	0	194.03
194.04	07954 HOME CARE	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	103,123,638	230,694,386	333,818,024	0	333,818,024	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	532,104	13,266,281	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	526,794	7,254,985	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,879,515	26,693,317	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-42,679,823	51,695,814	5.00
7.00	00700	OPERATION OF PLANT	-675,137	9,040,894	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-52,654	188,952	8.00
9.00	00900	HOUSEKEEPING	-559	2,794,597	9.00
10.00	01000	DIETARY	-337,242	1,160,132	10.00
11.00	01100	CAFETERIA	-1,134,997	1,316,398	11.00
13.00	01300	NURSING ADMINISTRATION	91,320	5,348,683	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,110,308	14.00
15.00	01500	PHARMACY	-702,262	4,965,836	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,472,024	2,735,831	16.00
18.00	01850	SOCIAL SERVICES	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	537,350	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	312,492	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,205,744	24,183,820	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,619,333	31.00
32.00	03200	CORONARY CARE UNIT	0	2,601,760	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-282,138	2,481,888	35.00
41.00	04100	SUBPROVIDER - I RF	-67,770	1,018,653	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	899,340	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-20,066	7,995,710	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,136,949	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,112,569	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-531	4,032,588	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-611,141	3,428,306	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,022,099	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	627,552	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,762,945	59.00
60.00	06000	LABORATORY	-353,728	12,400,484	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,350	2,159,747	65.00
66.00	06600	PHYSICAL THERAPY	-28,924	7,384,931	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-80,763	955,009	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-15,433	1,000,625	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,644,552	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,094,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,503,587	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	1,164,881	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	-132	707,833	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-87,447	1,221,466	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	1,337,161	90.01
90.02	09002	WOUND CARE CENTER	-270,179	817,946	90.02
90.03	09003	PAIN CLINIC	0	273,121	90.03
90.05	09005	OP PSYCH CLINIC	-484,790	1,271,567	90.05
91.00	09100	EMERGENCY	153,423	6,328,079	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-318,605	5,812,416	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-41,756,235	285,423,336	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	106,131	190.00
190.01	19001	PROMPTCARE	-87,780	1,616,173	190.01
190.02	19002	RENTAL PROPERTIES	0	10,961	190.02
190.03	19003	OLCOTT	0	315,850	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	703,799	190.05
190.06	19006	MARKETING	0	124,621	190.06
190.07	19007	HME STORE	0	275,693	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	294,955	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	-77,508	3,024,982	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-41,921,523	291,896,501	200.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/27/2018 9:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18,659,210	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
0			0	18,659,210	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,343,497	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,300,654	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
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/27/2018 9:18 am

						Increases					
Cost Center		Line #	Salary	Other							
2.00		3.00	4.00	5.00							
30.00		0.00	0	0						30.00	
31.00		0.00	0	0						31.00	
32.00		0.00	0	0						32.00	
33.00		0.00	0	0						33.00	
34.00		0.00	0	0						34.00	
35.00		0.00	0	0						35.00	
36.00		0.00	0	0						36.00	
37.00		0.00	0	0						37.00	
38.00		0.00	0	0						38.00	
39.00		0.00	0	0						39.00	
40.00		0.00	0	0						40.00	
41.00		0.00	0	0						41.00	
42.00		0.00	0	0						42.00	
43.00		0.00	0	0						43.00	
44.00		0.00	0	0						44.00	
45.00		0.00	0	0						45.00	
0			0	16,644,151							
C - BILLABLE MEDICAL SUPPLIES											
1.00	CORONARY CARE UNIT	32.00	0	858						1.00	
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	952						2.00	
3.00	SUBPROVIDER - IRF	41.00	0	896						3.00	
4.00	RECOVERY ROOM	51.00	0	2,792						4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,644,552						5.00	
6.00	EMERGENCY	91.00	0	30,427						6.00	
7.00	OLCOTT	190.03	0	440						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	
0			0	8,680,917							
D - BILLABLE DRUGS											
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	161						1.00	
2.00	RENAL DIALYSIS	74.00	0	561						2.00	
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,481,154						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	
0			0	20,481,876							

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/27/2018 9:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
E - IMPLANTS SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,094,549	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
0			0	16,094,549	
F - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,152,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	211,480	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
0			0	1,363,958	
G - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	681,154	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,828	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
0			0	683,982	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/27/2018 9:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
H - NON-BILLABLE MEDICAL SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,222	1.00
2.00	LABORATORY	60.00	0	4,168	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,077,082	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
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	10,084,472	
J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,238,202	1.00
0			0	1,238,202	
K - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	180,951	13,843	1.00
0			180,951	13,843	
L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	201,119	5,744	1.00
0			201,119	5,744	
M - SOFTWARE LICENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	216,057	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
0			0	216,057	
N - CAFETERIA					
1.00	CAFETERIA	11.00	1,323,862	1,127,533	1.00
0			1,323,862	1,127,533	
O - SHORT TERM DISABILITY/FLMA					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,605	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	30,203	2.00
3.00	OPERATION OF PLANT	7.00	2,537	0	3.00
4.00	HOUSEKEEPING	9.00	0	12,033	4.00
5.00	DIETARY	10.00	0	14,763	5.00
6.00	NURSING ADMINISTRATION	13.00	0	8,946	6.00
7.00	PHARMACY	15.00	0	36,079	7.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
8.00	CENTRAL STERILIZATION	18.01	0	8,490	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	137,170	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	53,020	10.00
11.00	CORONARY CARE UNIT	32.00	0	38,271	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	22,366	12.00
13.00	SUBPROVIDER - IRF	41.00	0	6,226	13.00
14.00	NURSERY	43.00	0	6,901	14.00
15.00	OPERATING ROOM	50.00	0	34,868	15.00
16.00	RECOVERY ROOM	51.00	0	21,368	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,110	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,620	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,773	19.00
20.00	CT SCAN	57.00	0	15,198	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,298	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	3,890	22.00
23.00	RESPIRATORY THERAPY	65.00	0	12,958	23.00
24.00	PHYSICAL THERAPY	66.00	0	35,683	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,670	25.00
26.00	CARDIAC REHABILITATION	76.97	0	956	26.00
27.00	CLINIC	90.00	0	254	27.00
28.00	OP ONCOLOGY INFUSION CENTER	90.01	0	2,594	28.00
29.00	WOUND CARE CENTER	90.02	0	13,412	29.00
30.00	PAIN CLINIC	90.03	0	4,777	30.00
31.00	OP PSYCH CLINIC	90.05	0	763	31.00
32.00	EMERGENCY	91.00	0	32,415	32.00
33.00	AMBULANCE SERVICES	95.00	0	22,491	33.00
34.00	PROMPTCARE	190.01	0	3,272	34.00
35.00	OLCOTT	190.03	0	1,672	35.00
36.00	FOUNDATION	190.05	0	6,164	36.00
37.00	HME STORE	190.07	0	568	37.00
38.00	COMMUNITY HEALTH SERVICES	190.11	0	10,055	38.00
	0		2,537	647,902	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	285,255	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
	0		0	285,255	
Q - MARKETING EXPENSE					
1.00	MARKETING	190.06	0	124,621	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
	0		0	124,621	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	242,193	0	1.00
	0		242,193	0	
S - NURSERY					
1.00	NURSERY	43.00	818,638	80,222	1.00
2.00		0.00	0	0	2.00
	TOTALS		818,638	80,222	
500.00	Grand Total: Increases		2,769,300	96,432,494	500.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,369,505	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	530,325	0	2.00	
3.00	HOUSEKEEPING	9.00	0	648,870	0	3.00	
4.00	DIETARY	10.00	0	549,769	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	652,893	0	5.00	
6.00	PHARMACY	15.00	0	746,581	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	34	0	7.00	
8.00	CENTRAL STERILIZATION	18.01	0	121,901	0	8.00	
9.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	22,482	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	3,751,673	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	496,416	0	11.00	
12.00	CORONARY CARE UNIT	32.00	0	420,422	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	294,002	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	155,596	0	14.00	
15.00	NURSERY	43.00	0	928	0	15.00	
16.00	OPERATING ROOM	50.00	0	921,491	0	16.00	
17.00	RECOVERY ROOM	51.00	0	459,248	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	432,936	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	690,209	0	19.00	
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	381,727	0	20.00	
21.00	CT SCAN	57.00	0	124,023	0	21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	90,013	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	223,008	0	23.00	
25.00	RESPIRATORY THERAPY	65.00	0	352,803	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	1,120,136	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	159,157	0	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,397	0	28.00	
29.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,759	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	132,733	0	30.00	
31.00	CLINIC	90.00	0	199,747	0	31.00	
32.00	OP ONCOLOGY INFUSION CENTER	90.01	0	218,026	0	32.00	
33.00	WOUND CARE CENTER	90.02	0	173,557	0	33.00	
34.00	PAIN CLINIC	90.03	0	54,525	0	34.00	
35.00	OP PSYCH CLINIC	90.05	0	251,422	0	35.00	
36.00	EMERGENCY	91.00	0	747,051	0	36.00	
37.00	AMBULANCE SERVICES	95.00	0	1,212,013	0	37.00	
38.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	16,462	0	38.00	
39.00	PROMPTCARE	190.01	0	206,248	0	39.00	
40.00	OLCOTT	190.03	0	56,559	0	40.00	
41.00	FOUNDATION	190.05	0	89,900	0	41.00	
42.00	HME STORE	190.07	0	20,394	0	42.00	
43.00	CLINICAL TRIALS	190.09	0	56,590	0	43.00	
44.00	COMMUNITY HEALTH SERVICES	190.11	0	472,679	0	44.00	
	0		0	18,659,210			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,890	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,674,982	9	2.00	
3.00	OPERATION OF PLANT	7.00	0	9,165,754	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	26,275	0	4.00	
5.00	HOUSEKEEPING	9.00	0	1,764	0	5.00	
6.00	DIETARY	10.00	0	36,205	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	82,164	0	7.00	
8.00	PHARMACY	15.00	0	143,853	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,486	0	9.00	
10.00	CENTRAL STERILIZATION	18.01	0	44,208	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	194,113	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	35,230	0	12.00	
13.00	CORONARY CARE UNIT	32.00	0	34,993	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	62,545	0	14.00	
15.00	SUBPROVIDER - IRF	41.00	0	2,149	0	15.00	
16.00	NURSERY	43.00	0	12,424	0	16.00	
17.00	OPERATING ROOM	50.00	0	1,033,266	0	17.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	76,515	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	584,462	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	511,124	0	21.00	
22.00	CT SCAN	57.00	0	498,133	0	22.00	
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	401,965	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	505,880	0	24.00	
25.00	LABORATORY	60.00	0	70,772	0	25.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
26.00	RESPIRATORY THERAPY	65.00	0	118,290	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	69,759	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	137,977	0		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	58,909	0		29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,346	0		30.00
31.00	RENAL DIALYSIS	74.00	0	196	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	5,806	0		32.00
33.00	CLINIC	90.00	0	11,877	0		33.00
34.00	OP ONCOLOGY INFUSION CENTER	90.01	0	195,585	0		34.00
35.00	WOUND CARE CENTER	90.02	0	18,063	0		35.00
36.00	PAIN CLINIC	90.03	0	8,360	0		36.00
37.00	OP PSYCH CLINIC	90.05	0	766	0		37.00
38.00	EMERGENCY	91.00	0	311,328	0		38.00
39.00	AMBULANCE SERVICES	95.00	0	420,656	0		39.00
40.00	PROMPTCARE	190.01	0	8,472	0		40.00
41.00	RENTAL PROPERTIES	190.02	0	50,978	0		41.00
42.00	OLCOTT	190.03	0	114	0		42.00
43.00	FOUNDATION	190.05	0	393	0		43.00
44.00	HME STORE	190.07	0	2,054	0		44.00
45.00	COMMUNITY HEALTH SERVICES	190.11	0	1,070	0		45.00
0			0	16,644,151			
C - BILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	880	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	30,985	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,417	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	51,697	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	18,377	0		6.00
7.00	OPERATING ROOM	50.00	0	4,886,994	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	164,105	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	815,799	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,341	0		10.00
11.00	CT SCAN	57.00	0	9,623	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	628	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	2,481,268	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	8,172	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	28,523	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,320	0		16.00
17.00	RENAL DIALYSIS	74.00	0	1,483	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	135	0		18.00
19.00	CLINIC	90.00	0	1,462	0		19.00
20.00	OP ONCOLOGY INFUSION CENTER	90.01	0	132,023	0		20.00
21.00	WOUND CARE CENTER	90.02	0	4,194	0		21.00
22.00	PAIN CLINIC	90.03	0	5,588	0		22.00
23.00	OP PSYCH CLINIC	90.05	0	73	0		23.00
24.00	AMBULANCE SERVICES	95.00	0	16,279	0		24.00
25.00	PROMPTCARE	190.01	0	4,630	0		25.00
26.00	COMMUNITY HEALTH SERVICES	190.11	0	888	0		26.00
0			0	8,680,917			
D - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	82,073	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,045	0		2.00
3.00	OPERATION OF PLANT	7.00	0	25	0		3.00
4.00	HOUSEKEEPING	9.00	0	56	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,144	0		5.00
6.00	PHARMACY	15.00	0	19,444,628	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	91	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	186	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	343	0		9.00
10.00	OPERATING ROOM	50.00	0	100,908	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,246	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,025	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,647	0		13.00
14.00	CT SCAN	57.00	0	132,299	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,687	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	125,064	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	286	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	256,340	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	114	0		19.00
20.00	CLINIC	90.00	0	13,687	0		20.00
21.00	WOUND CARE CENTER	90.02	0	9,757	0		21.00
22.00	PAIN CLINIC	90.03	0	31,528	0		22.00

RECLASSIFICATIONS

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From 01/01/2017
To 12/31/2017

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	EMERGENCY	91.00	0	1,365	0		23.00
24.00	AMBULANCE SERVICES	95.00	0	76,696	0		24.00
25.00	PROMPTCARE	190.01	0	94,633	0		25.00
26.00	COMMUNITY HEALTH SERVICES	190.11	0	3,003	0		26.00
	0		0	20,481,876			
E - IMPLANTS SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00		318	0		1.00
2.00	NURSING ADMINISTRATION	13.00		6,139	0		2.00
3.00	CENTRAL STERILIZATION	18.01		456	0		3.00
4.00	ADULTS & PEDIATRICS	30.00		2,827	0		4.00
5.00	INTENSIVE CARE UNIT	31.00		4,029	0		5.00
6.00	CORONARY CARE UNIT	32.00		409	0		6.00
7.00	SUBPROVIDER - IRF	41.00		50	0		7.00
8.00	OPERATING ROOM	50.00		11,436,943	0		8.00
9.00	RECOVERY ROOM	51.00		177	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		428,587	0		10.00
11.00	CT SCAN	57.00		1,374	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00		4,207,220	0		12.00
13.00	PHYSICAL THERAPY	66.00		80	0		13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00		110	0		14.00
15.00	CARDIAC REHABILITATION	76.97		2	0		15.00
16.00	OPONCOLOGY INFUSION CENTER	90.01		4,530	0		16.00
17.00	WOUND CARE CENTER	90.02		5	0		17.00
18.00	EMERGENCY	91.00		1,255	0		18.00
19.00	PROMPTCARE	190.01		38	0		19.00
	0		0	16,094,549			
F - LEASE EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,893	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	23,795	10		2.00
3.00	OPERATION OF PLANT	7.00	0	265,676	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	143,233	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,674	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,596	0		6.00
7.00	LABORATORY	60.00	0	21,528	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	27,649	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	420,275	0		9.00
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,771	0		10.00
11.00	OPONCOLOGY INFUSION CENTER	90.01	0	55,797	0		11.00
12.00	WOUND CARE CENTER	90.02	0	65,886	0		12.00
13.00	PAIN CLINIC	90.03	0	18,291	0		13.00
14.00	AMBULANCE SERVICES	95.00	0	156,316	0		14.00
15.00	PROMPTCARE	190.01	0	32,179	0		15.00
16.00	FOUNDATION	190.05	0	63,045	0		16.00
17.00	COMMUNITY HEALTH SERVICES	190.11	0	42,354	0		17.00
	0		0	1,363,958			
G - NON-BILLABLE DRUGS							
1.00	NURSING ADMINISTRATION	13.00	0	1,319	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,701	0		2.00
3.00	CENTRAL STERILIZATION	18.01	0	15	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	175,704	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	73,764	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	26,752	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	15,999	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	1,383	0		8.00
9.00	RECOVERY ROOM	51.00	0	11,349	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,684	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,418	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	10,567	0		12.00
13.00	LABORATORY	60.00	0	11	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	9,590	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	2,896	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	66	0		16.00
17.00	RENAL DIALYSIS	74.00	0	5,659	0		17.00
18.00	CARDIAC REHABILITATION	76.97	0	518	0		18.00
19.00	CLINIC	90.00	0	1,952	0		19.00
20.00	OPONCOLOGY INFUSION CENTER	90.01	0	15,125	0		20.00
21.00	WOUND CARE CENTER	90.02	0	68	0		21.00
22.00	PAIN CLINIC	90.03	0	394	0		22.00
23.00	EMERGENCY	91.00	0	171,980	0		23.00
24.00	AMBULANCE SERVICES	95.00	0	22,294	0		24.00
25.00	PROMPTCARE	190.01	0	972	0		25.00
26.00	COMMUNITY HEALTH SERVICES	190.11	0	156	0		26.00
27.00	OPERATING ROOM	50.00	0	83,622	0		27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,748	0		28.00

RECLASSIFICATIONS

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Period:
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To 12/31/2017

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	CT SCAN	57.00	0	7,120	0	29.00	
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,156	0	30.00	
			0	683,982			
H - NON-BILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	70,786	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	967	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	4,850	0	3.00	
4.00	HOUSEKEEPING	9.00	0	83,146	0	4.00	
5.00	DIETARY	10.00	0	23,734	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	51,571	0	6.00	
7.00	PHARMACY	15.00	0	84,115	0	7.00	
8.00	CENTRAL STERILIZATION	18.01	0	262,578	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,625,678	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	388,270	0	10.00	
11.00	CORONARY CARE UNIT	32.00	0	215,129	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	205,211	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	0	51,231	0	13.00	
14.00	OPERATING ROOM	50.00	0	3,568,620	0	14.00	
15.00	RECOVERY ROOM	51.00	0	65,947	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	313,731	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	172,110	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	426,996	0	18.00	
19.00	CT SCAN	57.00	0	133,728	0	19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,290	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	198,618	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	418,421	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	25,414	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	29,902	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	50,821	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	14,452	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	9,003	0	27.00	
28.00	CLINIC	90.00	0	19,743	0	28.00	
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	196,614	0	29.00	
30.00	WOUND CARE CENTER	90.02	0	81,850	0	30.00	
31.00	PAIN CLINIC	90.03	0	20,745	0	31.00	
32.00	OP PSYCH CLINIC	90.05	0	720	0	32.00	
33.00	EMERGENCY	91.00	0	1,053,102	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	162,112	0	34.00	
35.00	PROMPTCARE	190.01	0	28,917	0	35.00	
36.00	OLCOTT	190.03	0	158	0	36.00	
37.00	CLINICAL TRIALS	190.09	0	5	0	37.00	
38.00	COMMUNITY HEALTH SERVICES	190.11	0	12,187	0	38.00	
			0	10,084,472			
J - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,238,202	11	1.00	
			0	1,238,202			
K - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	180,951	13,843	0	1.00	
			180,951	13,843			
L - PSYCH ADMIN							
1.00	ADULTS & PEDIATRICS	30.00	201,119	5,744	0	1.00	
			201,119	5,744			
M - SOFTWARE LICENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,780	14	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	155,851	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	13,158	0	3.00	
4.00	OPERATING ROOM	50.00	0	8,225	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,350	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	355	0	6.00	
7.00	OP ONCOLOGY INFUSION CENTER	90.01	0	285	0	7.00	
8.00	OP PSYCH CLINIC	90.05	0	2,193	0	8.00	
9.00	AMBULANCE SERVICES	95.00	0	2,553	0	9.00	
10.00	PROMPTCARE	190.01	0	2,193	0	10.00	
11.00	OLCOTT	190.03	0	19,114	0	11.00	
			0	216,057			
N - CAFETERIA							
1.00	DIETARY	10.00	1,323,862	1,127,533	0	1.00	
			1,323,862	1,127,533			
O - SHORT TERM DISABILITY/FLMA							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,605	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	30,203	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	2,537	0	3.00	

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	HOUSEKEEPING	9.00	12,033	0	0		4.00
5.00	DIETARY	10.00	14,763	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	8,946	0	0		6.00
7.00	PHARMACY	15.00	36,079	0	0		7.00
8.00	CENTRAL STERILIZATION	18.01	8,490	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	137,170	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	53,020	0	0		10.00
11.00	CORONARY CARE UNIT	32.00	38,271	0	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	22,366	0	0		12.00
13.00	SUBPROVIDER - IRF	41.00	6,226	0	0		13.00
14.00	NURSERY	43.00	6,901	0	0		14.00
15.00	OPERATING ROOM	50.00	34,868	0	0		15.00
16.00	RECOVERY ROOM	51.00	21,368	0	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	17,110	0	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	7,620	0	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	8,773	0	0		19.00
20.00	CT SCAN	57.00	15,198	0	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,298	0	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	3,890	0	0		22.00
23.00	RESPIRATORY THERAPY	65.00	12,958	0	0		23.00
24.00	PHYSICAL THERAPY	66.00	35,683	0	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	1,670	0	0		25.00
26.00	CARDIAC REHABILITATION	76.97	956	0	0		26.00
27.00	CLINIC	90.00	254	0	0		27.00
28.00	OP ONCOLOGY INFUSION CENTER	90.01	2,594	0	0		28.00
29.00	WOUND CARE CENTER	90.02	13,412	0	0		29.00
30.00	PAIN CLINIC	90.03	4,777	0	0		30.00
31.00	OP PSYCH CLINIC	90.05	763	0	0		31.00
32.00	EMERGENCY	91.00	32,415	0	0		32.00
33.00	AMBULANCE SERVICES	95.00	22,491	0	0		33.00
34.00	PROMPTCARE	190.01	3,272	0	0		34.00
35.00	OLCOTT	190.03	1,672	0	0		35.00
36.00	FOUNDATION	190.05	6,164	0	0		36.00
37.00	HME STORE	190.07	568	0	0		37.00
38.00	COMMUNITY HEALTH SERVICES	190.11	10,055	0	0		38.00
	O		647,902	2,537			
P - UTILITIES EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,796	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,066	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,503	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	147,799	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	27,879	0		5.00
6.00	CARDIAC REHABILITATION	76.97	0	70	0		6.00
7.00	CLINIC	90.00	0	980	0		7.00
8.00	OP ONCOLOGY INFUSION CENTER	90.01	0	4,304	0		8.00
9.00	PAIN CLINIC	90.03	0	5,621	0		9.00
10.00	AMBULANCE SERVICES	95.00	0	27,145	0		10.00
11.00	RENTAL PROPERTIES	190.02	0	29,331	0		11.00
12.00	FOUNDATION	190.05	0	8,343	0		12.00
13.00	CLINICAL TRIALS	190.09	0	105	0		13.00
14.00	COMMUNITY HEALTH SERVICES	190.11	0	15,313	0		14.00
	O		0	285,255			
Q - MARKETING EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	98,585	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	25	0		3.00
4.00	PARAMED PRGM-PHARMACY	23.00	0	150	0		4.00
	RESIDENCY						
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,045	0		5.00
6.00	OPERATING ROOM	50.00	0	8,190	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	1,672	0		7.00
8.00	AMBULANCE SERVICES	95.00	0	683	0		8.00
9.00	OLCOTT	190.03	0	28	0		9.00
10.00	FOUNDATION	190.05	0	8,208	0		10.00
11.00	COMMUNITY HEALTH SERVICES	190.11	0	5,002	0		11.00
	O		0	124,621			
R - OCCUPATIONAL HEALTH ADMIN							
1.00	PROMPTCARE	190.01	242,193	0	0		1.00
	O		242,193	0			
S - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	795,624	77,072	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	23,014	3,150	0		2.00
	TOTALS		818,638	80,222			

RECLASSIFICATIONS

Provider CCN: 15-0051

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Worksheet A-6

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Decreases					
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
6.00	7.00	8.00	9.00	10.00	
500.00	Grand Total : Decreases	3,414,665	95,787,129		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0	0	0	0	1.00
2.00	Land Improvements	2,058,207	0	0	0	0	2.00
3.00	Buildings and Fixtures	150,797,533	0	0	0	63,862	3.00
4.00	Building Improvements	11,202,889	135,226	0	135,226	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	188,676,895	0	0	0	12,054,659	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	372,476,971	135,226	0	135,226	12,118,521	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	372,476,971	135,226	0	135,226	12,118,521	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0				1.00
2.00	Land Improvements	2,058,207	0				2.00
3.00	Buildings and Fixtures	150,733,671	0				3.00
4.00	Building Improvements	11,338,115	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	176,622,236	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	360,493,676	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	360,493,676	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

Period:
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Worksheet A-7
Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	183,871,440	0	183,871,440	0.510055	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	176,622,236	0	176,622,236	0.489945	0	2.00
3.00	Total (sum of lines 1-2)	360,493,676	0	360,493,676	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,118,113	1,152,478	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,827,448	211,480	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,945,561	1,363,958	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-4,310	0	0	0	13,266,281	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	216,057	7,254,985	2.00
3.00	Total (sum of lines 1-2)	-4,310	0	0	216,057	20,521,266	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-436,961	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		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	-15,523,022				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	15,329,293				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests		0			0.00	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	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-364,270	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01	MI SCCELLANEOUS INCOME	B	-5,501,386	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-675,137	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-52,654	LAUNDRY & LINEN SERVICE	8.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-87,446	PROMPTCARE	190.01	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	-337,149	DIETARY	10.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-348,922	NURSING ADMINISTRATION	13.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-702,262	PHARMACY	15.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-36,680	ADULTS & PEDIATRICS	30.00	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-531	RADIOLOGY-DIAGNOSTIC	54.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-64,143	RADIOLOGY-THERAPEUTIC	55.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-353,728	LABORATORY	60.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-1,350	RESPIRATORY THERAPY	65.00	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-28,924	PHYSICAL THERAPY	66.00	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-15,433	ELECTROENCEPHALOGRAPHY	70.00	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-132	CARDIAC REHABILITATION	76.97	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-87,447	CLINIC	90.00	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-102,461	WOUND CARE CENTER	90.02	0 33.17
33.18	MI SCCELLANEOUS INCOME	B	-2,693	OP PSYCH CLINIC	90.05	0 33.18
33.19	MI SCCELLANEOUS INCOME	B	-318,605	AMBULANCE SERVICES	95.00	0 33.19
33.20	ACCELERATED DEPRECIATION	A	208,936	CAP REL COSTS-BLDG & FIXT	1.00	9 33.20
33.21	ACCRUED PTO	A	-972,166	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.21
33.22	UNNECESSARY BORROWING	A	-801,240	CAP REL COSTS-BLDG & FIXT	1.00	11 33.22
33.23	BENEFIT EXPENSE	A	-18,930,986	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.23
33.24	CONTRIBUTION EXPENSE	A	-25,500	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	PHYSICIAN RECRUITMENT	A	-169,273	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	PHYSICIAN RECRUITMENT	A	-47,147	ADULTS & PEDIATRICS	30.00	0 33.26
33.27	PHYSICIAN RECRUITMENT	A	-20,066	OPERATING ROOM	50.00	0 33.27
33.28	PHYSICIAN RECRUITMENT	A	-3,919	RADIOLOGY-THERAPEUTIC	55.00	0 33.28
33.29	HAF FEES	A	-16,657,654	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30	CAFETERIA REVENUE	B	-1,134,997	CAFETERIA	11.00	0 33.30
33.31	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11 33.31
33.32	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11 33.32
33.33	OTHER CARRYFORWARD ADJUSTMENTS	A	153,996	CAP REL COSTS-BLDG & FIXT	1.00	9 33.33
33.34	START UP COSTS	A	-1,877,979	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35	PENSION CASH CONTRIBUTION ADJUSTMENT	A	8,151,646	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.35
33.36	TELEPHONE	A	-326	ADULTS & PEDIATRICS	30.00	0 33.36
33.37	TELEPHONE	A	-334	PROMPTCARE	190.01	0 33.37
33.38	TELEPHONE	A	-93	DIETARY	10.00	0 33.38
33.39	TELEPHONE	A	-559	HOUSEKEEPING	9.00	0 33.39
33.40	MI SCCELLANEOUS INCOME	B	-77,508	COMMUNITY HEALTH SERVICES	190.11	0 33.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,921,523			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0051

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2018 9:18 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	2,649,886	1,238,202	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	526,794	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	15,995,291	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	41,333,428	51,085,416	4.00
4.01	13.00	NURSING ADMINISTRATION	HO ALLOCATION	440,242	0	4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATION	2,472,024	0	4.02
4.03	91.00	EMERGENCY	SIP ER	6,252,181	2,016,935	4.03
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED EMPLOYEES	37,117	37,117	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	3,793,053	3,793,053	4.05
4.06	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	540,484	540,484	4.06
4.07	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	816,300	816,300	4.07
4.08	41.00	SUBPROVIDER - IRF	SHARED EMPLOYEES	117,907	117,907	4.08
4.09	50.00	OPERATING ROOM	SHARED EMPLOYEES	394,137	394,137	4.09
4.10	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	631,650	631,650	4.10
4.11	60.00	LABORATORY	SHARED EMPLOYEES	11,576,772	11,576,772	4.11
4.12	66.00	PHYSICAL THERAPY	SHARED EMPLOYEES	55,130	55,130	4.12
4.13	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	804,249	804,249	4.13
4.14	90.02	WOUND CARE CENTER	SHARED EMPLOYEES	167,718	167,718	4.14
4.15	90.05	OP PSYCH CLINIC	SHARED EMPLOYEES	19,321	19,321	4.15
4.16	95.00	AMBULANCE SERVICES	SHARED EMPLOYEES	126,316	126,316	4.16
4.17	190.01	PROMPTCARE	SHARED EMPLOYEES	588,564	588,564	4.17
4.18	190.09	CLINICAL TRIALS	SHARED EMPLOYEES	32	32	4.18
5.00	0			89,338,596	74,009,303	5.00

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

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

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

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

6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0051

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2018 9:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,411,684	9	1.00
2.00	526,794	9	2.00
3.00	15,995,291	0	3.00
4.00	-9,751,988	0	4.00
4.01	440,242	0	4.01
4.02	2,472,024	0	4.02
4.03	4,235,246	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
5.00	15,329,293		5.00

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

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

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

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

6.00	PHYSICIAN GROUP	6.00
7.00	HOSPITAL	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2018 9:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	542,949	542,949	0	246,400	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	529,189	529,189	0	246,400	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	1,097,383	1,097,383	0	197,500	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	3,266,442	3,266,442	0	197,500	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	817,008	817,008	0	239,400	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	87,514	87,514	0	211,500	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	500,000	500,000	0	271,900	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	81,236	81,236	0	211,500	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	63,294	63,294	0	271,900	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	308,568	0	308,568	260,300	1,661	10.00
11.00	30.00	ADULTS & PEDIATRICS	566,578	546,671	19,907	181,300	128	11.00
12.00	90.05	OP PSYCH CLINIC	19,321	19,321	0	181,300	0	12.00
13.00	90.05	OP PSYCH CLINIC	378,260	365,249	13,011	181,300	91	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	-3,915	-3,915	0	211,500	0	14.00
15.00	35.00	NEONATAL INTENSIVE CARE UNIT	741,300	282,138	459,162	237,100	5,705	15.00
16.00	55.00	RADIOLOGY-THERAPEUTIC	543,079	543,079	0	271,900	0	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	834,947	834,947	0	246,400	0	17.00
18.00	41.00	SUBPROVIDER - IRF	67,770	67,770	0	211,500	0	18.00
19.00	30.00	ADULTS & PEDIATRICS	508,699	508,699	0	211,500	0	19.00
20.00	90.05	OP PSYCH CLINIC	240,965	92,448	148,517	181,300	2,945	20.00
21.00	30.00	ADULTS & PEDIATRICS	142,325	57,471	84,854	181,300	1,729	21.00
22.00	5.00	ADMINISTRATIVE & GENERAL	779,293	779,293	0	181,300	0	22.00
23.00	69.00	ELECTROCARDIOLOGY	120,752	80,763	39,989	211,500	691	23.00
24.00	90.02	WOUND CARE CENTER	167,718	167,718	0	211,500	0	24.00
25.00	91.00	EMERGENCY	4,081,823	4,081,823	0	211,500	0	25.00
200.00			16,482,498	15,408,490	1,074,008		12,950	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	207,865	10,393	0	0	0	10.00
11.00	30.00	ADULTS & PEDIATRICS	11,157	558	0	0	0	11.00
12.00	90.05	OP PSYCH CLINIC	0	0	0	0	0	12.00
13.00	90.05	OP PSYCH CLINIC	7,932	397	0	0	0	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	14.00
15.00	35.00	NEONATAL INTENSIVE CARE UNIT	650,315	32,516	0	0	0	15.00
16.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	18.00
19.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	19.00
20.00	90.05	OP PSYCH CLINIC	256,696	12,835	0	0	0	20.00
21.00	30.00	ADULTS & PEDIATRICS	150,706	7,535	0	0	0	21.00
22.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	22.00
23.00	69.00	ELECTROCARDIOLOGY	70,263	3,513	0	0	0	23.00
24.00	90.02	WOUND CARE CENTER	0	0	0	0	0	24.00
25.00	91.00	EMERGENCY	0	0	0	0	0	25.00
200.00			1,354,934	67,747	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	542,949	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	529,189	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,097,383	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	3,266,442	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	817,008	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	87,514	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	500,000	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	81,236	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	63,294	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	207,865	100,703	100,703	10.00
11.00	30.00	ADULTS & PEDIATRICS	0	11,157	8,750	555,421	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2018 9:18 am

	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		
12.00	90.05	OP PSYCH CLINIC	0	0	0	19,321		12.00
13.00	90.05	OP PSYCH CLINIC	0	7,932	5,079	370,328		13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	-3,915		14.00
15.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	650,315	0	282,138		15.00
16.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	543,079		16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	834,947		17.00
18.00	41.00	SUBPROVIDER - IRF	0	0	0	67,770		18.00
19.00	30.00	ADULTS & PEDIATRICS	0	0	0	508,699		19.00
20.00	90.05	OP PSYCH CLINIC	0	256,696	0	92,448		20.00
21.00	30.00	ADULTS & PEDIATRICS	0	150,706	0	57,471		21.00
22.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	779,293		22.00
23.00	69.00	ELECTROCARDIOLOGY	0	70,263	0	80,763		23.00
24.00	90.02	WOUND CARE CENTER	0	0	0	167,718		24.00
25.00	91.00	EMERGENCY	0	0	0	4,081,823		25.00
200.00			0	1,354,934	114,532	15,523,022		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,266,281	13,266,281			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,254,985		7,254,985		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,693,317	98,755	55,259	26,847,331	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	51,695,814	3,169,392	1,773,449	2,413,292	5.00
7.00 00700	OPERATION OF PLANT	9,040,894	1,593,237	891,505	621,457	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	188,952	22,590	12,640	0	8.00
9.00 00900	HOUSEKEEPING	2,794,597	48,956	27,394	477,052	9.00
10.00 01000	DIETARY	1,160,132	156,753	87,712	212,163	10.00
11.00 01100	CAFETERIA	1,316,398	84,477	47,269	353,798	11.00
13.00 01300	NURSING ADMINISTRATION	5,348,683	236,190	132,161	1,185,126	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,110,308	76,292	42,689	0	14.00
15.00 01500	PHARMACY	4,965,836	72,922	40,804	1,215,080	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,735,831	85,782	48,000	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	537,350	43,663	24,432	111,270	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	312,492	2,878	1,610	74,054	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,183,820	1,623,254	908,301	5,094,310	30.00
31.00 03100	INTENSIVE CARE UNIT	3,619,333	144,272	80,728	737,515	31.00
32.00 03200	CORONARY CARE UNIT	2,601,760	189,030	105,773	623,761	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,481,888	95,821	53,617	462,959	35.00
41.00 04100	SUBPROVIDER - I R F	1,018,653	170,737	95,537	228,018	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	899,340	68,584	38,376	217,034	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,995,710	689,559	385,847	1,368,765	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,136,949	48,648	27,221	760,973	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,112,569	469,529	262,728	727,099	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,032,588	292,559	163,703	856,438	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,428,306	308,368	172,549	589,234	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,022,099	18,181	10,173	167,839	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	627,552	27,251	15,248	109,231	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,762,945	90,949	50,891	301,339	59.00
60.00 06000	LABORATORY	12,400,484	245,329	137,275	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,159,747	18,532	10,370	527,733	65.00
66.00 06600	PHYSICAL THERAPY	7,384,931	140,481	78,607	1,768,554	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	955,009	34,439	19,271	235,229	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,000,625	60,778	34,009	44,653	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,644,552	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,094,549	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,503,587	0	0	28,172	73.00
73.01 07302	OP PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	1,164,881	11,063	6,191	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	707,833	52,775	29,531	172,022	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,221,466	126,385	70,720	320,304	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	1,337,161	47,398	26,522	319,906	90.01
90.02 09002	WOUND CARE CENTER	817,946	65,565	36,687	208,204	90.02
90.03 09003	PAIN CLINIC	273,121	42,119	23,568	59,602	90.03
90.05 09005	OP PSYCH CLINIC	1,271,567	126,357	70,704	432,224	90.05
91.00 09100	EMERGENCY	6,328,079	371,743	208,011	1,268,872	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	5,812,416	198,704	111,186	1,350,060	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	285,423,336	11,470,297	6,418,268	25,643,342	281,586,646	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	106,131	13,239	7,408	11,752	138,530	190.00
190.01 19001 PROMPTCARE	1,616,173	90,359	50,561	269,020	2,026,113	190.01
190.02 19002 RENTAL PROPERTIES	10,961	236,948	132,585	0	380,494	190.02
190.03 19003 OLCOTT	315,850	38,609	21,604	71,979	448,042	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	703,799	90,514	50,648	149,909	994,870	190.05
190.06 19006 MARKETING	124,621	0	0	0	124,621	190.06
190.07 19007 HME STORE	275,693	0	0	70,806	346,499	190.07
190.08 19008 UNUSED SPACE	0	480,606	268,926	0	749,532	190.08
190.09 19009 CLINICAL TRIALS	294,955	7,371	4,124	75,215	381,665	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	3,024,982	384,800	215,317	555,308	4,180,407	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	300,660	0	0	300,660	194.03
194.04 07954 HOME CARE	0	85,544	47,867	0	133,411	194.04
194.05 07955 HOSPICE	0	67,334	37,677	0	105,011	194.05
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)	291,896,501	13,266,281	7,254,985	26,847,331	291,896,501	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/27/2018 9:18 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,051,947					5.00
7.00	00700	OPERATION OF PLANT	3,080,636	15,227,729				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56,855	40,928	321,965			8.00
9.00	00900	HOUSEKEEPING	849,089	88,698	6	4,285,792		9.00
10.00	01000	DIETARY	410,028	284,000	0	0	2,310,788	10.00
11.00	01100	CAFETERIA	456,992	153,052	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,750,464	427,921	76	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,594,260	138,223	0	0	0	14.00
15.00	01500	PHARMACY	1,596,390	132,118	575	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	727,765	155,418	0	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	181,767	79,108	2,821	0	0	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	99,171	5,215	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,067,297	2,940,960	124,181	1,646,000	1,846,828	30.00
31.00	03100	INTENSIVE CARE UNIT	1,162,007	261,387	11,652	2,996	178,860	31.00
32.00	03200	CORONARY CARE UNIT	892,793	342,479	9,264	143,825	155,139	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	784,745	173,605	1,906	999	0	35.00
41.00	04100	SUBPROVIDER - I RF	383,699	309,335	6,229	306,627	129,961	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	310,251	124,258	4,831	83,898	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,647,669	1,249,321	23,608	175,786	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,007,797	88,138	28,755	258,686	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,159,490	850,678	17,257	469,430	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,355,624	530,049	22,580	55,932	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,140,858	558,691	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	308,972	32,940	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	197,634	49,373	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	559,497	164,779	6,864	0	0	59.00
60.00	06000	LABORATORY	3,241,932	444,480	63	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	688,904	33,576	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,376,988	254,519	635	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	315,479	62,396	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	289,133	110,115	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,192,353	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,081,755	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,207,080	0	0	103,874	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	299,802	20,044	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	244,015	95,616	5,078	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	440,998	228,981	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	438,997	85,874	0	255,689	0	90.01
90.02	09002	WOUND CARE CENTER	286,175	118,789	0	0	0	90.02
90.03	09003	PAIN CLINIC	101,041	76,310	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	482,077	228,930	55,575	134,836	0	90.05
91.00	09100	EMERGENCY	2,073,702	673,512	0	647,214	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,895,074	360,005	9	0	0	95.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	56,437,255	11,973,821	321,965	4,285,792	2,310,788	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,133	23,987	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	513,845	163,710	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	96,497	429,294	0	0	0	190.02
190.03	19003	OLCOTT	113,628	69,951	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	252,310	163,990	0	0	0	190.05
190.06	19006	MARKETING	31,605	0	0	0	0	190.06
190.07	19007	HME STORE	87,876	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	190,090	870,748	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	96,794	13,354	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,060,197	697,168	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	76,251	544,726	0	0	0	194.03
194.04	07954	HOME CARE	33,834	154,986	0	0	0	194.04
194.05	07955	HOSPICE	26,632	121,994	0	0	0	194.05
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)	59,051,947	15,227,729	321,965	4,285,792	2,310,788	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,411,986					11.00
13.00	01300	103,947	9,184,568				13.00
14.00	01400	0	0	12,961,772			14.00
15.00	01500	96,003	0	30,816	8,150,544		15.00
16.00	01600	0	0	0	0	3,752,796	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	18,668	0	96,813	6	0	18.01
23.00	02301	5,475	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	584,311	3,928,204	578,835	67,555	300,116	30.00
31.00	03100	77,156	527,855	144,493	28,549	44,172	31.00
32.00	03200	62,845	447,030	79,978	10,354	34,473	32.00
35.00	02060	44,896	331,077	76,202	6,192	32,906	35.00
41.00	04100	24,660	183,150	18,787	535	12,681	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	21,440	172,934	25,456	499	13,148	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	128,757	577,086	1,458,949	32,364	534,067	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	71,876	533,450	24,173	4,392	80,406	51.00
52.00	05200	70,559	443,838	115,858	5,245	95,363	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	86,782	126,276	68,593	9,578	153,428	54.00
55.00	05500	51,498	58,719	158,834	1,192	229,886	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	16,060	0	49,786	2,756	74,149	57.00
58.00	05800	10,446	0	4,870	447	27,858	58.00
59.00	05900	29,941	165,197	181,300	4,090	189,093	59.00
60.00	06000	96,743	0	0	0	346,827	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	48,985	0	155,115	4	33,668	65.00
66.00	06600	156,917	531	9,310	3,712	77,359	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	24,059	55,066	10,953	1,121	57,226	69.00
70.00	07000	5,829	0	18,617	26	36,916	70.00
71.00	07100	0	0	3,166,361	0	151,467	71.00
72.00	07200	0	0	5,895,191	0	281,475	72.00
73.00	07300	0	0	0	7,887,124	427,015	73.00
73.01	07302	0	0	0	0	0	73.01
74.00	07400	0	0	5,302	2,190	10,289	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	15,965	27,896	3,299	200	9,277	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	26,680	83,120	7,237	755	7,425	90.00
90.01	09001	31,741	224,852	72,432	5,854	43,329	90.01
90.02	09002	18,778	125,372	29,980	26	12,775	90.02
90.03	09003	5,984	22,871	7,599	152	5,790	90.03
90.05	09005	33,704	81,761	264	0	7,930	90.05
91.00	09100	141,282	975,536	391,854	66,562	305,631	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	180,821	0	59,391	8,628	116,651	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		2,292,808	9,091,821	12,946,648	8,150,108	3,752,796	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,938	0	0	0	190.00
190.01	19001	PROMPTCARE	23,946	29,116	10,600	376	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	6,921	6,663	58	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	11,211	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	2,089	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	6,527	13,148	2	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	65,546	43,820	4,464	60	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
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)	2,411,986	9,184,568	12,961,772	8,150,544	3,752,796

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period:
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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCIAL SERVICES	0			18.00
18.01 01851	CENTRAL STERILIZATION	0	1,095,898		18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	0	500,895	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	30,610	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,424	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	12,457	0	35.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	15,661	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	989,831	0	50.00
50.01 05001	CV SURGERY	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5,695	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	8,186	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	4,983	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	9,254	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,339	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	500,895	73.00
73.01 07302	OP PHARMACY	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	0	90.01
90.02 09002	WOUND CARE CENTER	0	0	0	90.02
90.03 09003	PAIN CLINIC	0	356	0	90.03
90.05 09005	OP PSYCH CLINIC	0	0	0	90.05
91.00 09100	EMERGENCY	0	5,339	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY				
		18.00	18.01	23.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,089,135	500,895	275,483,798	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	200,588	0	190.00
190.01	19001	PROMPTCARE	0	356	0	2,768,062	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	906,285	0	190.02
190.03	19003	OLCOTT	0	0	0	645,263	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	1,422,381	0	190.05
190.06	19006	MARKETING	0	0	0	156,226	0	190.06
190.07	19007	HME STORE	0	0	0	436,464	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	1,810,370	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	511,490	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	0	6,051,662	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	6,407	0	928,044	0	194.03
194.04	07954	HOME CARE	0	0	0	322,231	0	194.04
194.05	07955	HOSPICE	0	0	0	253,637	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,095,898	500,895	291,896,501	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	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
18.00	01850	SOCIAL SERVICES	18.00
18.01	01851	CENTRAL STERILIZATION	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	CV SURGERY	50.01
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07302	OP PHARMACY	73.01
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	90.01
90.02	09002	WOUND CARE CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.05	09005	OP PSYCH CLINIC	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	100.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
114.00	11400	UTILIZATION REVIEW-SNF	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	115.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.01	19001	PROMPTCARE	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	906,285	190.02
190.03	19003 OLCOTT	645,263	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	1,422,381	190.05
190.06	19006 MARKETING	156,226	190.06
190.07	19007 HME STORE	436,464	190.07
190.08	19008 UNUSED SPACE	1,810,370	190.08
190.09	19009 CLINICAL TRIALS	511,490	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	6,051,662	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	928,044	194.03
194.04	07954 HOME CARE	322,231	194.04
194.05	07955 HOSPICE	253,637	194.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	291,896,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	98,755	55,259	154,014	154,014 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,169,392	1,773,449	4,942,841	13,843 5.00
7.00 00700	OPERATION OF PLANT	0	1,593,237	891,505	2,484,742	3,565 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,590	12,640	35,230	0 8.00
9.00 00900	HOUSEKEEPING	0	48,956	27,394	76,350	2,736 9.00
10.00 01000	DIETARY	0	156,753	87,712	244,465	1,217 10.00
11.00 01100	CAFETERIA	0	84,477	47,269	131,746	2,029 11.00
13.00 01300	NURSING ADMINISTRATION	0	236,190	132,161	368,351	6,798 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	76,292	42,689	118,981	0 14.00
15.00 01500	PHARMACY	0	72,922	40,804	113,726	6,970 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	85,782	48,000	133,782	0 16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	0 18.00
18.01 01851	CENTRAL STERILIZATION	0	43,663	24,432	68,095	638 18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	2,878	1,610	4,488	425 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,623,254	908,301	2,531,555	29,234 30.00
31.00 03100	INTENSIVE CARE UNIT	0	144,272	80,728	225,000	4,231 31.00
32.00 03200	CORONARY CARE UNIT	0	189,030	105,773	294,803	3,578 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	95,821	53,617	149,438	2,656 35.00
41.00 04100	SUBPROVIDER - I RF	0	170,737	95,537	266,274	1,308 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	68,584	38,376	106,960	1,245 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	689,559	385,847	1,075,406	7,852 50.00
50.01 05001	CV SURGERY	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	48,648	27,221	75,869	4,365 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	469,529	262,728	732,257	4,171 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	292,559	163,703	456,262	4,913 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	308,368	172,549	480,917	3,380 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	18,181	10,173	28,354	963 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,251	15,248	42,499	627 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	90,949	50,891	141,840	1,729 59.00
60.00 06000	LABORATORY	0	245,329	137,275	382,604	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	18,532	10,370	28,902	3,027 65.00
66.00 06600	PHYSICAL THERAPY	0	140,481	78,607	219,088	10,145 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	34,439	19,271	53,710	1,349 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	60,778	34,009	94,787	256 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	162 73.00
73.01 07302	OP PHARMACY	0	0	0	0	0 73.01
74.00 07400	RENAL DIALYSIS	0	11,063	6,191	17,254	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 75.01
76.97 07697	CARDIAC REHABILITATION	0	52,775	29,531	82,306	987 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	126,385	70,720	197,105	1,837 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	47,398	26,522	73,920	1,835 90.01
90.02 09002	WOUND CARE CENTER	0	65,565	36,687	102,252	1,194 90.02
90.03 09003	PAIN CLINIC	0	42,119	23,568	65,687	342 90.03
90.05 09005	OP PSYCH CLINIC	0	126,357	70,704	197,061	2,479 90.05
91.00 09100	EMERGENCY	0	371,743	208,011	579,754	7,279 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	198,704	111,186	309,890	7,744 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	11,470,297	6,418,268	17,888,565	147,109	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,239	7,408	20,647	67	190.00
190.01 19001 PROMPTCARE	0	90,359	50,561	140,920	1,543	190.01
190.02 19002 RENTAL PROPERTIES	0	236,948	132,585	369,533	0	190.02
190.03 19003 OLCOTT	0	38,609	21,604	60,213	413	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	90,514	50,648	141,162	860	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	406	190.07
190.08 19008 UNUSED SPACE	0	480,606	268,926	749,532	0	190.08
190.09 19009 CLINICAL TRIALS	0	7,371	4,124	11,495	431	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	0	384,800	215,317	600,117	3,185	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	300,660	0	300,660	0	194.03
194.04 07954 HOME CARE	0	85,544	47,867	133,411	0	194.04
194.05 07955 HOSPICE	0	67,334	37,677	105,011	0	194.05
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	13,266,281	7,254,985	20,521,266	154,014	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/27/2018 9:18 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,956,684					5.00
7.00	00700	OPERATION OF PLANT	258,587	2,746,894				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,772	7,383	47,385			8.00
9.00	00900	HOUSEKEEPING	71,272	16,000	1	166,359		9.00
10.00	01000	DIETARY	34,418	51,230	0	0	331,330	10.00
11.00	01100	CAFETERIA	38,360	27,609	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	146,933	77,192	11	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	217,761	24,934	0	0	0	14.00
15.00	01500	PHARMACY	134,000	23,832	85	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	61,088	28,035	0	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	15,257	14,270	415	0	0	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	8,324	941	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	677,060	530,516	18,277	63,892	264,806	30.00
31.00	03100	INTENSIVE CARE UNIT	97,538	47,151	1,715	116	25,646	31.00
32.00	03200	CORONARY CARE UNIT	74,941	61,779	1,363	5,583	22,244	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	65,871	31,316	281	39	0	35.00
41.00	04100	SUBPROVIDER - IRF	32,208	55,800	917	11,902	18,634	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	26,042	22,415	711	3,257	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	222,244	225,362	3,475	6,823	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	84,594	15,899	4,232	10,041	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	97,327	153,452	2,540	18,222	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,790	95,614	3,323	2,171	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	95,763	100,781	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	25,935	5,942	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,589	8,906	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,964	29,724	1,010	0	0	59.00
60.00	06000	LABORATORY	272,126	80,179	9	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	57,826	6,057	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	199,523	45,912	93	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	26,481	11,255	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	24,270	19,863	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,025	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	342,621	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	437,080	0	0	4,032	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	25,165	3,616	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	20,482	17,248	747	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,017	41,305	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	36,849	15,491	0	9,925	0	90.01
90.02	09002	WOUND CARE CENTER	24,021	21,428	0	0	0	90.02
90.03	09003	PAIN CLINIC	8,481	13,765	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	40,465	41,296	8,179	5,234	0	90.05
91.00	09100	EMERGENCY	174,066	121,493	0	25,122	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	159,072	64,940	1	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,737,208	2,159,931	47,385	166,359	331,330	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,949	4,327	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/27/2018 9:18 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
			5.00	7.00	8.00	9.00	10.00		
190.01	19001	PROMPTCARE	43,132	29,531	0	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	8,100	77,439	0	0	0	0	190.02
190.03	19003	OLCOTT	9,538	12,618	0	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	21,179	29,582	0	0	0	0	190.05
190.06	19006	MARKETING	2,653	0	0	0	0	0	190.06
190.07	19007	HME STORE	7,376	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	15,956	157,072	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	8,125	2,409	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	88,993	125,760	0	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	6,400	98,262	0	0	0	0	194.03
194.04	07954	HOME CARE	2,840	27,957	0	0	0	0	194.04
194.05	07955	HOSPICE	2,235	22,006	0	0	0	0	194.05
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,956,684	2,746,894	47,385	166,359	331,330	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/27/2018 9:18 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	199,744					11.00
13.00	01300	8,608	607,893				13.00
14.00	01400	0	0	361,676			14.00
15.00	01500	7,950	0	860	287,423		15.00
16.00	01600	0	0	0	0	222,905	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	1,546	0	2,702	0	0	18.01
23.00	02301	453	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	48,390	259,995	16,152	2,382	17,790	30.00
31.00	03100	6,389	34,937	4,032	1,007	2,618	31.00
32.00	03200	5,204	29,587	2,232	365	2,044	32.00
35.00	02060	3,718	21,913	2,126	218	1,951	35.00
41.00	04100	2,042	12,122	524	19	752	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,775	11,446	710	18	779	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,663	38,195	40,711	1,141	32,107	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	5,952	35,307	675	155	4,766	51.00
52.00	05200	5,843	29,376	3,233	185	5,653	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7,187	8,358	1,914	338	9,095	54.00
55.00	05500	4,265	3,886	4,432	42	13,627	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	1,330	0	1,389	97	4,395	57.00
58.00	05800	865	0	136	16	1,651	58.00
59.00	05900	2,480	10,934	5,059	144	11,209	59.00
60.00	06000	8,012	0	0	0	20,559	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	4,057	0	4,328	0	1,996	65.00
66.00	06600	12,995	35	260	131	4,586	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	1,992	3,645	306	40	3,392	69.00
70.00	07000	483	0	520	1	2,188	70.00
71.00	07100	0	0	88,356	0	8,979	71.00
72.00	07200	0	0	164,485	0	16,685	72.00
73.00	07300	0	0	0	278,135	25,313	73.00
73.01	07302	0	0	0	0	0	73.01
74.00	07400	0	0	148	77	610	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	1,322	1,846	92	7	550	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,209	5,501	202	27	440	90.00
90.01	09001	2,629	14,882	2,021	206	2,568	90.01
90.02	09002	1,555	8,298	837	1	757	90.02
90.03	09003	496	1,514	212	5	343	90.03
90.05	09005	2,791	5,411	7	0	470	90.05
91.00	09100	11,700	64,567	10,935	2,347	18,117	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	14,974	0	1,657	304	6,915	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		189,875	601,755	361,253	287,408	222,905	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	243	0	0	0	190.00
190.01	19001	PROMPTCARE	1,983	1,927	296	13	0190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0190.02
190.03	19003	OLCOTT	573	441	2	0	0190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0190.04
190.05	19005	FOUNDATION	928	0	0	0	0190.05
190.06	19006	MARKETING	0	0	0	0	0190.06
190.07	19007	HME STORE	173	0	0	0	0190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0190.08
190.09	19009	CLINICAL TRIALS	541	870	0	0	0190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0190.10
190.11	19011	COMMUNITY HEALTH SERVICES	5,428	2,900	125	2	0190.11
191.00	19100	RESEARCH	0	0	0	0	0191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0194.03
194.04	07954	HOME CARE	0	0	0	0	0194.04
194.05	07955	HOSPICE	0	0	0	0	0194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	199,744	607,893	361,676	287,423	222,905202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED ED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
18.00 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERIL I ZATI ON	0	102,923		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	14,631	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	2,875	4,462,924	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	134	450,514	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	503,723	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	1,170	280,697	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	402,502	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	0	1,471	176,829	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	92,962	1,756,941	0 50.00
50.01 05001	CV SURGERY	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	241,855	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,052,259	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	535	703,500	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	707,093	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	68,405	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	71,289	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	769	251,862	0 59.00
60.00 06000	LABORATORY	0	0	763,489	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	106,193	0 65.00
66.00 06600	PHYSICAL THERAPY	0	468	493,236	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	869	103,039	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	501	142,869	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	281,360	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	523,791	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	744,722	0 73.00
73.01 07302	OP PHARMACY	0	0	0	0 73.01
74.00 07400	RENAL DIALYSIS	0	0	46,870	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0 75.01
76.97 07697	CARDIAC REHABILITATION	0	0	125,587	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	285,643	0 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	160,326	0 90.01
90.02 09002	WOUND CARE CENTER	0	0	160,343	0 90.02
90.03 09003	PAIN CLINIC	0	33	90,878	0 90.03
90.05 09005	OP PSYCH CLINIC	0	0	303,393	0 90.05
91.00 09100	EMERGENCY	0	501	1,015,881	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	565,497	0 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY			
		18.00	18.01	23.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	102,288	0	17,043,510	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	28,233	0	190.00
190.01	19001	PROMPTCARE	0	33	219,378	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	455,072	0	190.02
190.03	19003	OLCOTT	0	0	83,798	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	193,711	0	190.05
190.06	19006	MARKETING	0	0	2,653	0	190.06
190.07	19007	HME STORE	0	0	7,955	0	190.07
190.08	19008	UNUSED SPACE	0	0	922,560	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	23,871	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	826,510	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	602	405,924	0	194.03
194.04	07954	HOME CARE	0	0	164,208	0	194.04
194.05	07955	HOSPICE	0	0	129,252	0	194.05
200.00		Cross Foot Adjustments			14,631	14,631	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	102,923	14,631	20,521,266	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/27/2018 9:18 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	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
18.00	01850	SOCIAL SERVICES		18.00
18.01	01851	CENTRAL STERILIZATION		18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	4,462,924	30.00
31.00	03100	INTENSIVE CARE UNIT	450,514	31.00
32.00	03200	CORONARY CARE UNIT	503,723	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	280,697	35.00
41.00	04100	SUBPROVIDER - IRF	402,502	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	176,829	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,756,941	50.00
50.01	05001	CV SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	241,855	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,052,259	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	703,500	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	707,093	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	68,405	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,289	58.00
59.00	05900	CARDIAC CATHETERIZATION	251,862	59.00
60.00	06000	LABORATORY	763,489	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	106,193	65.00
66.00	06600	PHYSICAL THERAPY	493,236	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,039	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,869	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	523,791	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	744,722	73.00
73.01	07302	OP PHARMACY	0	73.01
74.00	07400	RENAL DIALYSIS	46,870	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697	CARDIAC REHABILITATION	125,587	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	285,643	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	160,326	90.01
90.02	09002	WOUND CARE CENTER	160,343	90.02
90.03	09003	PAIN CLINIC	90,878	90.03
90.05	09005	OP PSYCH CLINIC	303,393	90.05
91.00	09100	EMERGENCY	1,015,881	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	565,497	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,043,510	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,233	190.00
190.01	19001	PROMPTCARE	219,378	190.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	455,072	190.02
190.03	19003 OLCOTT	83,798	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	193,711	190.05
190.06	19006 MARKETING	2,653	190.06
190.07	19007 HME STORE	7,955	190.07
190.08	19008 UNUSED SPACE	922,560	190.08
190.09	19009 CLINICAL TRIALS	23,871	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	826,510	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	405,924	194.03
194.04	07954 HOME CARE	164,208	194.04
194.05	07955 HOSPICE	129,252	194.05
200.00	Cross Foot Adjustments	14,631	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	20,521,266	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQ. FEET)	MVBLE EQUIP (SQ FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	944,913				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		923,498			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,034	7,034	100,458,968		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	225,745	225,745	9,030,193	-59,051,947	5.00
7.00 00700	OPERATION OF PLANT	113,481	113,481	2,325,402	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,609	1,609	0	0	8.00
9.00 00900	HOUSEKEEPING	3,487	3,487	1,785,059	0	9.00
10.00 01000	DIETARY	11,165	11,165	793,885	0	10.00
11.00 01100	CAFETERIA	6,017	6,017	1,323,862	0	11.00
13.00 01300	NURSING ADMINISTRATION	16,823	16,823	4,434,573	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,434	5,434	0	0	14.00
15.00 01500	PHARMACY	5,194	5,194	4,546,656	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,110	6,110	0	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	3,110	3,110	416,356	0	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	205	205	277,098	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	115,619	115,619	19,062,268	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,276	10,276	2,759,674	0	31.00
32.00 03200	CORONARY CARE UNIT	13,464	13,464	2,334,023	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	6,825	6,825	1,732,325	0	35.00
41.00 04100	SUBPROVIDER - I RF	12,161	12,161	853,211	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	4,885	4,885	812,112	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	49,115	49,115	5,121,723	0	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,465	3,465	2,847,451	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	33,443	33,443	2,720,701	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,838	20,838	3,204,669	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,964	21,964	2,204,830	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,295	1,295	628,030	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	1,941	408,725	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,478	6,478	1,127,568	0	59.00
60.00 06000	LABORATORY	17,474	17,474	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,320	1,320	1,974,702	0	65.00
66.00 06600	PHYSICAL THERAPY	10,006	10,006	6,617,675	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,453	2,453	880,195	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,329	4,329	167,086	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	105,415	0	73.00
73.01 07302	OP PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	788	788	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	3,759	3,759	643,683	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,002	9,002	1,198,532	0	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	3,376	3,376	1,197,044	0	90.01
90.02 09002	WOUND CARE CENTER	4,670	4,670	779,070	0	90.02
90.03 09003	PAIN CLINIC	3,000	3,000	223,023	0	90.03
90.05 09005	OP PSYCH CLINIC	9,000	9,000	1,617,322	0	90.05
91.00 09100	EMERGENCY	26,478	26,478	4,747,936	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	14,153	14,153	5,051,733	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQ FEET)	MVBLE EQUIP (SQ FEET)					
		1.00	2.00	4.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	816,991	816,991	95,953,810	-59,051,947	222,534,699	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	43,974	0	138,530	190.00
190.01	19001	PROMPTCARE	6,436	6,436	1,006,636	0	2,026,113	190.01
190.02	19002	RENTAL PROPERTIES	16,877	16,877	0	0	380,494	190.02
190.03	19003	OLCOTT	2,750	2,750	269,335	0	448,042	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	6,447	6,447	560,939	0	994,870	190.05
190.06	19006	MARKETING	0	0	0	0	124,621	190.06
190.07	19007	HME STORE	0	0	264,947	0	346,499	190.07
190.08	19008	UNUSED SPACE	34,232	34,232	0	0	749,532	190.08
190.09	19009	CLINICAL TRIALS	525	525	281,445	0	381,665	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	27,408	27,408	2,077,882	0	4,180,407	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	21,415	0	0	0	300,660	194.03
194.04	07954	HOME CARE	6,093	6,093	0	0	133,411	194.04
194.05	07955	HOSPICE	4,796	4,796	0	0	105,011	194.05
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)	13,266,281	7,254,985	26,847,331		59,051,947	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.039685	7.855983	0.267247		0.253611	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			154,014		4,956,684	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001533		0.021288	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	598,653				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,609	1,279,790			8.00	
9.00	00900	HOUSEKEEPING	3,487	22	4,291		9.00	
10.00	01000	DIETARY	11,165	0	0	226,686	10.00	
11.00	01100	CAFETERIA	6,017	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	16,823	304	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	5,434	0	0	0	14.00	
15.00	01500	PHARMACY	5,194	2,287	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6,110	0	0	0	16.00	
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00	
18.01	01851	CENTRAL STERILIZATION	3,110	11,213	0	0	18.01	
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	205	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115,619	493,609	1,648	181,172	745,585	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	46,318	3	17,546	98,451	31.00
32.00	03200	CORONARY CARE UNIT	13,464	36,822	144	15,219	80,191	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,825	7,576	1	0	57,288	35.00
41.00	04100	SUBPROVIDER - IRF	12,161	24,759	307	12,749	31,466	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,885	19,201	84	0	27,357	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,115	93,842	176	0	164,294	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,465	114,299	259	0	91,714	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,443	68,595	470	0	90,033	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,838	89,755	56	0	110,734	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,964	0	0	0	65,711	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,295	0	0	0	20,492	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	0	0	0	13,329	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,478	27,284	0	0	38,205	59.00
60.00	06000	LABORATORY	17,474	252	0	0	123,444	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,320	0	0	0	62,505	65.00
66.00	06600	PHYSICAL THERAPY	10,006	2,525	0	0	200,227	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,453	0	0	0	30,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,329	0	0	0	7,438	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	104	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	788	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,759	20,185	0	0	20,371	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,002	0	0	0	34,044	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,376	0	256	0	40,502	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	0	0	23,961	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	7,636	90.03
90.05	09005	OP PSYCH CLINIC	9,000	220,907	135	0	43,006	90.05
91.00	09100	EMERGENCY	26,478	0	648	0	180,276	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,153	35	0	0	230,728	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	470,731	1,279,790	4,291	226,686	2,925,631	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	0	0	3,749	190.00
190.01	19001	PROMPTCARE	6,436	0	0	0	30,555	190.01
190.02	19002	RENTAL PROPERTIES	16,877	0	0	0	0	190.02
190.03	19003	OLCOTT	2,750	0	0	0	8,831	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	6,447	0	0	0	14,305	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	2,665	190.07
190.08	19008	UNUSED SPACE	34,232	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	525	0	0	0	8,329	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	27,408	0	0	0	83,637	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	21,415	0	0	0	0	194.03
194.04	07954	HOME CARE	6,093	0	0	0	0	194.04
194.05	07955	HOSPICE	4,796	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	15,227,729	321,965	4,285,792	2,310,788	2,411,986	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.436654	0.251576	998.786297	10.193783	0.783697	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,746,894	47,385	166,359	331,330	199,744	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.588458	0.037026	38.769285	1.461625	0.064900	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
	(DIRECT NURS. HRS.)					
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	1,452,934					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	35,387,176				14.00
15.00 01500 PHARMACY	0	84,131	21,059,097			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,381,989,100		16.00
18.00 01850 SOCIAL SERVICES	0	0	0	0	0	18.00
18.01 01851 CENTRAL STERILIZATION	0	264,310	15	0	0	18.01
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	621,414	1,580,289	174,547	110,499,241	0	30.00
31.00 03100 INTENSIVE CARE UNIT	83,503	394,484	73,764	16,263,677	0	31.00
32.00 03200 CORONARY CARE UNIT	70,717	218,351	26,752	12,692,647	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	52,374	208,042	15,999	12,115,793	0	35.00
41.00 04100 SUBPROVIDER - I RF	28,973	51,290	1,383	4,669,026	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	27,357	69,497	1,290	4,841,088	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	91,291	3,983,109	83,622	196,889,625	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	84,388	65,995	11,349	29,604,389	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	70,212	316,307	13,551	35,111,417	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,976	187,266	24,748	56,490,313	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,289	433,635	3,080	84,641,454	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	135,923	7,120	27,300,845	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,296	1,156	10,256,829	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	26,133	494,972	10,567	69,622,027	0	59.00
60.00 06000 LABORATORY	0	0	0	127,697,749	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	423,482	11	12,396,354	0	65.00
66.00 06600 PHYSICAL THERAPY	84	25,418	9,590	28,482,733	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	8,711	29,903	2,896	21,069,992	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	50,827	66	13,592,218	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,644,552	0	55,768,244	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,094,549	0	103,635,962	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	20,378,473	157,222,079	0	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	14,476	5,659	3,788,222	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	4,413	9,006	518	3,415,739	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	13,149	19,758	1,952	2,733,803	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	35,570	197,749	15,125	15,953,288	0	90.01
90.02 09002 WOUND CARE CENTER	19,833	81,850	68	4,703,568	0	90.02
90.03 09003 PAIN CLINIC	3,618	20,747	394	2,131,755	0	90.03
90.05 09005 OP PSYCH CLINIC	12,934	720	0	2,919,690	0	90.05
91.00 09100 EMERGENCY	154,323	1,069,808	171,980	112,529,791	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	162,145	22,294	42,949,542	0	95.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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To 12/31/2017

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,438,262	35,345,887	21,057,969	1,381,989,100	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	4,606	28,939	972	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	1,054	158	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	0	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	2,080	5	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	6,932	12,187	156	0	0	190.11
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		9,184,568	12,961,772	8,150,544	3,752,796	0	202.00
203.00		6.321394	0.366284	0.387032	0.002716	0.000000	203.00
204.00		607,893	361,676	287,423	222,905	0	204.00
205.00		0.418390	0.010221	0.013648	0.000161	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01850	SOCIAL SERVICES			18.00
18.01	01851	CENTRAL STERILIZATION	3,079		18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	86	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35	0	35.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	44	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,781	0	50.00
50.01	05001	CV SURGERY	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	16	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14	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	26	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	1	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	15	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	
		CENTRAL STERILIZATION (TIME SPENT)	(TIME SPENT)	
		18.01	23.00	
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,060	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 PROMPTCARE	1	0	190.01
190.02	19002 RENTAL PROPERTIES	0	0	190.02
190.03	19003 OLCOTT	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005 FOUNDATION	0	0	190.05
190.06	19006 MARKETING	0	0	190.06
190.07	19007 HME STORE	0	0	190.07
190.08	19008 UNUSED SPACE	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	0	0	190.11
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953 IU HEALTH SIP	18	0	194.03
194.04	07954 HOME CARE	0	0	194.04
194.05	07955 HOSPICE	0	0	194.05
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)	1,095,898	500,895	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	355.926600	5,008.950000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	102,923	14,631	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	33.427411	146.310000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2018 9:18 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,924,582		51,924,582	8,750	51,933,332	30.00
31.00	03100	INTENSIVE CARE UNIT	7,022,399		7,022,399	0	7,022,399	31.00
32.00	03200	CORONARY CARE UNIT	5,698,504		5,698,504	0	5,698,504	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,559,270		4,559,270	0	4,559,270	35.00
41.00	04100	SUBPROVIDER - IRF	2,888,609		2,888,609	0	2,888,609	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,995,710		1,995,710	0	1,995,710	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,257,319		18,257,319	0	18,257,319	50.00
50.01	05001	CV SURGERY	0		0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,071,464		6,071,464	0	6,071,464	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,799,643		7,799,643	0	7,799,643	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,759,825		7,759,825	0	7,759,825	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,698,135		6,698,135	0	6,698,135	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	1,702,955		1,702,955	0	1,702,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,069,910		1,069,910	0	1,069,910	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,515,071		3,515,071	0	3,515,071	59.00
60.00	06000	LABORATORY	16,913,133		16,913,133	0	16,913,133	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,676,634	0	3,676,634	0	3,676,634	65.00
66.00	06600	PHYSICAL THERAPY	12,257,527	0	12,257,527	0	12,257,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,779,502		1,779,502	0	1,779,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,606,040		1,606,040	0	1,606,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,154,733		14,154,733	0	14,154,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,352,970		26,352,970	0	26,352,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,657,747		34,657,747	0	34,657,747	73.00
73.01	07302	OP PHARMACY	0		0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,519,762		1,519,762	0	1,519,762	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,363,507		1,363,507	0	1,363,507	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,534,071		2,534,071	0	2,534,071	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,889,755		2,889,755	0	2,889,755	90.01
90.02	09002	WOUND CARE CENTER	1,720,297		1,720,297	0	1,720,297	90.02
90.03	09003	PAIN CLINIC	618,513		618,513	0	618,513	90.03
90.05	09005	OP PSYCH CLINIC	2,925,929		2,925,929	5,079	2,931,008	90.05
91.00	09100	EMERGENCY	13,457,337		13,457,337	0	13,457,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,096,836		6,096,836	0	6,096,836	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	10,092,945		10,092,945	0	10,092,945	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	281,580,634	0	281,580,634	13,829	281,594,463	200.00
201.00		Less Observation Beds	6,096,836		6,096,836		6,096,836	201.00
202.00		Total (see instructions)	275,483,798	0	275,483,798	13,829	275,497,627	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2018 9:18 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	86,745,756		86,745,756		30.00
31.00	03100	INTENSIVE CARE UNIT	16,263,677		16,263,677		31.00
32.00	03200	CORONARY CARE UNIT	12,692,647		12,692,647		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,115,793		12,115,793		35.00
41.00	04100	SUBPROVIDER - IRF	4,669,026		4,669,026		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,841,088		4,841,088		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	84,664,379	112,225,246	196,889,625	0.092729	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	8,798,095	20,806,294	29,604,389	0.205087	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,554,418	3,556,999	35,111,417	0.222140	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,131,470	40,358,843	56,490,313	0.137366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,197	81,140,257	84,641,454	0.079135	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	8,185,389	19,115,456	27,300,845	0.062377	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,505,919	7,750,910	10,256,829	0.104312	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,646,583	43,975,444	69,622,027	0.050488	59.00
60.00	06000	LABORATORY	48,898,088	78,799,661	127,697,749	0.132447	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,114,236	2,282,118	12,396,354	0.296590	65.00
66.00	06600	PHYSICAL THERAPY	12,709,464	15,773,269	28,482,733	0.430349	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,472,183	10,597,809	21,069,992	0.084457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,909,097	11,683,121	13,592,218	0.118159	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,291,479	33,476,765	55,768,244	0.253813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,228,288	36,407,674	103,635,962	0.254284	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,229,945	81,992,134	157,222,079	0.220438	73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,785,615	1,002,607	3,788,222	0.401181	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	420,001	2,995,738	3,415,739	0.399184	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	22,733	2,711,070	2,733,803	0.926940	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,034,430	14,918,858	15,953,288	0.181139	90.01
90.02	09002	WOUND CARE CENTER	10,976	4,692,592	4,703,568	0.365743	90.02
90.03	09003	PAIN CLINIC	1,247	2,130,508	2,131,755	0.290143	90.03
90.05	09005	OP PSYCH CLINIC	5,374	2,914,316	2,919,690	1.002137	90.05
91.00	09100	EMERGENCY	24,013,482	88,516,309	112,529,791	0.119589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,400,208	21,353,277	23,753,485	0.256671	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	122,075	42,827,467	42,949,542	0.234995	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	597,984,358	784,004,742	1,381,989,100		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	597,984,358	784,004,742	1,381,989,100		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.092729		50.00
50.01	05001 CV SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.205087		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.222140		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137366		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.079135		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.062377		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104312		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050488		59.00
60.00	06000 LABORATORY	0.132447		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.296590		65.00
66.00	06600 PHYSICAL THERAPY	0.430349		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.084457		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.118159		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.254284		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220438		73.00
73.01	07302 OP PHARMACY	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.401181		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697 CARDIAC REHABILITATION	0.399184		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.926940		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.181139		90.01
90.02	09002 WOUND CARE CENTER	0.365743		90.02
90.03	09003 PAIN CLINIC	0.290143		90.03
90.05	09005 OP PSYCH CLINIC	1.003876		90.05
91.00	09100 EMERGENCY	0.119589		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.256671		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.234995		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2018 9:18 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		51,924,582	8,750	51,933,332	30.00
31.00	03100	INTENSIVE CARE UNIT		7,022,399	0	7,022,399	31.00
32.00	03200	CORONARY CARE UNIT		5,698,504	0	5,698,504	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		4,559,270	0	4,559,270	35.00
41.00	04100	SUBPROVIDER - IRF		2,888,609	0	2,888,609	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		1,995,710	0	1,995,710	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		18,257,319	0	18,257,319	50.00
50.01	05001	CV SURGERY		0	0	0	50.01
51.00	05100	RECOVERY ROOM		6,071,464	0	6,071,464	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		7,799,643	0	7,799,643	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		7,759,825	0	7,759,825	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		6,698,135	0	6,698,135	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		1,702,955	0	1,702,955	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,069,910	0	1,069,910	58.00
59.00	05900	CARDIAC CATHETERIZATION		3,515,071	0	3,515,071	59.00
60.00	06000	LABORATORY		16,913,133	0	16,913,133	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,676,634	0	3,676,634	65.00
66.00	06600	PHYSICAL THERAPY	0	12,257,527	0	12,257,527	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		1,779,502	0	1,779,502	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,606,040	0	1,606,040	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,154,733	0	14,154,733	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		26,352,970	0	26,352,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		34,657,747	0	34,657,747	73.00
73.01	07302	OP PHARMACY		0	0	0	73.01
74.00	07400	RENAL DIALYSIS		1,519,762	0	1,519,762	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION		1,363,507	0	1,363,507	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		2,534,071	0	2,534,071	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER		2,889,755	0	2,889,755	90.01
90.02	09002	WOUND CARE CENTER		1,720,297	0	1,720,297	90.02
90.03	09003	PAIN CLINIC		618,513	0	618,513	90.03
90.05	09005	OP PSYCH CLINIC		2,925,929	5,079	2,931,008	90.05
91.00	09100	EMERGENCY		13,457,337	0	13,457,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		6,096,836	0	6,096,836	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		10,092,945	0	10,092,945	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		0	0	0	116.00
200.00		Subtotal (see instructions)		281,580,634	13,829	281,594,463	200.00
201.00		Less Observation Beds		6,096,836		6,096,836	201.00
202.00		Total (see instructions)		275,483,798	13,829	275,497,627	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2018 9:18 am

		Title XIX			Hospital	PPS		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	86,745,756		86,745,756			30.00
31.00	03100	INTENSIVE CARE UNIT	16,263,677		16,263,677			31.00
32.00	03200	CORONARY CARE UNIT	12,692,647		12,692,647			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,115,793		12,115,793			35.00
41.00	04100	SUBPROVIDER - IRF	4,669,026		4,669,026			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,841,088		4,841,088			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,664,379	112,225,246	196,889,625	0.092729	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	8,798,095	20,806,294	29,604,389	0.205087	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,554,418	3,556,999	35,111,417	0.222140	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,131,470	40,358,843	56,490,313	0.137366	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,501,197	81,140,257	84,641,454	0.079135	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	8,185,389	19,115,456	27,300,845	0.062377	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,505,919	7,750,910	10,256,829	0.104312	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,646,583	43,975,444	69,622,027	0.050488	0.000000	59.00
60.00	06000	LABORATORY	48,898,088	78,799,661	127,697,749	0.132447	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,114,236	2,282,118	12,396,354	0.296590	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	12,709,464	15,773,269	28,482,733	0.430349	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,472,183	10,597,809	21,069,992	0.084457	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,909,097	11,683,121	13,592,218	0.118159	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,291,479	33,476,765	55,768,244	0.253813	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,228,288	36,407,674	103,635,962	0.254284	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,229,945	81,992,134	157,222,079	0.220438	0.000000	73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	0.000000	73.01
74.00	07400	RENAL DIALYSIS	2,785,615	1,002,607	3,788,222	0.401181	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	420,001	2,995,738	3,415,739	0.399184	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,733	2,711,070	2,733,803	0.926940	0.000000	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,034,430	14,918,858	15,953,288	0.181139	0.000000	90.01
90.02	09002	WOUND CARE CENTER	10,976	4,692,592	4,703,568	0.365743	0.000000	90.02
90.03	09003	PAIN CLINIC	1,247	2,130,508	2,131,755	0.290143	0.000000	90.03
90.05	09005	OP PSYCH CLINIC	5,374	2,914,316	2,919,690	1.002137	0.000000	90.05
91.00	09100	EMERGENCY	24,013,482	88,516,309	112,529,791	0.119589	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,400,208	21,353,277	23,753,485	0.256671	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	122,075	42,827,467	42,949,542	0.234995	0.000000	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	597,984,358	784,004,742	1,381,989,100			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	597,984,358	784,004,742	1,381,989,100			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/27/2018 9:18 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.092729		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.205087		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222140		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137366		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079135		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.062377		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104312		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050488		59.00
60.00	06000	LABORATORY	0.132447		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.296590		65.00
66.00	06600	PHYSICAL THERAPY	0.430349		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.084457		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118159		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.254284		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220438		73.00
73.01	07302	OP PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.401181		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.399184		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.926940		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.181139		90.01
90.02	09002	WOUND CARE CENTER	0.365743		90.02
90.03	09003	PAIN CLINIC	0.290143		90.03
90.05	09005	OP PSYCH CLINIC	1.003876		90.05
91.00	09100	EMERGENCY	0.119589		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256671		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.234995		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/27/2018 9:18 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,257,319	1,756,941	16,500,378	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,071,464	241,855	5,829,609	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,799,643	1,052,259	6,747,384	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,759,825	703,500	7,056,325	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,698,135	707,093	5,991,042	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,702,955	68,405	1,634,550	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,069,910	71,289	998,621	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,515,071	251,862	3,263,209	0	0	59.00
60.00	06000	LABORATORY	16,913,133	763,489	16,149,644	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,676,634	106,193	3,570,441	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,257,527	493,236	11,764,291	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	1,779,502	103,039	1,676,463	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,606,040	142,869	1,463,171	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,154,733	281,360	13,873,373	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,352,970	523,791	25,829,179	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,657,747	744,722	33,913,025	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,519,762	46,870	1,472,892	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,363,507	125,587	1,237,920	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,534,071	285,643	2,248,428	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,889,755	160,326	2,729,429	0	0	90.01
90.02	09002	WOUND CARE CENTER	1,720,297	160,343	1,559,954	0	0	90.02
90.03	09003	PAIN CLINIC	618,513	90,878	527,635	0	0	90.03
90.05	09005	OP PSYCH CLINIC	2,925,929	303,393	2,622,536	0	0	90.05
91.00	09100	EMERGENCY	13,457,337	1,015,881	12,441,456	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,096,836	523,938	5,572,898	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	10,092,945	565,497	9,527,448	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	207,491,560	11,290,259	196,201,301	0	0	200.00
201.00		Less Observation Beds	6,096,836	523,938	5,572,898	0	0	201.00
202.00		Total (line 200 minus line 201)	201,394,724	10,766,321	190,628,403	0	0	202.00

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/27/2018 9:18 am

Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
			6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,257,319	196,889,625	0.092729		50.00
50.01	05001	CV SURGERY	0	0	0.000000		50.01
51.00	05100	RECOVERY ROOM	6,071,464	29,604,389	0.205087		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,799,643	35,111,417	0.222140		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,759,825	56,490,313	0.137366		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,698,135	84,641,454	0.079135		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	1,702,955	27,300,845	0.062377		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,069,910	10,256,829	0.104312		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,515,071	69,622,027	0.050488		59.00
60.00	06000	LABORATORY	16,913,133	127,697,749	0.132447		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	3,676,634	12,396,354	0.296590		65.00
66.00	06600	PHYSICAL THERAPY	12,257,527	28,482,733	0.430349		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,779,502	21,069,992	0.084457		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,606,040	13,592,218	0.118159		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,154,733	55,768,244	0.253813		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,352,970	103,635,962	0.254284		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,657,747	157,222,079	0.220438		73.00
73.01	07302	OP PHARMACY	0	0	0.000000		73.01
74.00	07400	RENAL DIALYSIS	1,519,762	3,788,222	0.401181		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	1,363,507	3,415,739	0.399184		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,534,071	2,733,803	0.926940		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,889,755	15,953,288	0.181139		90.01
90.02	09002	WOUND CARE CENTER	1,720,297	4,703,568	0.365743		90.02
90.03	09003	PAIN CLINIC	618,513	2,131,755	0.290143		90.03
90.05	09005	OP PSYCH CLINIC	2,925,929	2,919,690	1.002137		90.05
91.00	09100	EMERGENCY	13,457,337	112,529,791	0.119589		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,096,836	23,753,485	0.256671		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	10,092,945	42,949,542	0.234995		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	207,491,560	1,244,661,113			200.00
201.00		Less Observation Beds	6,096,836	0			201.00
202.00		Total (line 200 minus line 201)	201,394,724	1,244,661,113			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,462,924	0	4,462,924	44,456	100.39	30.00
31.00	INTENSIVE CARE UNIT	450,514		450,514	3,800	118.56	31.00
32.00	CORONARY CARE UNIT	503,723		503,723	3,296	152.83	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	280,697		280,697	2,791	100.57	35.00
41.00	SUBPROVIDER - IRF	402,502	0	402,502	2,761	145.78	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	176,829		176,829	3,616	48.90	43.00
200.00	Total (lines 30 through 199)	6,277,189		6,277,189	60,720		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	16,711	1,677,617				
31.00	INTENSIVE CARE UNIT	1,965	232,970				
32.00	CORONARY CARE UNIT	1,593	243,458				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,627	237,184				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	21,896	2,391,229				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/27/2018 9:18 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,756,941	196,889,625	0.008923	38,694,485	345,271	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	241,855	29,604,389	0.008170	3,884,619	31,737	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,052,259	35,111,417	0.029969	33,081	991	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	703,500	56,490,313	0.012453	7,927,450	98,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	707,093	84,641,454	0.008354	2,145,531	17,924	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	68,405	27,300,845	0.002506	4,059,707	10,174	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,289	10,256,829	0.006950	1,081,288	7,515	58.00
59.00	05900	CARDIAC CATHETERIZATION	251,862	69,622,027	0.003618	11,014,968	39,852	59.00
60.00	06000	LABORATORY	763,489	127,697,749	0.005979	19,522,525	116,725	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	106,193	12,396,354	0.008566	4,844,262	41,496	65.00
66.00	06600	PHYSICAL THERAPY	493,236	28,482,733	0.017317	3,878,837	67,170	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,039	21,069,992	0.004890	5,580,994	27,291	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,869	13,592,218	0.010511	906,379	9,527	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,360	55,768,244	0.005045	10,105,377	50,982	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	523,791	103,635,962	0.005054	32,340,585	163,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	744,722	157,222,079	0.004737	33,729,354	159,776	73.00
73.01	07302	OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	46,870	3,788,222	0.012373	1,875,299	23,203	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	125,587	3,415,739	0.036767	208,470	7,665	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	285,643	2,733,803	0.104486	10,356	1,082	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	160,326	15,953,288	0.010050	548,523	5,513	90.01
90.02	09002	WOUND CARE CENTER	160,343	4,703,568	0.034090	7,084	241	90.02
90.03	09003	PAIN CLINIC	90,878	2,131,755	0.042631	1,038	44	90.03
90.05	09005	OP PSYCH CLINIC	303,393	2,919,690	0.103913	1,974	205	90.05
91.00	09100	EMERGENCY	1,015,881	112,529,791	0.009028	11,490,540	103,737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	523,938	23,753,485	0.022057	1,332,410	29,389	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	10,724,762	1,201,711,571		195,225,136	1,359,680	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	44,456	0.00	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,800	0.00	31.00
32.00	03200	CORONARY CARE UNIT		0	3,296	0.00	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,791	0.00	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,761	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	42.00
43.00	04300	NURSERY		0	3,616	0.00	43.00
200.00		Total (lines 30 through 199)		0	60,720		200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0				35.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	500,895	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	500,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	196,889,625	0.000000	50.00
50.01	05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00	05100 RECOVERY ROOM	0	0	0	29,604,389	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	35,111,417	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,490,313	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	84,641,454	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	27,300,845	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,256,829	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	69,622,027	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	127,697,749	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	12,396,354	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	28,482,733	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	21,069,992	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,592,218	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	55,768,244	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,635,962	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	500,895	500,895	157,222,079	0.003186	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	3,788,222	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	3,415,739	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	2,733,803	0.000000	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	15,953,288	0.000000	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	4,703,568	0.000000	90.02
90.03	09003 PAIN CLINIC	0	0	0	2,131,755	0.000000	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	2,919,690	0.000000	90.05
91.00	09100 EMERGENCY	0	0	0	112,529,791	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,753,485	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	500,895	500,895	1,201,711,571		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	38,694,485	0	25,992,545	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	3,884,619	0	4,737,974	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	33,081	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,927,450	0	14,171,538	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,145,531	0	36,380,382	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	4,059,707	0	5,748,929	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,081,288	0	1,848,439	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	11,014,968	0	17,545,374	0	59.00
60.00	06000 LABORATORY	0.000000	19,522,525	0	9,392,959	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,844,262	0	744,763	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,878,837	0	189,922	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,580,994	0	5,690,832	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	906,379	0	3,249,548	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,105,377	0	13,129,093	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	32,340,585	0	15,605,610	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003186	33,729,354	107,462	26,063,938	83,040	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,875,299	0	219,428	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	208,470	0	1,485,884	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	10,356	0	1,255,211	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	548,523	0	5,707,173	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	7,084	0	1,953,613	0	90.02
90.03	09003 PAIN CLINIC	0.000000	1,038	0	691,614	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	1,974	0	410,827	0	90.05
91.00	09100 EMERGENCY	0.000000	11,490,540	0	20,125,017	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,332,410	0	10,179,307	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		195,225,136	107,462	222,519,920	83,040	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.092729	25,992,545	0	0	2,410,263	
50.01 05001 CV SURGERY	0.000000	0	0	0	0	
51.00 05100 RECOVERY ROOM	0.205087	4,737,974	0	0	971,697	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.222140	0	0	0	0	
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.137366	14,171,538	0	0	1,946,687	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.079135	36,380,382	0	0	2,878,962	
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	
57.00 05700 CT SCAN	0.062377	5,748,929	0	0	358,601	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104312	1,848,439	0	0	192,814	
59.00 05900 CARDIAC CATHETERIZATION	0.050488	17,545,374	0	0	885,831	
60.00 06000 LABORATORY	0.132447	9,392,959	0	0	1,244,069	
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	
65.00 06500 RESPIRATORY THERAPY	0.296590	744,763	0	0	220,889	
66.00 06600 PHYSICAL THERAPY	0.430349	189,922	0	0	81,733	
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	
69.00 06900 ELECTROCARDIOLOGY	0.084457	5,690,832	0	0	480,631	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.118159	3,249,548	0	0	383,963	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	13,129,093	0	0	3,332,334	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.254284	15,605,610	0	0	3,968,257	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.220438	26,063,938	0	190,384	5,745,482	
73.01 07302 OP PHARMACY	0.000000	0	0	0	0	
74.00 07400 RENAL DIALYSIS	0.401181	219,428	0	0	88,030	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	
76.97 07697 CARDIAC REHABILITATION	0.399184	1,485,884	0	0	593,141	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.926940	1,255,211	0	36	1,163,505	
90.01 09001 OP ONCOLOGY INFUSION CENTER	0.181139	5,707,173	0	0	1,033,792	
90.02 09002 WOUND CARE CENTER	0.365743	1,953,613	0	0	714,520	
90.03 09003 PAIN CLINIC	0.290143	691,614	0	0	200,667	
90.05 09005 OP PSYCH CLINIC	1.002137	410,827	531	0	411,705	
91.00 09100 EMERGENCY	0.119589	20,125,017	0	37	2,406,731	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	10,179,307	545	2	2,612,733	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	
95.00 09500 AMBULANCE SERVICES	0.234995	0	0	0	0	
200.00		Subtotal (see instructions)	222,519,920	1,076	190,459	34,327,037
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00		Net Charges (line 200 - line 201)	222,519,920	1,076	190,459	34,327,037

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,968	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	33	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09005	OP PSYCH CLINIC	532	0	90.05
91.00	09100	EMERGENCY	0	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	140	1	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	672	42,006	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	672	42,006	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/27/2018 9:18 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,756,941	196,889,625	0.008923	52,268	466	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	241,855	29,604,389	0.008170	11,756	96	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,052,259	35,111,417	0.029969	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	703,500	56,490,313	0.012453	91,388	1,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	707,093	84,641,454	0.008354	2,067	17	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	68,405	27,300,845	0.002506	24,063	60	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	71,289	10,256,829	0.006950	5,279	37	58.00
59.00	05900	CARDIAC CATHETERIZATION	251,862	69,622,027	0.003618	0	0	59.00
60.00	06000	LABORATORY	763,489	127,697,749	0.005979	349,444	2,089	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	106,193	12,396,354	0.008566	40,285	345	65.00
66.00	06600	PHYSICAL THERAPY	493,236	28,482,733	0.017317	3,236,296	56,043	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,039	21,069,992	0.004890	109,148	534	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,869	13,592,218	0.010511	2,020	21	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	281,360	55,768,244	0.005045	63,009	318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	523,791	103,635,962	0.005054	30,730	155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	744,722	157,222,079	0.004737	820,042	3,885	73.00
73.01	07302	OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	46,870	3,788,222	0.012373	70,073	867	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	125,587	3,415,739	0.036767	279	10	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	285,643	2,733,803	0.104486	551	58	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	160,326	15,953,288	0.010050	0	0	90.01
90.02	09002	WOUND CARE CENTER	160,343	4,703,568	0.034090	0	0	90.02
90.03	09003	PAIN CLINIC	90,878	2,131,755	0.042631	0	0	90.03
90.05	09005	OP PSYCH CLINIC	303,393	2,919,690	0.103913	0	0	90.05
91.00	09100	EMERGENCY	1,015,881	112,529,791	0.009028	20,825	188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	23,753,485	0.000000	14,770	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,200,824	1,201,711,571		4,944,293	66,327	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	500,895	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	500,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	196,889,625	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	29,604,389	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	35,111,417	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,490,313	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	84,641,454	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,300,845	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,256,829	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	69,622,027	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	127,697,749	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,396,354	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	28,482,733	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	21,069,992	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,592,218	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	55,768,244	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,635,962	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	500,895	500,895	157,222,079	0.003186	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,788,222	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,415,739	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,733,803	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	15,953,288	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	4,703,568	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	2,131,755	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	2,919,690	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	112,529,791	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,753,485	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	500,895	500,895	1,201,711,571	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	52,268	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	11,756	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	91,388	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,067	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	24,063	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,279	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	349,444	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	40,285	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,236,296	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	109,148	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	2,020	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	63,009	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	30,730	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003186	820,042	2,613	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	70,073	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	279	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	551	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	20,825	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	14,770	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		4,944,293	2,613	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/27/2018 9:18 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.092729	0	0	0	0	50.00
50.01 05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.205087	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.222140	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.137366	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.079135	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.062377	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104312	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.050488	0	0	0	0	59.00
60.00 06000 LABORATORY	0.132447	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.296590	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.430349	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.084457	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.118159	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.254284	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.220438	0	0	69	0	73.00
73.01 07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.401181	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0.399184	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.926940	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0.181139	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0.365743	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.290143	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	1.002137	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.119589	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.234995	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	69	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	69	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	15	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	15	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Title XIX			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,462,924	0	4,462,924	44,456	100.39	30.00	
31.00	INTENSIVE CARE UNIT	450,514		450,514	3,800	118.56	31.00	
32.00	CORONARY CARE UNIT	503,723		503,723	3,296	152.83	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	280,697		280,697	2,791	100.57	35.00	
41.00	SUBPROVIDER - IRF	402,502	0	402,502	2,761	145.78	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	176,829		176,829	3,616	48.90	43.00	
200.00	Total (lines 30 through 199)	6,277,189		6,277,189	60,720		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	589	59,130					30.00
31.00	INTENSIVE CARE UNIT	367	43,512					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	218	21,924					35.00
41.00	SUBPROVIDER - IRF	14	2,041					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	1,808	88,411					43.00
200.00	Total (lines 30 through 199)	2,996	215,018					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,756,941	196,889,625	0.008923	516,272	4,607	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	241,855	29,604,389	0.008170	71,650	585	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,052,259	35,111,417	0.029969	506,858	15,190	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	703,500	56,490,313	0.012453	271,503	3,381	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	707,093	84,641,454	0.008354	54,733	457	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	68,405	27,300,845	0.002506	166,822	418	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	71,289	10,256,829	0.006950	48,195	335	58.00
59.00	05900 CARDIAC CATHETERIZATION	251,862	69,622,027	0.003618	166,820	604	59.00
60.00	06000 LABORATORY	763,489	127,697,749	0.005979	1,357,964	8,119	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	106,193	12,396,354	0.008566	573,154	4,910	65.00
66.00	06600 PHYSICAL THERAPY	493,236	28,482,733	0.017317	217,956	3,774	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	103,039	21,069,992	0.004890	187,429	917	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	142,869	13,592,218	0.010511	90,620	953	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	281,360	55,768,244	0.005045	351,053	1,771	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	523,791	103,635,962	0.005054	304,803	1,540	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	744,722	157,222,079	0.004737	2,153,649	10,202	73.00
73.01	07302 OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	46,870	3,788,222	0.012373	62,436	773	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	125,587	3,415,739	0.036767	10,004	368	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	285,643	2,733,803	0.104486	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	160,326	15,953,288	0.010050	35,706	359	90.01
90.02	09002 WOUND CARE CENTER	160,343	4,703,568	0.034090	0	0	90.02
90.03	09003 PAIN CLINIC	90,878	2,131,755	0.042631	0	0	90.03
90.05	09005 OP PSYCH CLINIC	303,393	2,919,690	0.103913	346	36	90.05
91.00	09100 EMERGENCY	1,015,881	112,529,791	0.009028	478,263	4,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	523,938	23,753,485	0.022057	20,798	459	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50 through 199)	10,724,762	1,201,711,571		7,647,034	64,076	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	44,456	0.00	589	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,800	0.00	367	31.00
32.00	03200	CORONARY CARE UNIT		0	3,296	0.00	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	2,791	0.00	218	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,761	0.00	14	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	3,616	0.00	1,808	43.00
200.00		Total (lines 30 through 199)		0	60,720		2,996	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	500,895	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (Lines 50 through 199)	0	0	0	0	0	500,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	196,889,625	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	29,604,389	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	35,111,417	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,490,313	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	84,641,454	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,300,845	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,256,829	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	69,622,027	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	127,697,749	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,396,354	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	28,482,733	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	21,069,992	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,592,218	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	55,768,244	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,635,962	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	500,895	500,895	157,222,079	0.003186	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,788,222	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,415,739	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,733,803	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	15,953,288	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	4,703,568	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	2,131,755	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	2,919,690	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	112,529,791	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,753,485	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	500,895	500,895	1,201,711,571	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	516,272	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	71,650	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	506,858	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	271,503	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	54,733	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	166,822	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	48,195	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	166,820	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,357,964	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	573,154	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	217,956	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	187,429	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	90,620	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	351,053	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	304,803	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003186	2,153,649	6,862	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	62,436	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	10,004	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	35,706	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	346	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	478,263	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	20,798	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,647,034	6,862	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/27/2018 9:18 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.092729	0	1,197,038	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.205087	0	265,421	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222140	0	140,072	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137366	0	633,972	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079135	0	563,837	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.062377	0	243,512	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104312	0	55,031	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050488	0	100,979	0	0	59.00
60.00	06000	LABORATORY	0.132447	0	1,169,470	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296590	0	31,365	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.430349	0	757,954	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084457	0	94,991	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118159	0	151,058	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	0	392,122	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.254284	0	561,046	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220438	0	1,135,693	0	0	73.00
73.01	07302	OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.401181	0	76,344	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.399184	0	279	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.926940	0	16,970	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.181139	0	252,846	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.365743	0	61,002	0	0	90.02
90.03	09003	PAIN CLINIC	0.290143	0	15,746	0	0	90.03
90.05	09005	OP PSYCH CLINIC	1.002137	0	12,142	0	0	90.05
91.00	09100	EMERGENCY	0.119589	0	1,798,788	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	0	496,573	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.234995	0	1,197,875	0	0	95.00
200.00		Subtotal (see instructions)		0	11,422,126	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	11,422,126	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/27/2018 9:18 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	111,000	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	54,434	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,116	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,086	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,619	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	15,190	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,740	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,098	0	59.00
60.00	06000	LABORATORY	154,893	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	9,303	0	65.00
66.00	06600	PHYSICAL THERAPY	326,185	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	8,023	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,849	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,526	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	142,665	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,350	0	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	30,628	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	111	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	15,730	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	45,800	0	90.01
90.02	09002	WOUND CARE CENTER	22,311	0	90.02
90.03	09003	PAIN CLINIC	4,569	0	90.03
90.05	09005	OP PSYCH CLINIC	12,168	0	90.05
91.00	09100	EMERGENCY	215,115	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	127,456	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	281,495	0	95.00
200.00		Subtotal (see instructions)	2,118,460	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	2,118,460	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/27/2018 9:18 am	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,756,941	196,889,625	0.008923	0	0	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	241,855	29,604,389	0.008170	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,052,259	35,111,417	0.029969	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	703,500	56,490,313	0.012453	1,374	17	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	707,093	84,641,454	0.008354	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	68,405	27,300,845	0.002506	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	71,289	10,256,829	0.006950	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	251,862	69,622,027	0.003618	0	0	59.00
60.00	06000 LABORATORY	763,489	127,697,749	0.005979	5,514	33	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	106,193	12,396,354	0.008566	334	3	65.00
66.00	06600 PHYSICAL THERAPY	493,236	28,482,733	0.017317	80,957	1,402	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	103,039	21,069,992	0.004890	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	142,869	13,592,218	0.010511	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	281,360	55,768,244	0.005045	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	523,791	103,635,962	0.005054	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	744,722	157,222,079	0.004737	17,928	85	73.00
73.01	07302 OP PHARMACY	0	0	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	46,870	3,788,222	0.012373	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	125,587	3,415,739	0.036767	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	285,643	2,733,803	0.104486	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	160,326	15,953,288	0.010050	1,452	15	90.01
90.02	09002 WOUND CARE CENTER	160,343	4,703,568	0.034090	0	0	90.02
90.03	09003 PAIN CLINIC	90,878	2,131,755	0.042631	0	0	90.03
90.05	09005 OP PSYCH CLINIC	303,393	2,919,690	0.103913	0	0	90.05
91.00	09100 EMERGENCY	1,015,881	112,529,791	0.009028	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	23,753,485	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50 through 199)	10,200,824	1,201,711,571		107,559	1,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	500,895	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	500,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	196,889,625	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	29,604,389	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	35,111,417	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	56,490,313	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	84,641,454	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,300,845	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,256,829	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	69,622,027	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	127,697,749	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	12,396,354	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	28,482,733	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	21,069,992	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	13,592,218	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	55,768,244	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	103,635,962	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	500,895	500,895	157,222,079	0.003186	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,788,222	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,415,739	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,733,803	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	15,953,288	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	4,703,568	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	2,131,755	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	2,919,690	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	112,529,791	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	23,753,485	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	500,895	500,895	1,201,711,571		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 5/27/2018 9:18 am	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,374	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	5,514	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	334	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	80,957	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003186	17,928	57	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	1,452	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		107,559	57	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2018 9:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,456	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,456	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)		39,237	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)		16,711	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		51,933,332	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)		51,933,332	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		51,933,332	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,168.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,521,790	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)		19,521,790	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	7,022,399	3,800	1,848.00	1,965	3,631,320	43.00
44.00 CORONARY CARE UNIT	5,698,504	3,296	1,728.92	1,593	2,754,170	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 NEONATAL INTENSIVE CARE UNIT	4,559,270	2,791	1,633.56	0	0	47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					33,732,513	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					59,639,793	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,154,045	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,467,142	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,621,187	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,018,606	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					5,219	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,168.20	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,096,836	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,462,924	51,933,332	0.085936	6,096,836	523,938	90.00
91.00	Nursing School cost	0	51,933,332	0.000000	6,096,836	0	91.00
92.00	Allied health cost	0	51,933,332	0.000000	6,096,836	0	92.00
93.00	All other Medical Education	0	51,933,332	0.000000	6,096,836	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,761	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,761	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,761	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,627	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,888,609	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,888,609	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,888,609	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,046.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,702,200	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)		1,702,200	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 15-T051			Date/Time Prepared: 5/27/2018 9:18 am
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,722,043		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,424,243		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)					237,184		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					68,940		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					306,124		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,118,119		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	402,502	2,888,609	0.139341	0	0	90.00
91.00	Nursing School cost	0	2,888,609	0.000000	0	0	91.00
92.00	Allied health cost	0	2,888,609	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,888,609	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2018 9:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,456	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,456	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)		39,237	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)		589	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)		3,616	15.00
16.00	Nursery days (title V or XIX only)		1,808	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		51,933,332	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)		51,933,332	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		51,933,332	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,168.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		688,070	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)		688,070	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,995,710	3,616	551.91	1,808	997,853	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,022,399	3,800	1,848.00	367	678,216	43.00
44.00	CORONARY CARE UNIT	5,698,504	3,296	1,728.92	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,559,270	2,791	1,633.56	218	356,116	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,450,570	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,170,825	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)					212,977	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					70,938	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					283,915	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,886,910	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,219	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,168.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,096,836	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,462,924	51,933,332	0.085936	6,096,836	523,938	90.00
91.00	Nursing School cost	0	51,933,332	0.000000	6,096,836	0	91.00
92.00	Allied health cost	0	51,933,332	0.000000	6,096,836	0	92.00
93.00	All other Medical Education	0	51,933,332	0.000000	6,096,836	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,761	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,761	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,761	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)		14	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)		3,616	15.00
16.00	Nursery days (title V or XIX only)		1,808	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,888,609	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,888,609	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,888,609	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,046.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,647	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)		14,647	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				40,073		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				54,720		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,041		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,612		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,653		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				51,067		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/27/2018 9:18 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	402,502	2,888,609	0.139341	0	0	90.00
91.00	Nursing School cost	0	2,888,609	0.000000	0	0	91.00
92.00	Allied health cost	0	2,888,609	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,888,609	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/27/2018 9:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		37,599,241	30.00
31.00	03100	INTENSIVE CARE UNIT		8,077,619	31.00
32.00	03200	CORONARY CARE UNIT		6,289,725	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.092729	38,694,485	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.205087	3,884,619	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222140	33,081	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137366	7,927,450	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079135	2,145,531	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.062377	4,059,707	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104312	1,081,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050488	11,014,968	59.00
60.00	06000	LABORATORY	0.132447	19,522,525	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296590	4,844,262	65.00
66.00	06600	PHYSICAL THERAPY	0.430349	3,878,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084457	5,580,994	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118159	906,379	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	10,105,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.254284	32,340,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220438	33,729,354	73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.401181	1,875,299	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.399184	208,470	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.926940	10,356	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.181139	548,523	90.01
90.02	09002	WOUND CARE CENTER	0.365743	7,084	90.02
90.03	09003	PAIN CLINIC	0.290143	1,038	90.03
90.05	09005	OP PSYCH CLINIC	1.003876	1,974	90.05
91.00	09100	EMERGENCY	0.119589	11,490,540	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	1,332,410	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		195,225,136	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		195,225,136	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/27/2018 9:18 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		2,771,174	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.092729	52,268	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.205087	11,756	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222140	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137366	91,388	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079135	2,067	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.062377	24,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104312	5,279	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050488	0	59.00
60.00	06000	LABORATORY	0.132447	349,444	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296590	40,285	65.00
66.00	06600	PHYSICAL THERAPY	0.430349	3,236,296	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084457	109,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118159	2,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	63,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.254284	30,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220438	820,042	73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.401181	70,073	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.399184	279	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.926940	551	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.181139	0	90.01
90.02	09002	WOUND CARE CENTER	0.365743	0	90.02
90.03	09003	PAIN CLINIC	0.290143	0	90.03
90.05	09005	OP PSYCH CLINIC	1.003876	0	90.05
91.00	09100	EMERGENCY	0.119589	20,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	14,770	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,944,293	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		4,944,293	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/27/2018 9:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,959,964	30.00
31.00	03100	INTENSIVE CARE UNIT		1,050,585	31.00
32.00	03200	CORONARY CARE UNIT		63,817	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,265,943	35.00
41.00	04100	SUBPROVIDER - IRF		59,325	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		202,944	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.092729	516,272	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.205087	71,650	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.222140	506,858	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.137366	271,503	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.079135	54,733	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.062377	166,822	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.104312	48,195	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050488	166,820	59.00
60.00	06000	LABORATORY	0.132447	1,357,964	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.296590	573,154	65.00
66.00	06600	PHYSICAL THERAPY	0.430349	217,956	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084457	187,429	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.118159	90,620	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	351,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.254284	304,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220438	2,153,649	73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.401181	62,436	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.399184	10,004	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.926940	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.181139	35,706	90.01
90.02	09002	WOUND CARE CENTER	0.365743	0	90.02
90.03	09003	PAIN CLINIC	0.290143	0	90.03
90.05	09005	OP PSYCH CLINIC	1.003876	346	90.05
91.00	09100	EMERGENCY	0.119589	478,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	20,798	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,647,034	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		7,647,034	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/27/2018 9:18 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		62,325		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.092729	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.205087	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.222140	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.137366	1,374	189	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.079135	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.062377	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.104312	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050488	0	0	59.00
60.00	06000 LABORATORY	0.132447	5,514	730	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.296590	334	99	65.00
66.00	06600 PHYSICAL THERAPY	0.430349	80,957	34,840	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.084457	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.118159	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253813	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.254284	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220438	17,928	3,952	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.401181	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.399184	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.926940	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.181139	1,452	263	90.01
90.02	09002 WOUND CARE CENTER	0.365743	0	0	90.02
90.03	09003 PAIN CLINIC	0.290143	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.003876	0	0	90.05
91.00	09100 EMERGENCY	0.119589	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.256671	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		107,559	40,073	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		107,559		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		30,839,998	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,515,206	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)		1,059,644	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)		243.59	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.01	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.08	31.00
32.00	Sum of lines 30 and 31		32.09	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.69	33.00
34.00	Disproportionate share adjustment (see instructions)		1,661,383	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000341021	0.000340737	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,038,445	2,305,667	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,524,645	581,155	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,105,800		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	47,182,031		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		47,182,031	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,756,753	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)		107,462	58.00
59.00	Total (sum of amounts on lines 49 through 58)		51,046,246	59.00
60.00	Primary payer payments		32,532	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		51,013,714	61.00
62.00	Deductibles billed to program beneficiaries		4,312,476	62.00
63.00	Coinurance billed to program beneficiaries		48,692	63.00
64.00	Allowable bad debts (see instructions)		138,856	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		90,256	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		126,118	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,742,802	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)		2,246	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/27/2018 9:18 am
		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)		46,745,048	71.00
71.01	Sequestration adjustment (see instructions)		934,901	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		45,718,120	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)		92,027	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		802,844	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	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	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: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2018 9:18 am

		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	30,839,998	0	30,839,998		30,839,998	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,515,206	0		11,515,206	11,515,206	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	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,059,644	0	820,532	239,112	1,059,644	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1569	0.1569	0.1569	0.1569		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,661,383	0	1,209,699	451,684	1,661,383	11.00
11.01	Uncompensated care payments	36.00	2,105,800	0	1,524,645	581,155	2,105,800	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	47,182,031	0	34,394,874	12,787,157	47,182,031	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	47,182,031	0	34,394,874	12,787,157	47,182,031	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,756,753	0	2,739,396	1,017,357	3,756,753	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition 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: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2018 9:18 am

		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	37,134,270	13,804,514	50,938,784	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	3,434,826	0	2,497,118	937,708	3,434,826	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	91,107	0	74,472	16,635	91,107	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	0.0672	0.0672	0.0672	0.0672		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	230,820	0	167,806	63,014	230,820	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,756,753	0	2,739,396	1,017,357	3,756,753	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: 15-0051

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2018 9:18 am

		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	30,839,998	30,839,998		30,839,998	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,515,206		11,515,206	11,515,206	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	1,059,644	820,532	239,112	1,059,644	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1569	0.1569	0.1569		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,661,383	1,209,699	451,684	1,661,383	11.00	
11.01	Uncompensated care payments	36.00	2,105,800	1,524,645	581,155	2,105,800	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	47,182,031	34,394,874	12,787,157	47,182,031	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	47,182,031	34,394,874	12,787,157	47,182,031	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,756,753	2,739,396	1,017,357	3,756,753	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			37,134,270	13,804,514	50,938,784	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2018 9:18 am
		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	3,434,826	2,497,118	937,708	3,434,826	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	91,107	74,472	16,635	91,107	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	0.0672	0.0672	0.0672		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	230,820	167,806	63,014	230,820	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,756,753	2,739,396	1,017,357	3,756,753	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	2,246	3,648	-1,402	2,246	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	0	0	0	0	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: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		42,678	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,243,997	2.00
3.00	OPPS payments		33,265,831	3.00
4.00	Outlier payment (see instructions)		282,897	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		83,040	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		42,678	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		191,535	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)		191,535	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		191,535	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		148,857	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)		42,678	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)		33,631,768	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		215	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,010,671	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)		27,663,560	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)		27,663,560	30.00
31.00	Primary payer payments		6,098	31.00
32.00	Subtotal (line 30 minus line 31)		27,657,462	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		680,490	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		442,319	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		674,573	36.00
37.00	Subtotal (see instructions)		28,099,781	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-84	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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)		125,348	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		28,099,865	40.00
40.01	Sequestration adjustment (see instructions)		561,997	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		27,534,749	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,119	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		10,838	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		69	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)		69	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		69	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54	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)		15	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		15	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	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		15	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		15	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			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	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		14	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2018 9:18 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,683,820		27,433,349	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	06/27/2017	34,300	06/27/2017	101,400	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)		34,300		101,400	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)		45,718,120		27,534,749	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		92,027		3,119	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,810,147		27,537,868	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0051
Component CCN: 15-T051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2018 9:18 am

Title XVIII

Subprovider -
IRF

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					14 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		2,734,464		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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	0 3.01
3.02			0		0	0 3.02
3.03			0		0	0 3.03
3.04			0		0	0 3.04
3.05			0		0	0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	0 3.50
3.51			0		0	0 3.51
3.52			0		0	0 3.52
3.53			0		0	0 3.53
3.54			0		0	0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,734,464		14	14 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)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	0 5.01
5.02			0		0	0 5.02
5.03			0		0	0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	0 5.50
5.51			0		0	0 5.51
5.52			0		0	0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0		1	1 6.01
6.02	SETTLEMENT TO PROGRAM		11,436		0	0 6.02
7.00	Total Medicare program liability (see instructions)		2,723,028		15	15 7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,434,064 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0200 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			101,744 3.00
4.00	Outlier Payments			267,405 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.564384 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,803,213 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,803,213 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,803,213 19.00
20.00	Deductibles			24,976 20.00
21.00	Subtotal (line 19 minus line 20)			2,778,237 21.00
22.00	Coinsurance			2,303 22.00
23.00	Subtotal (line 21 minus line 22)			2,775,934 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			81 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			53 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			81 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,775,987 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2,613 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,778,600 32.00
32.01	Sequestration adjustment (see instructions)			55,572 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,734,464 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-11,436 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,651 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			267,405 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 15-0051

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

Worksheet G

Date/Time Prepared:
5/27/2018 9:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	237,700,073	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	58,068,667	0	0	0	4.00
5.00	Other receivable	-9,073,522	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,212,018	0	0	0	7.00
8.00	Prepaid expenses	2,032,886	0	0	0	8.00
9.00	Other current assets	0	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)	293,940,122	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,741,447	0	0	0	12.00
13.00	Land improvements	2,058,207	0	0	0	13.00
14.00	Accumulated depreciation	-1,833,882	0	0	0	14.00
15.00	Buildings	166,616,930	0	0	0	15.00
16.00	Accumulated depreciation	-128,727,516	0	0	0	16.00
17.00	Leasehold improvements	7,148,073	0	0	0	17.00
18.00	Accumulated depreciation	-5,380,299	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	481,181	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	171,960,464	0	0	0	23.00
24.00	Accumulated depreciation	-151,358,183	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)	80,706,422	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	25,395,219	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	165,931,925	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	191,327,144	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	565,973,688	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,847,880	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,915,310	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,690,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,627,022	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	31,080,212	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	25,534,564	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,534,564	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,614,776	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	509,358,912				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)	509,358,912	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	565,973,688	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
5/27/2018 9:18 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		406,296,380		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		103,062,528			2.00
3.00	Total (sum of line 1 and line 2)		509,358,908		0	3.00
4.00	ROUNDING	4		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)		4		0	10.00
11.00	Subtotal (line 3 plus line 10)		509,358,912		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		509,358,912		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2018 9:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	91,586,844		91,586,844	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,669,026		4,669,026	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	96,255,870		96,255,870	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,263,677		16,263,677	11.00
12.00	CORONARY CARE UNIT	12,692,647		12,692,647	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	12,115,793		12,115,793	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,072,117		41,072,117	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	137,327,987		137,327,987	17.00
18.00	Ancillary services	433,045,847	600,150,847	1,033,196,694	18.00
19.00	Outpatient services	27,478,451	137,471,990	164,950,441	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	122,075	42,827,467	42,949,542	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	10,352,761	10,352,761	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	597,974,360	790,803,065	1,388,777,425	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		333,818,024		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)		333,818,024		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0051

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

Worksheet G-3

Date/Time Prepared:
5/27/2018 9:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,388,777,425	1.00
2.00	Less contractual allowances and discounts on patients' accounts	986,159,001	2.00
3.00	Net patient revenues (line 1 minus line 2)	402,618,424	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	333,818,024	4.00
5.00	Net income from service to patients (line 3 minus line 4)	68,800,400	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	34,262,128	24.00
25.00	Total other income (sum of lines 6-24)	34,262,128	25.00
26.00	Total (line 5 plus line 25)	103,062,528	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	103,062,528	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/27/2018 9:18 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,434,826	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		91,107	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)		136.62	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.01	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.08	8.00
9.00	Sum of lines 7 and 8		32.09	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.72	10.00
11.00	Disproportionate share adjustment (see instructions)		230,820	11.00
12.00	Total prospective capital payments (see instructions)		3,756,753	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00