

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: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/28/2017 3:06 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/28/2017 Time: 3:06 pm
 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 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL (14-0029) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	245,714	56,690	30,619	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	42,394	-12		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
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	288,108	56,678	30,619	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: 14-0029			Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/28/2017 2:48 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60504		County: KANE		
1.00 Street: 2000 OGDEN AVENUE		2.00 City: AURORA								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COPLEY MEMORIAL HOSPITAL	140029	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	16974	5	01/01/1991	N	P	0	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
17.10	Hospital-Based (CORF) I									17.10
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)					07/01/2016	06/30/2017		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.					1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,412	3,210	0	0	5,957	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	70	123	0	0	109			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/28/2017 2:48 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0		2,506,806		0	
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/28/2017 2:48 pm	
		1.00	2.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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
156.00	Subprovider - I PF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
					1.00
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			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)				0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/28/2017 2:48 pm
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2016	06/30/2017	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/28/2017 2:48 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/26/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	10/18/2017	Y	10/18/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0029

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

Worksheet S-2
Part II
Date/Time Prepared:
11/28/2017 2:48 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					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.				N	33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00
		1.00		2.00		
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.	RI CHARD		SCHEFKE		41.00
42.00	Enter the employer/company name of the cost report preparer.	COPLEY MEMORIAL HOSPITAL				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)978-4909		RI CHARD. SCHEFKE@RUSHCOPLEY. COM		43.00

		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 OF ACCT. & REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		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.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,515	4,538	29,887			1.00
2.00 HMO and other (see instructions)	2,398	5,957				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	109				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)	12,515	4,538	29,887			7.00
8.00 INTENSIVE CARE UNIT	1,446	777	5,115			8.00
8.01 NICU	0	310	2,043			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,240	8,170			13.00
14.00 Total (see instructions)	13,961	6,865	45,215	11.91	1,554.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,831	193	4,361	1.00	24.55	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.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				12.91	1,578.72	27.00
28.00 Observation Bed Days		2,685	12,504			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	757	2,184			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

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

Worksheet S-3
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,423	3,579	11,351	1.00	
2.00 HMO and other (see instructions)			556	0		2.00	
3.00 HMO IPF Subprovider				0		3.00	
4.00 HMO IRF Subprovider				0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
8.01 NICU						8.01	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	3,423	3,579	11,351	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00	
17.00 SUBPROVIDER - IRF	0.00	0	230	112	354	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.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	0.00					25.10	
26.00 RURAL HEALTH CLINIC	0.00					26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days						33.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

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

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2017 2:48 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	117,418,153	0	117,418,153	3,292,760.00	35.66
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		606,540	0	606,540	5,792.00	104.72
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	655,882	0	655,882	25,351.00	25.87
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,568,155	69,617	2,637,772	69,084.00	38.18
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		64,316	0	64,316	811.00	79.30
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		485,750	0	485,750	3,238.00	150.02
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		0	0	0	0.00	0.00
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)		31,046,208	0	31,046,208		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		672,642	0	672,642		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		57,004	0	57,004		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		245,404	0	245,404		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	971,872	5,521	977,393	24,744.00	39.50
27.00	Administrative & General	5.00	21,879,261	-75,138	21,804,123	491,884.00	44.33

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

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

Worksheet S-3
Part II
Date/Time Prepared:
11/28/2017 2:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	143,465	0	143,465	1,597.00	89.83	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,708,647	0	2,708,647	82,772.00	32.72	30.00
31.00	Laundry & Linen Service	90,829	0	90,829	5,063.00	17.94	31.00
32.00	Housekeeping	1,642,115	0	1,642,115	106,475.00	15.42	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,509,674	-968,909	540,765	31,984.00	16.91	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	968,909	968,909	57,307.00	16.91	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,056,348	0	3,056,348	60,804.00	50.27	38.00
39.00	Central Services and Supply	489,461	0	489,461	23,162.00	21.13	39.00
40.00	Pharmacy	2,591,144	0	2,591,144	60,502.00	42.83	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	176,717	0	176,717	4,200.00	42.08	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

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

Worksheet S-3
Part III
Date/Time Prepared:
11/28/2017 2:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	116,299,196	0	116,299,196	3,263,214.00	35.64	1.00
2.00	Excluded area salaries (see instructions)	2,568,155	69,617	2,637,772	69,084.00	38.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	113,731,041	-69,617	113,661,424	3,194,130.00	35.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	550,066	0	550,066	4,049.00	135.85	4.00
5.00	Subtotal wage-related costs (see inst.)	31,046,208	0	31,046,208	0.00	27.31	5.00
6.00	Total (sum of lines 3 thru 5)	145,327,315	-69,617	145,257,698	3,198,179.00	45.42	6.00
7.00	Total overhead cost (see instructions)	35,259,533	-69,617	35,189,916	950,494.00	37.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/28/2017 2:48 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,971,626	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		212,348	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		15,150,252	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		417,623	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		143,875	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)		323,832	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,210,659	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		9,977,954	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		68,882	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		544,207	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		32,021,258	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: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/28/2017 2:48 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		64,316	32,021,258 1.00
2.00	Hospital		64,316	32,021,258 2.00
3.00	Subprovider - IPF		0	0 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			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/28/2017 2:48 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.157722	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		24,451,153		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		15,586,156		5.00	
6.00	Medicaid charges		305,911,766		6.00	
7.00	Medicaid cost (line 1 times line 6)		48,249,016		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)		8,211,707		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)		8,211,707		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)	22,565,913	4,837,933	27,403,846	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,559,141	4,837,933	8,397,074	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	80,040	101,855	181,895	22.00	
23.00	Cost of charity care (line 21 minus line 22)	3,479,101	4,736,078	8,215,179	23.00	
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			29,420,554	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			845,982	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,301,511	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			28,119,043	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,890,521	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,105,700	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			21,317,407	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Date/Time Prepared: 11/28/2017 2:48 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		7,357,325	7,357,325	3,124,147	10,481,472	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	763,634	763,634	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	971,872	-1,214,585	-242,713	33,588,992	33,346,279	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,613,910	31,465,196	34,079,106	-679,617	33,399,489	5.05
5.06	00560	PURCHASING RECEIVING AND STORES	19,265,351	38,727,400	57,992,751	-6,835,535	51,157,216	5.06
7.00	00700	OPERATION OF PLANT	2,708,647	4,712,958	7,421,605	-704,249	6,717,356	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	90,829	1,100,700	1,191,529	-23,616	1,167,913	8.00
9.00	00900	HOUSEKEEPING	1,642,115	1,944,865	3,586,980	-426,950	3,160,030	9.00
10.00	01000	DIETARY	1,509,674	2,440,669	3,950,343	-2,675,929	1,274,414	10.00
11.00	01100	CAFETERIA	0	0	0	2,283,414	2,283,414	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,056,348	1,714,375	4,770,723	-794,691	3,976,032	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	489,461	780,445	1,269,906	-127,079	1,142,827	14.00
15.00	01500	PHARMACY	2,591,144	16,227,815	18,818,959	-7,679,057	11,139,902	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,289,583	3,289,583	0	3,289,583	16.00
17.00	01700	SOCIAL SERVICE	176,717	119,040	295,757	-45,946	249,811	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	655,882	170,529	826,411	-170,529	655,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	741,235	440,731	1,181,966	-192,721	989,245	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,117,047	6,564,943	28,681,990	-5,555,826	23,126,164	30.00
31.00	03100	INTENSIVE CARE UNIT	3,169,691	1,723,786	4,893,477	-824,118	4,069,359	31.00
31.01	03101	NICU	3,575,272	1,447,038	5,022,310	-929,571	4,092,739	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,651,697	598,537	2,250,234	-429,441	1,820,793	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,775,582	18,912,674	22,688,256	-983,357	21,704,899	50.00
50.01	05001	SAME DAY SURGERY	1,515,375	626,464	2,141,839	-393,961	1,747,878	50.01
50.02	05002	G. I. LAB	1,250,876	2,255,959	3,506,835	-325,228	3,181,607	50.02
51.00	05100	RECOVERY ROOM	762,526	241,151	1,003,677	-198,216	805,461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,899,735	3,331,889	9,231,624	-1,533,931	7,697,693	52.00
53.00	05300	ANESTHESIOLOGY	193,826	784,203	978,029	-50,395	927,634	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,520,887	5,328,039	10,848,926	-1,435,431	9,413,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,612,575	2,238,224	4,850,799	-687,886	4,162,913	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,252,475	7,212,925	10,465,400	-845,256	9,620,144	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,910,818	1,311,643	3,222,461	-496,813	2,725,648	65.00
69.00	06900	ELECTROCARDIOLOGY	1,271,022	956,885	2,227,907	-596,188	1,631,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	829,433	829,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,943,450	8,943,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	803,932	803,932	0	803,932	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,877,731	2,432,015	4,309,746	-510,653	3,799,093	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	3,332,547	1,306,247	4,638,794	-1,019,374	3,619,420	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,814,092	7,974,449	9,788,541	-2,408,048	7,380,493	75.05
75.06	07506	YORKVILLE	3,977,659	3,810,150	7,787,809	-1,034,580	6,753,229	75.06
75.07	07507	MCAI	2,136,859	2,670,732	4,807,591	-555,583	4,252,008	75.07
76.00	03020	DIABETIC CENTER	241,915	129,392	371,307	-62,898	308,409	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,309,762	1,293,180	2,602,942	-533,871	2,069,071	90.00
90.01	09001	WOUND CARE CENTER	0	887,553	887,553	0	887,553	90.01
91.00	09100	EMERGENCY	6,818,541	3,845,869	10,664,410	-1,773,624	8,890,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		3,887,781	3,887,781	-3,887,781	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	116,501,695	191,852,706	308,354,401	2,105,121	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	169,709	169,709	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,384	2,384	0	192.00
194.00	07954	PHYSICIAN SERVICES	485,868	2,330,197	2,816,065	-126,325	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	430,590	1,548,579	1,979,169	-1,978,796	194.04
200.00		TOTAL (SUM OF LINES 118-199)	117,418,153	195,903,575	313,321,728	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-3,215,619	7,265,853	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-762,666	968	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-90,000	33,256,279	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-29,631,665	3,767,824	5.05
5.06	00560	PURCHASING RECEIVING AND STORES	-13,239,478	37,917,738	5.06
7.00	00700	OPERATION OF PLANT	-458,992	6,258,364	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,167,913	8.00
9.00	00900	HOUSEKEEPING	0	3,160,030	9.00
10.00	01000	DIETARY	0	1,274,414	10.00
11.00	01100	CAFETERIA	-322,754	1,960,660	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-25,299	3,950,733	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,142,827	14.00
15.00	01500	PHARMACY	-1,237,497	9,902,405	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,289,583	16.00
17.00	01700	SOCIAL SERVICE	0	249,811	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	655,882	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-732,847	256,398	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-631,081	22,495,083	30.00
31.00	03100	INTENSIVE CARE UNIT	-725,082	3,344,277	31.00
31.01	03101	NICU	-261,851	3,830,888	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-122,497	1,698,296	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-520,904	21,183,995	50.00
50.01	05001	SAME DAY SURGERY	0	1,747,878	50.01
50.02	05002	G. I. LAB	-12,305	3,169,302	50.02
51.00	05100	RECOVERY ROOM	0	805,461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,249,677	6,448,016	52.00
53.00	05300	ANESTHESIOLOGY	-16,111	911,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-80,549	9,332,946	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-58,077	4,104,836	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-70,150	9,549,994	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-4,690	2,720,958	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,631,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	829,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,943,450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	803,932	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-1,665,129	2,133,964	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	-53,062	3,566,358	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	-370	7,380,123	75.05
75.06	07506	YORKVILLE	-636,838	6,116,391	75.06
75.07	07507	MCAI	0	4,252,008	75.07
76.00	03020	DIABETIC CENTER	-1,141	307,268	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-610	2,068,461	90.00
90.01	09001	WOUND CARE CENTER	0	887,553	90.01
91.00	09100	EMERGENCY	-1,179,084	7,711,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
118.00		-57,006,025	253,453,497	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	169,709	190.00
192.00	19200	0	2,384	192.00
194.00	07954	-300	2,689,440	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	0	194.03
194.04	07953	0	373	194.04
200.00		-57,006,325	256,315,403	200.00

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6

Date/Time Prepared:
11/28/2017 2:48 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,124,147	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	763,634	2.00
	O		0	3,887,781	
B - MEDICAL SUPPLIES					
1.00	MEDI CAL SUPPLIES CHARGED TO PATI ENTS	71.00	0	829,433	1.00
	O		0	829,433	
C - WORKMENS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,521	1,210,659	1.00
	O		5,521	1,210,659	
D - CAFETERIA					
1.00	CAFETERIA	11.00	968,909	1,314,505	1.00
	O		968,909	1,314,505	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32,372,812	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	O		0	32,372,812	
G - ADVERTISING					
1.00	OTHER NONREIMBURSABLE COST CTRS	194.04	69,617	203,698	1.00
	O		69,617	203,698	
I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATI ENTS	72.00	0	8,943,450	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	8,943,450	
500.00	Grand Total: Increases		1,044,047	48,762,338	500.00

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6
Date/Time Prepared:
11/28/2017 2:48 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,887,781	11		1.00
2.00		0.00	0	0	11		2.00
	O		0	3,887,781			
B - MEDICAL SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.06	0	829,433	0		1.00
	O		0	829,433			
C - WORKMENS COMP INSURANCE							
1.00	PURCHASING RECEIVING AND STORES	5.06	5,521	1,210,659	0		1.00
	O		5,521	1,210,659			
D - CAFETERIA							
1.00	DIETARY	10.00	968,909	1,314,505	0		1.00
	O		968,909	1,314,505			
E - EMPLOYEE BENEFITS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	679,617	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.06	0	4,516,607	0		2.00
3.00	OPERATION OF PLANT	7.00	0	704,249	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	23,616	0		4.00
5.00	HOUSEKEEPING	9.00	0	426,950	0		5.00
6.00	DIETARY	10.00	0	392,515	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	794,691	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	127,079	0		8.00
9.00	PHARMACY	15.00	0	673,697	0		9.00
10.00	SOCIAL SERVICE	17.00	0	45,946	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	170,529	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	192,721	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	5,555,826	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	824,118	0		14.00
15.00	NICU	31.01	0	929,571	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	429,441	0		16.00
17.00	OPERATING ROOM	50.00	0	981,651	0		17.00
18.00	SAME DAY SURGERY	50.01	0	393,961	0		18.00
19.00	G. I. LAB	50.02	0	325,228	0		19.00
20.00	RECOVERY ROOM	51.00	0	198,216	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,533,931	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	50,395	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,435,431	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	687,886	0		24.00
25.00	LABORATORY	60.00	0	845,256	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	496,813	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	596,188	0		27.00
28.00	CARDIAC REHAB	75.01	0	510,653	0		28.00
29.00	REHAB SERVICES	75.03	0	1,019,374	0		29.00
30.00	VASCULAR SERVICES	75.05	0	471,664	0		30.00
31.00	YORKVILLE	75.06	0	1,034,580	0		31.00
32.00	MCAI	75.07	0	555,583	0		32.00
33.00	DIABETIC CENTER	76.00	0	62,898	0		33.00
34.00	CLINIC	90.00	0	533,871	0		34.00
35.00	EMERGENCY	91.00	0	1,773,624	0		35.00
36.00	PHYSICIAN SERVICES	194.00	0	126,325	0		36.00
37.00	OTHER NONREIMBURSABLE COST CTRS	194.04	0	2,252,111	0		37.00
	O		0	32,372,812			
G - ADVERTISING							
1.00	PURCHASING RECEIVING AND STORES	5.06	69,617	203,698	0		1.00
	O		69,617	203,698			
I - IMPLANTABLE DEVICES							
1.00	PHARMACY	15.00	0	7,005,360	0		1.00
2.00	OPERATING ROOM	50.00	0	1,706	0		2.00
3.00	VASCULAR SERVICES	75.05	0	1,936,384	0		3.00
	O		0	8,943,450			
500.00	Grand Total: Decreases		1,044,047	48,762,338			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

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

Worksheet A-7
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

		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	2,441,298	0	0	0	0	1.00
2.00	Land Improvements	16,127,042	227,565	0	227,565	0	2.00
3.00	Buildings and Fixtures	111,670,480	18,813,201	0	18,813,201	0	3.00
4.00	Building Improvements	3,743,627	0	0	0	0	4.00
5.00	Fixed Equipment	76,362,573	19,398,087	0	19,398,087	0	5.00
6.00	Movable Equipment	129,841,005	4,345,524	0	4,345,524	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	340,186,025	42,784,377	0	42,784,377	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	340,186,025	42,784,377	0	42,784,377	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,441,298	0				1.00
2.00	Land Improvements	16,354,607	0				2.00
3.00	Buildings and Fixtures	130,483,681	0				3.00
4.00	Building Improvements	3,743,627	0				4.00
5.00	Fixed Equipment	95,760,660	0				5.00
6.00	Movable Equipment	134,186,529	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	382,970,402	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	382,970,402	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

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

Worksheet A-7
Part II
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	7,357,325	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,357,325	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	NEW CAP REL COSTS-BLDG & FIXT	0	7,357,325				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,357,325				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

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

Worksheet A-7
Part III
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	248,783,873	0	248,783,873	0.649616	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	134,186,529	0	134,186,529	0.350384	0	2.00
3.00	Total (sum of lines 1-2)	382,970,402	0	382,970,402	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,284,186	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-27,490	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,256,696	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-18,333	0	0	0	7,265,853	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	28,458	0	0	0	968	2.00
3.00	Total (sum of lines 1-2)	10,125	0	0	0	7,266,821	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

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

Worksheet A-8

Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,124,147	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - POB NEW CRC (chapter 2)			OPOB NEW CRC		1.01		0 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-733,634	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	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)	A	-238,567	OPERATION OF PLANT		7.00		0 7.00
8.00 Television and radio service (chapter 21)	A	-115,906	OPERATION OF PLANT		7.00		0 8.00
9.00 Parking lot (chapter 21)		0			0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,000,877					0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0					0 12.00
13.00 Laundry and linen service		0			0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-309,513	CAFETERIA		11.00		0 14.00
15.00 Rental of quarters to employee and others		0			0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00 Sale of drugs to other than patients		0			0.00		0 17.00
18.00 Sale of medical records and abstracts		0			0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00 Vending machines	B	-13,241	CAFETERIA		11.00		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	*** Cost Center Deleted ***		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-73,139	NEW CAP REL COSTS-BLDG & FIXT		1.00		9 26.00
26.01 Depreciation - POB NEW CRC			OPOB NEW CRC		1.01		0 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE EQUIP		2.00		9 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		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	*** Cost Center Deleted ***		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	IDPA PROVIDER TAX	A	-12,711,948	PURCHASING RECEIVING AND STORES	5.06	0	33.00
33.01	PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	33.01
33.04	PHYSICIAN COMPENSATION	A	-300	PHYSICIAN SERVICES	194.00	0	33.04
33.05	BAD DEBTS	A	-29,420,554	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.05
33.06	MISC REV	B	-211,111	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.06
33.07	MISC REV	B	-314,608	PURCHASING RECEIVING AND STORES	5.06	0	33.07
33.08	MISC REV	B	-104,519	OPERATION OF PLANT	7.00	0	33.08
33.09	MISC REV	B	-25,299	NURSING ADMINISTRATION	13.00	0	33.09
33.10	MISC REV	B	-1,237,497	PHARMACY	15.00	0	33.10
33.11	MISC REV	B	-74,768	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.11
33.12	MISC REV	B	-620,193	ADULTS & PEDIATRICS	30.00	0	33.12
34.00	MISC REV	B	-173,034	OPERATING ROOM	50.00	0	34.00
35.00	MISC REV	B	-12,305	G. I. LAB	50.02	0	35.00
36.00	MISC REV	B	-1,350	DELIVERY ROOM & LABOR ROOM	52.00	0	36.00
37.00	MISC REV	B	-8,049	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.02	MISC REV	B	-50,274	RADIOLOGY-THERAPEUTIC	55.00	0	38.02
38.07	MISC REV	B	-40	RESPIRATORY THERAPY	65.00	0	38.07
38.15	MISC REV	B	-576,233	CARDIAC REHAB	75.01	0	38.15
39.00	MISC REV	B	-53,062	REHAB SERVICES	75.03	0	39.00
41.00	MISC REV	B	-370	VASCULAR SERVICES	75.05	0	41.00
43.00	MISC REV	B	-1,577	YORKVILLE	75.06	0	43.00
45.00	MISC REV	B	-1,141	DIABETIC CENTER	76.00	0	45.00
45.01	MISC REV	B	-610	CLINIC	90.00	0	45.01
45.02	MISC REV	B	-448,172	EMERGENCY	91.00	0	45.02
45.04	AHA/IHA LOBBYING FEES	A	-47,681	PURCHASING RECEIVING AND STORES	5.06	0	45.04
45.05	MEMBERSHIP DUES	A	-29,802	PURCHASING RECEIVING AND STORES	5.06	0	45.05
45.07	PHYSICIAN REFERRAL	A	-74,394	PURCHASING RECEIVING AND STORES	5.06	0	45.07
45.09	AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.09
45.10	UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.10
45.11	OTHER N/A COSTS	A	-61,045	PURCHASING RECEIVING AND STORES	5.06	0	45.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-57,006,325				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:
11/28/2017 2:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	718,395	612,195	106,200	177,200	708	1.00
2.00	30.00	ADULTS & PEDIATRICS	25,200	0	25,200	177,200	168	2.00
3.00	31.00	INTENSIVE CARE UNIT	725,082	725,082	0	177,200	0	3.00
4.00	31.01	NICU	297,632	234,632	63,000	177,200	420	4.00
5.00	41.00	SUBPROVIDER - IRF	122,497	122,497	0	200,300	0	5.00
6.00	50.00	OPERATING ROOM	377,736	334,536	43,200	215,700	288	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,281,467	1,223,117	58,350	177,200	389	7.00
8.00	53.00	ANESTHESIOLOGY	45,000	0	45,000	200,300	300	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	72,500	72,500	0	215,700	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	27,950	0	27,950	225,300	186	10.00
11.00	60.00	LABORATORY	70,150	70,150	0	215,700	0	11.00
12.00	65.00	RESPIRATORY THERAPY	4,650	4,650	0	177,200	0	12.00
13.00	75.01	CARDIAC REHAB	1,094,178	1,084,878	9,300	177,200	62	13.00
14.00	75.06	YORKVILLE	635,261	635,261	0	177,200	0	14.00
15.00	91.00	EMERGENCY	791,995	684,445	107,550	177,200	717	15.00
200.00			6,289,693	5,803,943	485,750		3,238	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	60,316	3,016	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	14,312	716	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NICU	35,781	1,789	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	29,866	1,493	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	33,140	1,657	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	28,889	1,444	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	20,147	1,007	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	75.01	CARDIAC REHAB	5,282	264	0	0	0	13.00
14.00	75.06	YORKVILLE	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	61,083	3,054	0	0	0	15.00
200.00			288,816	14,440	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	60,316	45,884	658,079	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	14,312	10,888	10,888	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	725,082	3.00
4.00	31.01	NICU	0	35,781	27,219	261,851	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	122,497	5.00
6.00	50.00	OPERATING ROOM	0	29,866	13,334	347,870	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	33,140	25,210	1,248,327	7.00
8.00	53.00	ANESTHESIOLOGY	0	28,889	16,111	16,111	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	72,500	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	20,147	7,803	7,803	10.00
11.00	60.00	LABORATORY	0	0	0	70,150	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	4,650	12.00
13.00	75.01	CARDIAC REHAB	0	5,282	4,018	1,088,896	13.00
14.00	75.06	YORKVILLE	0	0	0	635,261	14.00
15.00	91.00	EMERGENCY	0	61,083	46,467	730,912	15.00
200.00			0	288,816	196,934	6,000,877	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,265,853	7,265,853				1.00
1.01 00101 POB NEW CRC	0	0	0			1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	968			968		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	33,256,279	0	0	0	33,256,279	4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,767,824	0	0	0	746,551	5.05
5.06 00560 PURCHASING RECEIVING AND STORES	37,917,738	1,360,286	0	419	5,480,859	5.06
7.00 00700 OPERATION OF PLANT	6,258,364	1,608,733	0	24	773,609	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,167,913	0	0	0	25,941	8.00
9.00 00900 HOUSEKEEPING	3,160,030	61,120	0	3	469,000	9.00
10.00 01000 DIETARY	1,274,414	112,746	0	2	154,446	10.00
11.00 01100 CAFETERIA	1,960,660	109,189	0	3	276,727	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,950,733	0	0	66	872,914	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,142,827	109,382	0	5	139,793	14.00
15.00 01500 PHARMACY	9,902,405	33,373	0	2	740,049	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,289,583	0	0	1	0	16.00
17.00 01700 SOCIAL SERVICE	249,811	0	0	0	50,472	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	655,882	0	0	0	187,324	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	256,398	0	0	0	211,702	22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	22,495,083	1,515,899	0	29	6,316,765	30.00
31.00 03100 INTENSIVE CARE UNIT	3,344,277	149,078	0	9	905,286	31.00
31.01 03101 NICU	3,830,888	30,782	0	6	1,021,123	31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,698,296	76,376	0	0	471,736	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	21,183,995	149,832	0	104	1,078,333	50.00
50.01 05001 SAME DAY SURGERY	1,747,878	134,441	0	3	432,802	50.01
50.02 05002 G. I. LAB	3,169,302	135,853	0	11	357,259	50.02
51.00 05100 RECOVERY ROOM	805,461	34,688	0	0	217,783	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,448,016	141,228	0	8	1,685,006	52.00
53.00 05300 ANESTHESIOLOGY	911,523	10,035	0	7	55,358	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,332,946	428,247	0	67	1,576,804	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	4,104,836	401,390	0	47	746,170	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	9,549,994	129,356	0	10	928,930	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	2,720,958	25,871	0	8	545,743	65.00
69.00 06900 ELECTROCARDIOLOGY	1,631,719	73,862	0	12	363,013	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	829,433	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,943,450	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	803,932	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	2,133,964	47,817	0	1	536,293	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	3,566,358	48,881	0	4	951,799	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	7,380,123	0	0	26	518,117	75.05
75.06 07506 YORKVILLE	6,116,391	0	0	27	1,136,047	75.06
75.07 07507 MCAI	4,252,008	0	0	48	610,302	75.07
76.00 03020 DIABETIC CENTER	307,268	0	0	0	69,093	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,068,461	0	0	10	374,077	90.00
90.01 09001 WOUND CARE CENTER	887,553	0	0	1	0	90.01
91.00 09100 EMERGENCY	7,711,702	293,864	0	4	1,947,423	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	253,453,497	7,222,329	0	967	32,974,649	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	169,709	26,857	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,384	16,667	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	2,689,440	0	0	1	138,767	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	373	0	0	0	142,863	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	256,315,403	7,265,853	0	968	33,256,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,514,375					5.05
5.06	00560	PURCHASING RECEIVING AND STORES	0	44,759,302	44,759,302			5.06
7.00	00700	OPERATION OF PLANT	0	8,640,730	1,828,137	10,468,867		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,193,854	252,586	0	1,446,440	8.00
9.00	00900	HOUSEKEEPING	0	3,690,153	780,733	148,914	0	9.00
10.00	01000	DIETARY	0	1,541,608	326,161	274,697	0	10.00
11.00	01100	CAFETERIA	0	2,346,579	496,470	266,029	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,823,713	1,020,563	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,392,007	294,510	266,500	0	14.00
15.00	01500	PHARMACY	0	10,675,829	2,258,706	81,311	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,289,584	695,984	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	300,283	63,531	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	843,206	178,399	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	468,100	99,037	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	264,080	30,591,856	6,472,332	3,693,357	638,821	30.00
31.00	03100	INTENSIVE CARE UNIT	40,806	4,439,456	939,265	363,216	40,139	31.00
31.01	03101	NI CU	56,134	4,938,933	1,044,940	74,999	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	19,110	2,265,518	479,320	186,083	92,487	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	529,028	22,941,292	4,853,735	365,053	174,109	50.00
50.01	05001	SAME DAY SURGERY	55,199	2,370,323	501,494	327,554	68,872	50.01
50.02	05002	G. I. LAB	56,049	3,718,474	786,725	330,993	0	50.02
51.00	05100	RECOVERY ROOM	56,667	1,114,599	235,818	84,515	50,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,241	8,412,499	1,779,849	344,090	0	52.00
53.00	05300	ANESTHESIOLOGY	59,181	1,036,104	219,211	24,450	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	662,085	12,000,149	2,538,896	1,043,386	51,704	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	84,841	5,337,284	1,129,220	977,951	55,114	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	393,505	11,001,795	2,327,672	315,164	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	90,767	3,383,347	715,821	63,033	0	65.00
69.00	06900	ELECTROCARDIOLOGY	118,907	2,187,513	462,817	179,959	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	114,061	943,494	199,617	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,619	9,010,069	1,906,278	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	562,224	562,224	118,951	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,179	819,111	173,301	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	9,280	2,727,355	577,032	116,502	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	128,349	4,695,391	993,413	119,093	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	172,616	8,070,882	1,707,573	0	0	75.05
75.06	07506	YORKVILLE	208,758	7,461,223	1,578,586	0	0	75.06
75.07	07507	MCAI	81,789	4,944,147	1,046,043	0	0	75.07
76.00	03020	DIABETIC CENTER	1,159	377,520	79,873	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	36,024	2,478,572	524,396	0	0	90.00
90.01	09001	WOUND CARE CENTER	10,832	898,386	190,073	0	0	90.01
91.00	09100	EMERGENCY	482,885	10,435,878	2,207,940	715,974	275,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,514,375	253,128,342	44,085,008	10,362,823	1,446,440
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	196,566	41,588	65,435	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,051	4,031	40,609	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,828,208	598,370	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	143,236	30,305	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,514,375	256,315,403	44,759,302	10,468,867	1,446,440

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/28/2017 2:48 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	PURCHASING RECEIVING AND STORES						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,619,800					9.00
10.00	01000	DIETARY	122,970	2,265,436				10.00
11.00	01100	CAFETERIA	119,090	0	3,228,168			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	78,769	0	5,923,045	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	119,301	0	30,011	0	56,417	14.00
15.00	01500	PHARMACY	36,400	0	78,364	0	147,367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,430	0	10,230	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	32,821	0	61,748	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	13,371	0	25,134	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,653,355	1,808,060	872,273	0	1,640,572	30.00
31.00	03100	INTENSIVE CARE UNIT	162,596	169,556	110,023	0	206,928	31.00
31.01	03101	NICU	33,574	0	118,775	0	223,357	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	83,302	191,698	66,316	0	124,742	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	163,419	0	130,229	0	244,899	50.00
50.01	05001	SAME DAY SURGERY	146,632	0	51,513	0	96,855	50.01
50.02	05002	G. I. LAB	148,171	0	43,734	0	82,235	50.02
51.00	05100	RECOVERY ROOM	37,834	0	21,799	0	41,001	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,034	96,122	206,810	0	388,966	52.00
53.00	05300	ANESTHESIOLOGY	10,945	0	10,967	0	20,626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	467,079	0	189,333	0	356,073	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	437,787	0	74,961	0	140,939	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	141,085	0	131,120	0	246,621	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	28,217	0	73,394	0	138,007	65.00
69.00	06900	ELECTROCARDIOLOGY	80,560	0	117,560	0	221,107	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	0	73.00
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	07501	CARDIAC REHAB	52,153	0	42,950	0	80,759	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	53,313	0	101,649	0	191,191	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	56,511	0	106,232	75.05
75.06	07506	YORKVILLE	0	0	153,433	0	288,477	75.06
75.07	07507	MCAI	0	0	90,115	0	169,525	75.07
76.00	03020	DIABETIC CENTER	0	0	6,807	0	12,819	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	58,132	0	109,326	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	320,511	0	240,009	0	451,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,572,328	2,265,436	3,207,179	0	5,883,537	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,293	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,179	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	20,989	0	39,508	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,619,800	2,265,436	3,228,168	0	5,923,045	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	PURCHASING RECEIVING AND STORES					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,158,746				14.00
15.00	01500	PHARMACY	0	13,277,977			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,985,568		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	379,474	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,615	0	233,137	379,474	0
31.00	03100	INTENSIVE CARE UNIT	496	0	36,025	0	0
31.01	03101	NI CU	88	0	49,556	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	172	0	16,871	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	831,485	0	467,041	0	0
50.01	05001	SAME DAY SURGERY	12,665	0	48,731	0	0
50.02	05002	G. I. LAB	83,017	0	49,481	0	0
51.00	05100	RECOVERY ROOM	3,373	0	50,027	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,780	0	122,044	0	0
53.00	05300	ANESTHESIOLOGY	42,436	0	52,247	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,089	0	584,654	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,785	0	74,900	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	17	0	347,398	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	6,348	0	80,132	0	0
69.00	06900	ELECTROCARDIOLOGY	8,099	0	104,975	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100,697	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	58,813	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,277,977	496,347	0	0
74.00	07400	RENAL DIALYSIS	0	0	13,400	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	578	0	8,193	0	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	546	0	113,310	0	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	850,097	0	152,391	0	0
75.06	07506	YORKVILLE	18,692	0	184,298	0	0
75.07	07507	MCAI	48,922	0	72,206	0	0
76.00	03020	DIABETIC CENTER	63	0	1,023	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,349	0	31,803	0	0
90.01	09001	WOUND CARE CENTER	8,042	0	9,563	0	0
91.00	09100	EMERGENCY	47,992	0	426,305	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,158,746	13,277,977	3,985,568	379,474	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,158,746	13,277,977	3,985,568	379,474	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part I Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PRGM	Subtotal
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	PURCHASING RECEIVING AND STORES					5.06
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		1,116,174			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			605,642		22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	698,510	379,016	0	49,066,378 30.00
31.00 03100	INTENSIVE CARE UNIT	0	43,207	23,444	0	6,534,351 31.00
31.01 03101	NICU	0	0	0	0	6,484,222 31.01
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	115,218	62,518	0	3,684,245 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	28,804	15,629	0	30,215,695 50.00
50.01 05001	SAME DAY SURGERY	0	0	0	0	3,624,639 50.01
50.02 05002	G. I. LAB	0	0	0	0	5,242,830 50.02
51.00 05100	RECOVERY ROOM	0	0	0	0	1,639,010 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	57,609	31,259	0	11,635,062 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	1,416,986 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	28,804	15,629	0	17,414,796 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	8,229,941 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	14,510,872 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	4,488,299 65.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	3,362,590 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	1,243,808 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,975,160 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	14,455,499 73.00
74.00 07400	RENAL DIALYSIS	0	28,804	15,629	0	1,050,245 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC REHAB	0	57,609	31,259	0	3,694,390 75.01
75.02 07502	HEART SURGERY	0	0	0	0	0 75.02
75.03 07503	REHAB SERVICES	0	0	0	0	6,267,906 75.03
75.04 07504	CV SURGERY	0	0	0	0	0 75.04
75.05 07505	VASCULAR SERVICES	0	0	0	0	10,943,686 75.05
75.06 07506	YORKVILLE	0	0	0	0	9,684,709 75.06
75.07 07507	MCAI	0	0	0	0	6,370,958 75.07
76.00 03020	DIABETIC CENTER	0	0	0	0	478,105 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	3,209,578 90.00
90.01 09001	WOUND CARE CENTER	0	0	0	0	1,106,064 90.01
91.00 09100	EMERGENCY	0	57,609	31,259	0	15,210,011 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B
Part I
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,116,174	605,642	0	252,240,035
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	332,882
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	81,870
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	3,487,075
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	173,541
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	1,116,174	605,642	0	256,315,403

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	PURCHASING RECEIVING AND STORES		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,077,526	30.00
31.00	03100	INTENSIVE CARE UNIT	-66,651	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	-177,736	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	-44,433	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-88,868	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-44,433	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-44,433	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	-88,868	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CENTER	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-88,868	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,721,816	250,518,219	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	332,882	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	81,870	192.00
194.00	07954	PHYSICIAN SERVICES	0	3,487,075	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	173,541	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-1,721,816	254,593,587	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00560	PURCHASING RECEIVING AND STORES	0	1,360,286	0	419	1,360,705
7.00 00700	OPERATION OF PLANT	0	1,608,733	0	24	1,608,757
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	61,120	0	3	61,123
10.00 01000	DIETARY	0	112,746	0	2	112,748
11.00 01100	CAFETERIA	0	109,189	0	3	109,192
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	66	66
14.00 01400	CENTRAL SERVICES & SUPPLY	0	109,382	0	5	109,387
15.00 01500	PHARMACY	0	33,373	0	2	33,375
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	1	1
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,515,899	0	29	1,515,928
31.00 03100	INTENSIVE CARE UNIT	0	149,078	0	9	149,087
31.01 03101	NI CU	0	30,782	0	6	30,788
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	76,376	0	0	76,376
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	149,832	0	104	149,936
50.01 05001	SAME DAY SURGERY	0	134,441	0	3	134,444
50.02 05002	G. I. LAB	0	135,853	0	11	135,864
51.00 05100	RECOVERY ROOM	0	34,688	0	0	34,688
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	141,228	0	8	141,236
53.00 05300	ANESTHESIOLOGY	0	10,035	0	7	10,042
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	428,247	0	67	428,314
55.00 05500	RADIOLOGY-THERAPEUTIC	0	401,390	0	47	401,437
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	129,356	0	10	129,366
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	25,871	0	8	25,879
69.00 06900	ELECTROCARDIOLOGY	0	73,862	0	12	73,874
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC REHAB	0	47,817	0	1	47,818
75.02 07502	HEART SURGERY	0	0	0	0	75.02
75.03 07503	REHAB SERVICES	0	48,881	0	4	48,885
75.04 07504	CV SURGERY	0	0	0	0	75.04
75.05 07505	VASCULAR SERVICES	0	0	0	26	26
75.06 07506	YORKVILLE	0	0	0	27	27
75.07 07507	MCAI	0	0	0	48	48
76.00 03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	10	10
90.01 09001	WOUND CARE CENTER	0	0	0	1	1
91.00 09100	EMERGENCY	0	293,864	0	4	293,868
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/28/2017 2:48 pm	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00560	PURCHASING RECEIVING AND STORES	0	0	1,360,705			5.06
7.00	00700	OPERATION OF PLANT	0	0	55,577	1,664,334		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,679	0	7,679	8.00
9.00	00900	HOUSEKEEPING	0	0	23,735	23,674	0	9.00
10.00	01000	DIETARY	0	0	9,916	43,671	0	10.00
11.00	01100	CAFETERIA	0	0	15,093	42,293	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	31,026	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	8,953	42,368	0	14.00
15.00	01500	PHARMACY	0	0	68,667	12,927	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	21,159	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,931	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,424	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,011	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	196,742	587,169	3,390	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	28,555	57,744	213	31.00
31.01	03101	NI CU	0	0	31,767	11,923	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	14,572	29,583	491	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	147,558	58,036	924	50.00
50.01	05001	SAME DAY SURGERY	0	0	15,246	52,074	366	50.01
50.02	05002	G. I. LAB	0	0	23,917	52,621	0	50.02
51.00	05100	RECOVERY ROOM	0	0	7,169	13,436	266	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	54,109	54,703	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,664	3,887	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	77,185	165,877	275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	34,329	155,474	293	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	70,764	50,105	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	21,762	10,021	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	14,070	28,610	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,069	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	57,953	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,616	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,269	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	17,542	18,521	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	30,201	18,933	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	51,912	0	0	75.05
75.06	07506	YORKVILLE	0	0	47,991	0	0	75.06
75.07	07507	MCAI	0	0	31,801	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	2,428	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	15,942	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	5,778	0	0	90.01
91.00	09100	EMERGENCY	0	0	67,124	113,825	1,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B
Part II
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	PURCHASING RECEIVING AND STORES 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	1,340,206	1,647,475	7,679
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,264	10,403	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	123	6,456	0
194.00	07954	PHYSICIAN SERVICES	0	0	18,191	0	0
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	921	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	1,360,705	1,664,334	7,679

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/28/2017 2:48 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	PURCHASING RECEIVING AND STORES						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	108,532					9.00
10.00	01000	DIETARY	2,889	169,224				10.00
11.00	01100	CAFETERIA	2,798	0	169,376			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,133	0	35,225	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,803	0	1,575	0	336	14.00
15.00	01500	PHARMACY	855	0	4,112	0	876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	285	0	61	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,722	0	367	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	702	0	149	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,841	135,058	45,764	0	9,756	30.00
31.00	03100	INTENSIVE CARE UNIT	3,820	12,666	5,773	0	1,231	31.00
31.01	03101	NICU	789	0	6,232	0	1,328	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,957	14,320	3,480	0	742	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,839	0	6,833	0	1,456	50.00
50.01	05001	SAME DAY SURGERY	3,445	0	2,703	0	576	50.01
50.02	05002	G. I. LAB	3,481	0	2,295	0	489	50.02
51.00	05100	RECOVERY ROOM	889	0	1,144	0	244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,619	7,180	10,851	0	2,313	52.00
53.00	05300	ANESTHESIOLOGY	257	0	575	0	123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,973	0	9,934	0	2,118	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,285	0	3,933	0	838	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,314	0	6,880	0	1,467	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	663	0	3,851	0	821	65.00
69.00	06900	ELECTROCARDIOLOGY	1,893	0	6,168	0	1,315	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	0	73.00
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	07501	CARDIAC REHAB	1,225	0	2,254	0	480	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,252	0	5,333	0	1,137	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	2,965	0	632	75.05
75.06	07506	YORKVILLE	0	0	8,050	0	1,716	75.06
75.07	07507	MCAI	0	0	4,728	0	1,008	75.07
76.00	03020	DIABETIC CENTER	0	0	357	0	76	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	3,050	0	650	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,530	0	12,593	0	2,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,417	169,224	168,275	0	34,990	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	688	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	427	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	1,101	0	235	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	108,532	169,224	169,376	0	35,225	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/28/2017 2:48 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
			14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	PURCHASING RECEIVING AND STORES					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	165,422				14.00
15.00	01500	PHARMACY	0	120,812			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	21,160		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,277	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	430	0	1,208	2,277	30.00
31.00	03100	INTENSIVE CARE UNIT	38	0	187	0	31.00
31.01	03101	NI CU	7	0	257	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	13	0	87	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,714	0	2,420	0	50.00
50.01	05001	SAME DAY SURGERY	971	0	252	0	50.01
50.02	05002	G. I. LAB	6,361	0	256	0	50.02
51.00	05100	RECOVERY ROOM	258	0	259	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,201	0	632	0	52.00
53.00	05300	ANESTHESIOLOGY	3,252	0	271	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,658	0	3,539	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	137	0	388	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1	0	1,800	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	486	0	415	0	65.00
69.00	06900	ELECTROCARDIOLOGY	621	0	544	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	522	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	305	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,812	2,572	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	69	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	44	0	42	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	42	0	587	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	65,146	0	790	0	75.05
75.06	07506	YORKVILLE	1,432	0	955	0	75.06
75.07	07507	MCAI	3,749	0	374	0	75.07
76.00	03020	DIABETIC CENTER	5	0	5	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	563	0	165	0	90.00
90.01	09001	WOUND CARE CENTER	616	0	50	0	90.01
91.00	09100	EMERGENCY	3,677	0	2,209	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B
Part II
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	165,422	120,812	21,160	2,277	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	165,422	120,812	21,160	2,277	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMEDICAL		
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 POB NEW CRC						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 PURCHASING RECEIVING AND STORES						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		7,513				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			3,862			22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS					2,536,563	30.00
31.00 03100 INTENSIVE CARE UNIT					259,314	31.00
31.01 03101 NICU					83,091	31.01
40.00 04000 SUBPROVIDER - I PF					0	40.00
41.00 04100 SUBPROVIDER - I RF					141,621	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					434,716	50.00
50.01 05001 SAME DAY SURGERY					210,077	50.01
50.02 05002 G. I. LAB					225,284	50.02
51.00 05100 RECOVERY ROOM					58,353	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					277,844	52.00
53.00 05300 ANESTHESIOLOGY					25,071	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					708,873	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					607,114	55.00
57.00 05700 CT SCAN					0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 05900 CARDIAC CATHETERIZATION					0	59.00
60.00 06000 LABORATORY					263,697	60.00
60.01 06001 BLOOD LABORATORY					0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
65.00 06500 RESPIRATORY THERAPY					63,898	65.00
69.00 06900 ELECTROCARDIOLOGY					127,095	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					6,591	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					58,258	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					127,000	73.00
74.00 07400 RENAL DIALYSIS					5,338	74.00
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
75.01 07501 CARDIAC REHAB					87,926	75.01
75.02 07502 HEART SURGERY					0	75.02
75.03 07503 REHAB SERVICES					106,370	75.03
75.04 07504 CV SURGERY					0	75.04
75.05 07505 VASCULAR SERVICES					121,471	75.05
75.06 07506 YORKVILLE					60,171	75.06
75.07 07507 MCAI					41,708	75.07
76.00 03020 DIABETIC CENTER					2,871	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					20,380	90.00
90.01 09001 WOUND CARE CENTER					6,445	90.01
91.00 09100 EMERGENCY					504,972	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF					0	99.10
101.00 10100 HOME HEALTH AGENCY					0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION				0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	110.00
111.00	11100	ISLET ACQUISITION				0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	7,172,112
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				39,212	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				23,673	192.00
194.00	07954	PHYSICIAN SERVICES				19,528	194.00
194.01	07950	ADVERTISING				0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE				0	194.02
194.03	07952	HHA HME				0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS				921	194.04
200.00		Cross Foot Adjustments	0	7,513	3,862	0	11,375
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	7,513	3,862	0	7,266,821

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	PURCHASING RECEIVING AND STORES		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,536,563	30.00
31.00	03100	INTENSIVE CARE UNIT	259,314	31.00
31.01	03101	NICU	83,091	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	141,621	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	434,716	50.00
50.01	05001	SAME DAY SURGERY	210,077	50.01
50.02	05002	G. I. LAB	225,284	50.02
51.00	05100	RECOVERY ROOM	58,353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	277,844	52.00
53.00	05300	ANESTHESIOLOGY	25,071	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	708,873	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	607,114	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	263,697	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	63,898	65.00
69.00	06900	ELECTROCARDIOLOGY	127,095	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,258	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,000	73.00
74.00	07400	RENAL DIALYSIS	5,338	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	87,926	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	106,370	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	121,471	75.05
75.06	07506	YORKVILLE	60,171	75.06
75.07	07507	MCAI	41,708	75.07
76.00	03020	DIABETIC CENTER	2,871	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	20,380	90.00
90.01	09001	WOUND CARE CENTER	6,445	90.01
91.00	09100	EMERGENCY	504,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B
Part II
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS	0	0	101.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,172,112	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,212	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	23,673	192.00
194.00	07954	PHYSICIAN SERVICES	0	19,528	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	921	194.04
200.00		Cross Foot Adjustments	0	11,375	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	7,266,821	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	375,774				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			11,042,263		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	881	116,440,760	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,430	2,613,910	1,588,357,276
5.06	00560	PURCHASING RECEIVING AND STORES	70,351	0	4,771,994	19,190,213	0
7.00	00700	OPERATION OF PLANT	83,200	0	273,633	2,708,647	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	747	90,829	0
9.00	00900	HOUSEKEEPING	3,161	0	35,291	1,642,115	0
10.00	01000	DIETARY	5,831	0	17,202	540,765	0
11.00	01100	CAFETERIA	5,647	0	30,822	968,909	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	746,857	3,056,348	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	53,100	489,461	0
15.00	01500	PHARMACY	1,726	0	27,019	2,591,144	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	9,434	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	176,717	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	655,882	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,777	741,235	0
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,399	0	329,553	22,117,047	92,920,356
31.00	03100	INTENSIVE CARE UNIT	7,710	0	103,368	3,169,691	14,358,258
31.01	03101	NICU	1,592	0	65,813	3,575,272	19,751,451
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,950	0	5,159	1,651,697	6,724,224
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,749	0	1,183,151	3,775,582	186,146,201
50.01	05001	SAME DAY SURGERY	6,953	0	38,045	1,515,375	19,422,507
50.02	05002	G. I. LAB	7,026	0	124,944	1,250,876	19,721,550
51.00	05100	RECOVERY ROOM	1,794	0	379	762,526	19,939,192
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	93,418	5,899,735	48,642,299
53.00	05300	ANESTHESIOLOGY	519	0	78,503	193,826	20,823,819
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,148	0	765,994	5,520,887	232,871,710
55.00	05500	RADIOLOGY-THERAPEUTIC	20,759	0	539,287	2,612,575	29,852,621
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,690	0	109,923	3,252,475	138,460,562
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,338	0	93,199	1,910,818	31,937,821
69.00	06900	ELECTROCARDIOLOGY	3,820	0	131,047	1,271,022	41,839,292
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	40,134,157
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,440,721
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	197,826,766
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,340,891
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	2,473	0	14,286	1,877,731	3,265,407
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	2,528	0	42,040	3,332,547	45,161,368
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	298,409	1,814,092	60,737,664
75.06	07506	YORKVILLE	0	0	304,446	3,977,659	73,454,758
75.07	07507	MCAI	0	0	549,611	2,136,859	28,778,704
76.00	03020	DIABETIC CENTER	0	0	2,077	241,915	407,669
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	114,582	1,309,762	12,675,552
90.01	09001	WOUND CARE CENTER	0	0	14,513	0	3,811,444
91.00	09100	EMERGENCY	15,198	0	50,598	6,818,541	169,910,312
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	373,523	0	11,024,532	115,454,685	1,588,357,276
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,389	0	332	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	862	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	15,855	485,868	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	1,544	500,207	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,265,853	0	968	33,256,279	4,514,375
203.00		Unit cost multiplier (Wkst. B, Part I)	19.335699	0.000000	0.000088	0.285607	0.002842
204.00		Cost to be allocated (per Wkst. B, Part II)				0	0
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000000	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	PURCHASING RECEIVING AND STORES	-44,759,302	211,556,101			5.06
7.00	00700	OPERATION OF PLANT	0	8,640,730	222,223		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,193,854	0	1,670,599	8.00
9.00	00900	HOUSEKEEPING	0	3,690,153	3,161	0	9.00
10.00	01000	DIETARY	0	1,541,608	5,831	0	10.00
11.00	01100	CAFETERIA	0	2,346,579	5,647	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,823,713	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,392,007	5,657	0	14.00
15.00	01500	PHARMACY	0	10,675,829	1,726	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,289,584	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	300,283	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	843,206	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	468,100	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	30,591,856	78,399	737,821	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,439,456	7,710	46,360	31.00
31.01	03101	NI CU	0	4,938,933	1,592	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,265,518	3,950	106,820	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,941,292	7,749	201,091	50.00
50.01	05001	SAME DAY SURGERY	0	2,370,323	6,953	79,545	50.01
50.02	05002	G. I. LAB	0	3,718,474	7,026	0	50.02
51.00	05100	RECOVERY ROOM	0	1,114,599	1,794	57,799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,412,499	7,304	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,036,104	519	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,000,149	22,148	59,717	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,337,284	20,759	63,655	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	11,001,795	6,690	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,383,347	1,338	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	2,187,513	3,820	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	943,494	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,010,069	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	562,224	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	819,111	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	2,727,355	2,473	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	4,695,391	2,528	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	8,070,882	0	0	75.05
75.06	07506	YORKVILLE	0	7,461,223	0	0	75.06
75.07	07507	MCAI	0	4,944,147	0	0	75.07
76.00	03020	DIABETIC CENTER	0	377,520	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,478,572	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	898,386	0	0	90.01
91.00	09100	EMERGENCY	0	10,435,878	15,198	317,791	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description			Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-44,759,302	208,369,040	219,972	1,670,599	216,811	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	196,566	1,389	0	1,389	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,051	862	0	862	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,828,208	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	143,236	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		44,759,302	10,468,867	1,446,440	4,619,800	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.211572	47.109737	0.865821	21.089007	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		1,360,705	1,664,334	7,679	108,532	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.006432	7.489477	0.004597	0.495440	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	178,743					10.00
11.00	01100	0	119,505				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	2,916	0	2,431,724		13.00
14.00	01400	0	1,111	0	23,162	10,532,236	14.00
15.00	01500	0	2,901	0	60,502	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	201	0	4,200	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	1,215	0	25,351	0	21.00
22.00	02200	0	495	0	10,319	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	142,656	32,291	0	673,542	27,396	30.00
31.00	03100	13,378	4,073	0	84,955	2,421	31.00
31.01	03101	0	4,397	0	91,700	429	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	15,125	2,455	0	51,213	837	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,821	0	100,544	4,056,696	50.00
50.01	05001	0	1,907	0	39,764	61,793	50.01
50.02	05002	0	1,619	0	33,762	405,030	50.02
51.00	05100	0	807	0	16,833	16,458	51.00
52.00	05200	7,584	7,656	0	159,691	203,837	52.00
53.00	05300	0	406	0	8,468	207,038	53.00
54.00	05400	0	7,009	0	146,187	678,595	54.00
55.00	05500	0	2,775	0	57,863	8,711	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,854	0	101,251	81	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,717	0	56,659	30,972	65.00
69.00	06900	0	4,352	0	90,776	39,513	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,590	0	33,156	2,820	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	3,763	0	78,494	2,665	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	2,092	0	43,614	4,147,519	75.05
75.06	07506	0	5,680	0	118,435	91,196	75.06
75.07	07507	0	3,336	0	69,599	238,685	75.07
76.00	03020	0	252	0	5,263	307	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	2,152	0	44,884	35,856	90.00
90.01	09001	0	0	0	0	39,235	90.01
91.00	09100	0	8,885	0	185,317	234,146	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	178,743	118,728	0	2,415,504	10,532,236	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	777	0	16,220	0	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,265,436	3,228,168	0	5,923,045	2,158,746	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.674264	27.012828	0.000000	2.435739	0.204966	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	169,224	169,376	0	35,225	165,422	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.946745	1.417313	0.000000	0.014486	0.015706	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	10,000					15.00
16.00	01600	0	1,588,357,276				16.00
17.00	01700	0	0	100			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	92,920,356	100	0	0	30.00
31.00	03100	0	14,358,258	0	0	0	31.00
31.01	03101	0	19,751,451	0	0	0	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	6,724,224	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	186,146,201	0	0	0	50.00
50.01	05001	0	19,422,507	0	0	0	50.01
50.02	05002	0	19,721,550	0	0	0	50.02
51.00	05100	0	19,939,192	0	0	0	51.00
52.00	05200	0	48,642,299	0	0	0	52.00
53.00	05300	0	20,823,819	0	0	0	53.00
54.00	05400	0	232,871,710	0	0	0	54.00
55.00	05500	0	29,852,621	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	138,460,562	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	31,937,821	0	0	0	65.00
69.00	06900	0	41,839,292	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	40,134,157	0	0	0	71.00
72.00	07200	0	23,440,721	0	0	0	72.00
73.00	07300	10,000	197,826,766	0	0	0	73.00
74.00	07400	0	5,340,891	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	3,265,407	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	45,161,368	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	60,737,664	0	0	0	75.05
75.06	07506	0	73,454,758	0	0	0	75.06
75.07	07507	0	28,778,704	0	0	0	75.07
76.00	03020	0	407,669	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	12,675,552	0	0	0	90.00
90.01	09001	0	3,811,444	0	0	0	90.01
91.00	09100	0	169,910,312	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,588,357,276	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	13,277,977	3,985,568	379,474	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,327.797700	0.002509	3,794.740000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	120,812	21,160	2,277	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12.081200	0.000013	22.770000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 06/30/2017

Worksheet B-1
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Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 PURCHASING RECEIVING AND STORES					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,500				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,500			22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	9,700	9,700	0		30.00
31.00 03100 INTENSIVE CARE UNIT	600	600	0		31.00
31.01 03101 NICU	0	0	0		31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	1,600	1,600	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	400	400	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	0	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	800	800	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	400	400	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
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	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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	0		73.00
74.00 07400 RENAL DIALYSIS	400	400	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	800	800	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
75.07 07507 MCAI	0	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0	0		90.01
91.00 09100 EMERGENCY	800	800	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,500	15,500	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0		194.00
194.01 07950 ADVERTISING	0	0	0		194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03 07952 HHA HME	0	0	0		194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0		194.04
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,116,174	605,642	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	72.011226	39.073677	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	7,513	3,862	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.484710	0.249161	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

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

Worksheet C
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		47,988,852	10,888	47,999,740	30.00
31.00	03100	INTENSIVE CARE UNIT		6,467,700	0	6,467,700	31.00
31.01	03101	NICU		6,484,222	27,219	6,511,441	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,506,509	0	3,506,509	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		30,171,262	13,334	30,184,596	50.00
50.01	05001	SAME DAY SURGERY		3,624,639	0	3,624,639	50.01
50.02	05002	G. I. LAB		5,242,830	0	5,242,830	50.02
51.00	05100	RECOVERY ROOM		1,639,010	0	1,639,010	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		11,546,194	25,210	11,571,404	52.00
53.00	05300	ANESTHESIOLOGY		1,416,986	16,111	1,433,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		17,370,363	0	17,370,363	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		8,229,941	7,803	8,237,744	55.00
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	0	0	59.00
60.00	06000	LABORATORY		14,510,872	0	14,510,872	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,488,299	0	4,488,299	65.00
69.00	06900	ELECTROCARDIOLOGY		3,362,590	0	3,362,590	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,243,808	0	1,243,808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,975,160	0	10,975,160	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		14,455,499	0	14,455,499	73.00
74.00	07400	RENAL DIALYSIS		1,005,812	0	1,005,812	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,605,522	4,018	3,609,540	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		6,267,906	0	6,267,906	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		10,943,686	0	10,943,686	75.05
75.06	07506	YORKVILLE		9,684,709	0	9,684,709	75.06
75.07	07507	MCAI		6,370,958	0	6,370,958	75.07
76.00	03020	DIABETIC CENTER		478,105	0	478,105	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		3,209,578	0	3,209,578	90.00
90.01	09001	WOUND CARE CENTER		1,106,064	0	1,106,064	90.01
91.00	09100	EMERGENCY		15,121,143	46,467	15,167,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		14,158,404	0	14,158,404	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)		264,676,623	151,050	264,827,673	200.00
201.00		Less Observation Beds		14,158,404	0	14,158,404	201.00
202.00		Total (see instructions)		250,518,219	151,050	250,669,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

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

Worksheet C
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	77,692,578		77,692,578		30.00
31.00	03100	INTENSIVE CARE UNIT	14,358,258		14,358,258		31.00
31.01	03101	NICU	19,751,451		19,751,451		31.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	6,724,224		6,724,224		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	83,842,880	102,303,321	186,146,201	0.162084	50.00
50.01	05001	SAME DAY SURGERY	2,369,518	17,052,989	19,422,507	0.186621	50.01
50.02	05002	G. I. LAB	2,510,703	17,210,847	19,721,550	0.265843	50.02
51.00	05100	RECOVERY ROOM	7,325,660	12,613,532	19,939,192	0.082200	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,441,731	8,200,568	48,642,299	0.237369	52.00
53.00	05300	ANESTHESIOLOGY	9,926,079	10,897,740	20,823,819	0.068046	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,047,790	188,823,920	232,871,710	0.074592	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	496,348	29,356,273	29,852,621	0.275686	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	60,326,171	78,134,391	138,460,562	0.104801	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	25,459,437	6,478,384	31,937,821	0.140532	65.00
69.00	06900	ELECTROCARDIOLOGY	10,403,910	31,435,382	41,839,292	0.080369	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,385,722	16,748,435	40,134,157	0.030991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,320,888	7,119,833	23,440,721	0.468209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,084,400	117,742,366	197,826,766	0.073072	73.00
74.00	07400	RENAL DIALYSIS	4,259,132	1,081,759	5,340,891	0.188323	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,642	3,262,765	3,265,407	1.104157	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	27,237,507	17,923,861	45,161,368	0.138789	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	22,085,146	38,652,518	60,737,664	0.180180	75.05
75.06	07506	YORKVILLE	1,612,810	71,841,948	73,454,758	0.131846	75.06
75.07	07507	MCAI	9,131	28,769,573	28,778,704	0.221378	75.07
76.00	03020	DIABETIC CENTER	336	407,333	407,669	1.172777	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	367,267	12,308,285	12,675,552	0.253210	90.00
90.01	09001	WOUND CARE CENTER	37,537	3,773,907	3,811,444	0.290196	90.01
91.00	09100	EMERGENCY	26,444,988	143,465,324	169,910,312	0.088995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,704,666	13,523,112	15,227,778	0.929775	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	609,228,910	979,128,366	1,588,357,276		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	609,228,910	979,128,366	1,588,357,276		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/28/2017 2:48 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.162155		50.00
50.01	05001	SAME DAY SURGERY	0.186621		50.01
50.02	05002	G. I. LAB	0.265843		50.02
51.00	05100	RECOVERY ROOM	0.082200		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237888		52.00
53.00	05300	ANESTHESIOLOGY	0.068820		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.074592		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.275947		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.104801		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.140532		65.00
69.00	06900	ELECTROCARDIOLOGY	0.080369		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.030991		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.468209		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.073072		73.00
74.00	07400	RENAL DIALYSIS	0.188323		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	1.105387		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.138789		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.180180		75.05
75.06	07506	YORKVILLE	0.131846		75.06
75.07	07507	MCAI	0.221378		75.07
76.00	03020	DIABETIC CENTER	1.172777		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.253210		90.00
90.01	09001	WOUND CARE CENTER	0.290196		90.01
91.00	09100	EMERGENCY	0.089268		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.929775		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0029

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

Worksheet C
Part I
Date/Time Prepared:
11/28/2017 2: 48 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	47,988,852		47,988,852	10,888	47,999,740	30.00
31.00	03100 INTENSIVE CARE UNIT	6,467,700		6,467,700	0	6,467,700	31.00
31.01	03101 NICU	6,484,222		6,484,222	27,219	6,511,441	31.01
40.00	04000 SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	3,506,509		3,506,509	0	3,506,509	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	30,171,262		30,171,262	13,334	30,184,596	50.00
50.01	05001 SAME DAY SURGERY	3,624,639		3,624,639	0	3,624,639	50.01
50.02	05002 G. I. LAB	5,242,830		5,242,830	0	5,242,830	50.02
51.00	05100 RECOVERY ROOM	1,639,010		1,639,010	0	1,639,010	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,546,194		11,546,194	25,210	11,571,404	52.00
53.00	05300 ANESTHESIOLOGY	1,416,986		1,416,986	16,111	1,433,097	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,370,363		17,370,363	0	17,370,363	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,229,941		8,229,941	7,803	8,237,744	55.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	14,510,872		14,510,872	0	14,510,872	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	4,488,299	0	4,488,299	0	4,488,299	65.00
69.00	06900 ELECTROCARDIOLOGY	3,362,590		3,362,590	0	3,362,590	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,243,808		1,243,808	0	1,243,808	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,975,160		10,975,160	0	10,975,160	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,455,499		14,455,499	0	14,455,499	73.00
74.00	07400 RENAL DIALYSIS	1,005,812		1,005,812	0	1,005,812	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 CARDIAC REHAB	3,605,522		3,605,522	4,018	3,609,540	75.01
75.02	07502 HEART SURGERY	0		0	0	0	75.02
75.03	07503 REHAB SERVICES	6,267,906		6,267,906	0	6,267,906	75.03
75.04	07504 CV SURGERY	0		0	0	0	75.04
75.05	07505 VASCULAR SERVICES	10,943,686		10,943,686	0	10,943,686	75.05
75.06	07506 YORKVILLE	9,684,709		9,684,709	0	9,684,709	75.06
75.07	07507 MCAI	6,370,958		6,370,958	0	6,370,958	75.07
76.00	03020 DIABETIC CENTER	478,105		478,105	0	478,105	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,209,578		3,209,578	0	3,209,578	90.00
90.01	09001 WOUND CARE CENTER	1,106,064		1,106,064	0	1,106,064	90.01
91.00	09100 EMERGENCY	15,121,143		15,121,143	46,467	15,167,610	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,158,404		14,158,404	0	14,158,404	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	264,676,623	0	264,676,623	151,050	264,827,673	200.00
201.00	Less Observation Beds	14,158,404		14,158,404	0	14,158,404	201.00
202.00	Total (see instructions)	250,518,219	0	250,518,219	151,050	250,669,269	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/28/2017 2:48 pm		
			Title XIX			Hospital		Cost	
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	77,692,578		77,692,578				30.00
31.00	03100	INTENSIVE CARE UNIT	14,358,258		14,358,258				31.00
31.01	03101	NICU	19,751,451		19,751,451				31.01
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	6,724,224		6,724,224				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	0		0				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	83,842,880	102,303,321	186,146,201	0.162084	0.000000		50.00
50.01	05001	SAME DAY SURGERY	2,369,518	17,052,989	19,422,507	0.186621	0.000000		50.01
50.02	05002	G. I. LAB	2,510,703	17,210,847	19,721,550	0.265843	0.000000		50.02
51.00	05100	RECOVERY ROOM	7,325,660	12,613,532	19,939,192	0.082200	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,441,731	8,200,568	48,642,299	0.237369	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	9,926,079	10,897,740	20,823,819	0.068046	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,047,790	188,823,920	232,871,710	0.074592	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	496,348	29,356,273	29,852,621	0.275686	0.000000		55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	60,326,171	78,134,391	138,460,562	0.104801	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	25,459,437	6,478,384	31,937,821	0.140532	0.000000		65.00
69.00	06900	ELECTROCARDIOLOGY	10,403,910	31,435,382	41,839,292	0.080369	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,385,722	16,748,435	40,134,157	0.030991	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,320,888	7,119,833	23,440,721	0.468209	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,084,400	117,742,366	197,826,766	0.073072	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,259,132	1,081,759	5,340,891	0.188323	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	07501	CARDIAC REHAB	2,642	3,262,765	3,265,407	1.104157	0.000000		75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	0.000000		75.02
75.03	07503	REHAB SERVICES	27,237,507	17,923,861	45,161,368	0.138789	0.000000		75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	0.000000		75.04
75.05	07505	VASCULAR SERVICES	22,085,146	38,652,518	60,737,664	0.180180	0.000000		75.05
75.06	07506	YORKVILLE	1,612,810	71,841,948	73,454,758	0.131846	0.000000		75.06
75.07	07507	MCAI	9,131	28,769,573	28,778,704	0.221378	0.000000		75.07
76.00	03020	DIABETIC CENTER	336	407,333	407,669	1.172777	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	367,267	12,308,285	12,675,552	0.253210	0.000000		90.00
90.01	09001	WOUND CARE CENTER	37,537	3,773,907	3,811,444	0.290196	0.000000		90.01
91.00	09100	EMERGENCY	26,444,988	143,465,324	169,910,312	0.088995	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,704,666	13,523,112	15,227,778	0.929775	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	609,228,910	979,128,366	1,588,357,276				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	609,228,910	979,128,366	1,588,357,276				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/28/2017 2:48 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	SAME DAY SURGERY	0.000000		50.01
50.02	05002	G. I. LAB	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	0.000000		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.000000		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.000000		75.05
75.06	07506	YORKVILLE	0.000000		75.06
75.07	07507	MCAI	0.000000		75.07
76.00	03020	DIABETIC CENTER	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND CARE CENTER	0.000000		90.01
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,536,563	0	2,536,563	42,391	59.84	30.00	
31.00	INTENSIVE CARE UNIT	259,314		259,314	5,115	50.70	31.00	
31.01	NICU	83,091		83,091	2,043	40.67	31.01	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	141,621	0	141,621	4,361	32.47	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	8,170	0.00	43.00	
200.00	Total (lines 30-199)	3,020,589		3,020,589	62,080		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	12,515	748,898					30.00
31.00	INTENSIVE CARE UNIT	1,446	73,312					31.00
31.01	NICU	0	0					31.01
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	2,831	91,923					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	16,792	914,133					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

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

Worksheet D
Part II
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	434,716	186,146,201	0.002335	25,869,457	60,405	50.00
50.01	05001	SAME DAY SURGERY	210,077	19,422,507	0.010816	914,168	9,888	50.01
50.02	05002	G. I. LAB	225,284	19,721,550	0.011423	939,438	10,731	50.02
51.00	05100	RECOVERY ROOM	58,353	19,939,192	0.002927	2,858,862	8,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	277,844	48,642,299	0.005712	67,771	387	52.00
53.00	05300	ANESTHESIOLOGY	25,071	20,823,819	0.001204	3,126,292	3,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	708,873	232,871,710	0.003044	22,594,580	68,778	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	607,114	29,852,621	0.020337	414,518	8,430	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	263,697	138,460,562	0.001904	24,577,871	46,796	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	63,898	31,937,821	0.002001	10,697,230	21,405	65.00
69.00	06900	ELECTROCARDIOLOGY	127,095	41,839,292	0.003038	5,551,438	16,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,591	40,134,157	0.000164	19,681,755	3,228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,258	23,440,721	0.002485	14,418,566	35,830	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,000	197,826,766	0.000642	31,303,004	20,097	73.00
74.00	07400	RENAL DIALYSIS	5,338	5,340,891	0.000999	2,613,508	2,611	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	87,926	3,265,407	0.026927	1,833	49	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	106,370	45,161,368	0.002355	6,945,814	16,357	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	121,471	60,737,664	0.002000	8,397,505	16,795	75.05
75.06	07506	YORKVILLE	60,171	73,454,758	0.000819	1,610,649	1,319	75.06
75.07	07507	MCAI	41,708	28,778,704	0.001449	8,150	12	75.07
76.00	03020	DIABETIC CENTER	2,871	407,669	0.007042	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	20,380	12,675,552	0.001608	146,297	235	90.00
90.01	09001	WOUND CARE CENTER	6,445	3,811,444	0.001691	30,341	51	90.01
91.00	09100	EMERGENCY	504,972	169,910,312	0.002972	13,842,602	41,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	748,201	15,227,778	0.049134	661,521	32,503	92.00
200.00		Total (lines 50-199)	4,899,724	1,469,830,765		197,273,170	426,044	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NI CU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,391	0.00	12,515	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,115	0.00	1,446	0		31.00
31.01	03101	NI CU	2,043	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	4,361	0.00	2,831	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	8,170	0.00	0	0		43.00
200.00		Total (lines 30-199)	62,080		16,792	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0029

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

Worksheet D
Part IV
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0029

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

Worksheet D
Part IV
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	186,146,201	0.000000	0.000000	25,869,457	50.00
50.01	05001	SAME DAY SURGERY	0	19,422,507	0.000000	0.000000	914,168	50.01
50.02	05002	G. I. LAB	0	19,721,550	0.000000	0.000000	939,438	50.02
51.00	05100	RECOVERY ROOM	0	19,939,192	0.000000	0.000000	2,858,862	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,642,299	0.000000	0.000000	67,771	52.00
53.00	05300	ANESTHESIOLOGY	0	20,823,819	0.000000	0.000000	3,126,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	232,871,710	0.000000	0.000000	22,594,580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	29,852,621	0.000000	0.000000	414,518	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	138,460,562	0.000000	0.000000	24,577,871	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	31,937,821	0.000000	0.000000	10,697,230	65.00
69.00	06900	ELECTROCARDIOLOGY	0	41,839,292	0.000000	0.000000	5,551,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,134,157	0.000000	0.000000	19,681,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,440,721	0.000000	0.000000	14,418,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	197,826,766	0.000000	0.000000	31,303,004	73.00
74.00	07400	RENAL DIALYSIS	0	5,340,891	0.000000	0.000000	2,613,508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	0	3,265,407	0.000000	0.000000	1,833	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0	45,161,368	0.000000	0.000000	6,945,814	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0	60,737,664	0.000000	0.000000	8,397,505	75.05
75.06	07506	YORKVILLE	0	73,454,758	0.000000	0.000000	1,610,649	75.06
75.07	07507	MCAI	0	28,778,704	0.000000	0.000000	8,150	75.07
76.00	03020	DIABETIC CENTER	0	407,669	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	12,675,552	0.000000	0.000000	146,297	90.00
90.01	09001	WOUND CARE CENTER	0	3,811,444	0.000000	0.000000	30,341	90.01
91.00	09100	EMERGENCY	0	169,910,312	0.000000	0.000000	13,842,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,227,778	0.000000	0.000000	661,521	92.00
200.00		Total (lines 50-199)	0	1,469,830,765			197,273,170	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	11,749,948	0	50.00
50.01	05001 SAME DAY SURGERY	0	3,024,719	0	50.01
50.02	05002 G. I. LAB	0	2,734,391	0	50.02
51.00	05100 RECOVERY ROOM	0	1,897,986	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	58,925	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,613,946	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	34,785,208	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,747,669	0	55.00
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	0	0	59.00
60.00	06000 LABORATORY	0	12,614,027	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	1,006,954	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	14,066,238	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,495,117	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,854,392	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	37,182,843	0	73.00
74.00	07400 RENAL DIALYSIS	0	539,357	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	1,094,210	0	75.01
75.02	07502 HEART SURGERY	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	430,190	0	75.03
75.04	07504 CV SURGERY	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	6,582,072	0	75.05
75.06	07506 YORKVILLE	0	10,740,140	0	75.06
75.07	07507 MCAI	0	2,423,143	0	75.07
76.00	03020 DIABETIC CENTER	0	26,472	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	2,546,030	0	90.00
90.01	09001 WOUND CARE CENTER	0	165,964	0	90.01
91.00	09100 EMERGENCY	0	18,888,152	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,703,870	0	92.00
200.00	Total (lines 50-199)	0	194,971,963	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/28/2017 2:48 pm
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.162084	11,749,948	0	0	1,904,479	50.00
50.01	05001	SAME DAY SURGERY	0.186621	3,024,719	0	0	564,476	50.01
50.02	05002	G. I. LAB	0.265843	2,734,391	0	0	726,919	50.02
51.00	05100	RECOVERY ROOM	0.082200	1,897,986	0	0	156,014	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237369	58,925	0	0	13,987	52.00
53.00	05300	ANESTHESIOLOGY	0.068046	1,613,946	0	0	109,823	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.074592	34,785,208	0	0	2,594,698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.275686	9,747,669	0	0	2,687,296	55.00
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	0.104801	12,614,027	3,126	0	1,321,963	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.140532	1,006,954	18	0	141,509	65.00
69.00	06900	ELECTROCARDIOLOGY	0.080369	14,066,238	0	0	1,130,489	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.030991	11,495,117	0	0	356,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.468209	5,854,392	0	0	2,741,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.073072	37,182,843	0	160,773	2,717,025	73.00
74.00	07400	RENAL DIALYSIS	0.188323	539,357	0	0	101,573	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.104157	1,094,210	0	0	1,208,180	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.138789	430,190	0	0	59,706	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.180180	6,582,072	0	0	1,185,958	75.05
75.06	07506	YORKVILLE	0.131846	10,740,140	396	0	1,416,044	75.06
75.07	07507	MCAI	0.221378	2,423,143	6	0	536,431	75.07
76.00	03020	DIABETIC CENTER	1.172777	26,472	0	0	31,046	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.253210	2,546,030	4,202	0	644,680	90.00
90.01	09001	WOUND CARE CENTER	0.290196	165,964	0	0	48,162	90.01
91.00	09100	EMERGENCY	0.088995	18,888,152	5	0	1,680,951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.929775	3,703,870	0	0	3,443,766	92.00
200.00		Subtotal (see instructions)		194,971,963	7,753	160,773	27,522,499	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		194,971,963	7,753	160,773	27,522,499	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/28/2017 2:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
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
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	328	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	3	0	65.00
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	11,748	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	52	0	75.06
75.07	07507 MCAI	1	0	75.07
76.00	03020 DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	1,064	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	1,448	11,748	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,448	11,748	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/28/2017 2:48 pm	
				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	434,716	186,146,201	0.002335	8,266	19 50.00
50.01	05001	SAME DAY SURGERY	210,077	19,422,507	0.010816	0	0 50.01
50.02	05002	G. I. LAB	225,284	19,721,550	0.011423	0	0 50.02
51.00	05100	RECOVERY ROOM	58,353	19,939,192	0.002927	5,372	16 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	277,844	48,642,299	0.005712	166	1 52.00
53.00	05300	ANESTHESIOLOGY	25,071	20,823,819	0.001204	2,856	3 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	708,873	232,871,710	0.003044	268,344	817 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	607,114	29,852,621	0.020337	0	0 55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	263,697	138,460,562	0.001904	969,026	1,845 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	63,898	31,937,821	0.002001	582,967	1,167 65.00
69.00	06900	ELECTROCARDIOLOGY	127,095	41,839,292	0.003038	13,594	41 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,591	40,134,157	0.000164	342,062	56 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,258	23,440,721	0.002485	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	127,000	197,826,766	0.000642	1,906,850	1,224 73.00
74.00	07400	RENAL DIALYSIS	5,338	5,340,891	0.000999	175,488	175 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	87,926	3,265,407	0.026927	0	0 75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0 75.02
75.03	07503	REHAB SERVICES	106,370	45,161,368	0.002355	9,208,909	21,687 75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0 75.04
75.05	07505	VASCULAR SERVICES	121,471	60,737,664	0.002000	6,524	13 75.05
75.06	07506	YORKVILLE	60,171	73,454,758	0.000819	0	0 75.06
75.07	07507	MCAI	41,708	28,778,704	0.001449	0	0 75.07
76.00	03020	DIABETIC CENTER	2,871	407,669	0.007042	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	20,380	12,675,552	0.001608	4,080	7 90.00
90.01	09001	WOUND CARE CENTER	6,445	3,811,444	0.001691	0	0 90.01
91.00	09100	EMERGENCY	504,972	169,910,312	0.002972	10,631	32 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,227,778	0.000000	12,978	0 92.00
200.00		Total (lines 50-199)	4,151,523	1,469,830,765		13,518,113	27,103 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/28/2017 2:48 pm
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
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
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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	0	73.00
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	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/28/2017 2:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	186,146,201	0.000000	0.000000	8,266	50.00
50.01	05001 SAME DAY SURGERY	0	19,422,507	0.000000	0.000000	0	50.01
50.02	05002 G. I. LAB	0	19,721,550	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	19,939,192	0.000000	0.000000	5,372	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	48,642,299	0.000000	0.000000	166	52.00
53.00	05300 ANESTHESIOLOGY	0	20,823,819	0.000000	0.000000	2,856	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	232,871,710	0.000000	0.000000	268,344	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	29,852,621	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	138,460,562	0.000000	0.000000	969,026	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	31,937,821	0.000000	0.000000	582,967	65.00
69.00	06900 ELECTROCARDIOLOGY	0	41,839,292	0.000000	0.000000	13,594	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,134,157	0.000000	0.000000	342,062	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	23,440,721	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	197,826,766	0.000000	0.000000	1,906,850	73.00
74.00	07400 RENAL DIALYSIS	0	5,340,891	0.000000	0.000000	175,488	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	3,265,407	0.000000	0.000000	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	45,161,368	0.000000	0.000000	9,208,909	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	60,737,664	0.000000	0.000000	6,524	75.05
75.06	07506 YORKVILLE	0	73,454,758	0.000000	0.000000	0	75.06
75.07	07507 MCAI	0	28,778,704	0.000000	0.000000	0	75.07
76.00	03020 DIABETIC CENTER	0	407,669	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	12,675,552	0.000000	0.000000	4,080	90.00
90.01	09001 WOUND CARE CENTER	0	3,811,444	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	169,910,312	0.000000	0.000000	10,631	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,227,778	0.000000	0.000000	12,978	92.00
200.00	Total (lines 50-199)	0	1,469,830,765			13,518,113	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/28/2017 2:48 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	75.06
75.07	07507 MCAI	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/28/2017 2:48 pm
		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	0.162084	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.186621	0	0	0	0	50.01
50.02	05002	G. I. LAB	0.265843	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.082200	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237369	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.068046	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.074592	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.275686	0	0	0	0	55.00
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	0.104801	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.140532	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.080369	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	0.030991	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.468209	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.073072	0	0	357	0	73.00
74.00	07400	RENAL DIALYSIS	0.188323	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.104157	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.138789	0	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.180180	0	0	0	0	75.05
75.06	07506	YORKVILLE	0.131846	0	0	0	0	75.06
75.07	07507	MCAI	0.221378	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	1.172777	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.253210	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0.290196	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.088995	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.929775	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	357	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	0	357	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/28/2017 2:48 pm
	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 SAME DAY SURGERY	0	0	50.01
50.02 05002 G. I. LAB	0	0	50.02
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
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
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
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	26	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 07501 CARDIAC REHAB	0	0	75.01
75.02 07502 HEART SURGERY	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	75.03
75.04 07504 CV SURGERY	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	75.05
75.06 07506 YORKVILLE	0	0	75.06
75.07 07507 MCAI	0	0	75.07
76.00 03020 DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND CARE CENTER	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	26	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	26	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/28/2017 2:48 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,391	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,391	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)		29,887	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)		12,515	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)		47,999,740	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)		47,999,740	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)		47,999,740	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)		1,132.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,170,860	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)		14,170,860	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,467,700	5,115	1,264.46	1,446	1,828,409	43.00
43.01	NICU	6,511,441	2,043	3,187.20	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,136,776	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,136,045	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)					822,210	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					426,044	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,248,254	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,887,791	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)					12,504	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,132.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,158,404	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/28/2017 2:48 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,536,563	47,999,740	0.052845	14,158,404	748,201	90.00
91.00	Nursing School cost	0	47,999,740	0.000000	14,158,404	0	91.00
92.00	Allied health cost	0	47,999,740	0.000000	14,158,404	0	92.00
93.00	All other Medical Education	0	47,999,740	0.000000	14,158,404	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/28/2017 2:48 pm
		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)		4,361	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,361	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,361	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)		2,831	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,506,509	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,506,509	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,506,509	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)		804.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,276,294	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,276,294	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1
					Component CCN: 14-T029		Date/Time Prepared: 11/28/2017 2:48 pm
					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	
43.01 NICU	0	0	0.00	0	0	43.01	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,682,913	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,959,207	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)					91,923	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					27,103	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					119,026	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,840,181	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: 14-0029 Component CCN: 14-T029		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/28/2017 2:48 pm	
		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	141,621	3,506,509	0.040388	0	0	90.00
91.00	Nursing School cost	0	3,506,509	0.000000	0	0	91.00
92.00	Allied health cost	0	3,506,509	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,506,509	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/28/2017 2:48 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,067,531	30.00
31.00	03100	INTENSIVE CARE UNIT		5,520,502	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	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	0.162155	25,869,457	50.00
50.01	05001	SAME DAY SURGERY	0.186621	914,168	50.01
50.02	05002	G. I. LAB	0.265843	939,438	50.02
51.00	05100	RECOVERY ROOM	0.082200	2,858,862	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.237888	67,771	52.00
53.00	05300	ANESTHESIOLOGY	0.068820	3,126,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.074592	22,594,580	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.275947	414,518	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.104801	24,577,871	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.140532	10,697,230	65.00
69.00	06900	ELECTROCARDIOLOGY	0.080369	5,551,438	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.030991	19,681,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.468209	14,418,566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.073072	31,303,004	73.00
74.00	07400	RENAL DIALYSIS	0.188323	2,613,508	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	1.105387	1,833	75.01
75.02	07502	HEART SURGERY	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0.138789	6,945,814	75.03
75.04	07504	CV SURGERY	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0.180180	8,397,505	75.05
75.06	07506	YORKVILLE	0.131846	1,610,649	75.06
75.07	07507	MCAI	0.221378	8,150	75.07
76.00	03020	DIABETIC CENTER	1.172777	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.253210	146,297	90.00
90.01	09001	WOUND CARE CENTER	0.290196	30,341	90.01
91.00	09100	EMERGENCY	0.089268	13,842,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.929775	661,521	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		197,273,170	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)		197,273,170	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/28/2017 2:48 pm
		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
31.01	03101 NICU		0	31.01
40.00	04000 SUBPROVIDER - I/PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		4,332,480	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	0.162155	8,266	1,340 50.00
50.01	05001 SAME DAY SURGERY	0.186621	0	0 50.01
50.02	05002 G. I. LAB	0.265843	0	0 50.02
51.00	05100 RECOVERY ROOM	0.082200	5,372	442 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.237888	166	39 52.00
53.00	05300 ANESTHESIOLOGY	0.068820	2,856	197 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.074592	268,344	20,016 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.275947	0	0 55.00
57.00	05700 CT SCAN	0.000000	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.104801	969,026	101,555 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.140532	582,967	81,926 65.00
69.00	06900 ELECTROCARDIOLOGY	0.080369	13,594	1,093 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.030991	342,062	10,601 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.468209	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.073072	1,906,850	139,337 73.00
74.00	07400 RENAL DIALYSIS	0.188323	175,488	33,048 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501 CARDIAC REHAB	1.105387	0	0 75.01
75.02	07502 HEART SURGERY	0.000000	0	0 75.02
75.03	07503 REHAB SERVICES	0.138789	9,208,909	1,278,095 75.03
75.04	07504 CV SURGERY	0.000000	0	0 75.04
75.05	07505 VASCULAR SERVICES	0.180180	6,524	1,175 75.05
75.06	07506 YORKVILLE	0.131846	0	0 75.06
75.07	07507 MCAI	0.221378	0	0 75.07
76.00	03020 DIABETIC CENTER	1.172777	0	0 76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.253210	4,080	1,033 90.00
90.01	09001 WOUND CARE CENTER	0.290196	0	0 90.01
91.00	09100 EMERGENCY	0.089268	10,631	949 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.929775	12,978	12,067 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		13,518,113	1,682,913 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		13,518,113	1,682,913 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/28/2017 2: 48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		7,642,701	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,928,101	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)		505,038	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		5,109,851	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		157.74	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)		12.00	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)		0.27	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		11.91	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)		11.73	12.00
13.00	Total allowable FTE count for the prior year.		11.73	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.		11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.73	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		11.73	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.074363	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.074302	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.074302	21.00
22.00	IME payment adjustment (see instructions)		1,215,495	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		203,168	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.18	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)		1,215,495	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		203,168	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.65	31.00
32.00	Sum of lines 30 and 31		31.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.05	33.00
34.00	Disproportionate share adjustment (see instructions)		1,150,227	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/28/2017 2:48 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,318,920	2,106,586	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		582,898	1,575,610	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,158,508		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
		Before 1/1	On/After 1/1		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		35,600,070		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)			35,803,238	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,709,290	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).			300,497	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			3,107	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			38,816,132	59.00
60.00	Primary payer payments			6,107	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			38,810,025	61.00
62.00	Deductibles billed to program beneficiaries			3,140,704	62.00
63.00	Coinurance billed to program beneficiaries			54,544	63.00
64.00	Allowable bad debts (see instructions)			917,723	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			596,520	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			915,904	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			36,211,297	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.88	SCH or MDH volume decrease adjustment			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-105,760	70.93
70.94	HRR adjustment amount (see instructions)			-6,846	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/28/2017 2:48 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			36,098,691	71.00
71.01	Sequestration adjustment (see instructions)			721,974	71.01
72.00	Interim payments			35,131,003	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			245,714	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,113,478	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2017 2:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,642,701	0	7,642,701		7,642,701	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,928,101	0		30,570,802	30,570,802	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	505,038	0	0	505,038	505,038	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	5,109,851	0	0	5,109,851	5,109,851	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.074302	0.074302	0.074302	0.074302		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,215,495	0	303,874	911,621	1,215,495	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	203,168	0	0	203,168	203,168	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	1,215,495	0	303,874	911,621	1,215,495	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	203,168	0	0	203,168	203,168	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1505	0.1505	0.1505	0.1505		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,150,227	0	287,557	862,670	1,150,227	11.00
11.01	Uncompensated care payments	36.00	2,158,508	0	582,898	1,575,610	2,158,508	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	35,600,070	0	8,817,030	26,783,040	35,600,070	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	35,803,238	0	8,817,030	26,986,208	35,803,238	15.00
16.00	Payment for inpatient program capital	50.00	2,709,290	0	0	2,709,290	2,709,290	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	0	3,107	3,107	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/28/2017 2:48 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	8,817,030	29,698,605	38,515,635	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	2,469,180	0	0	2,469,180	2,469,180	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	1,094	0	0	1,094	1,094	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	0.0313	0.0313	0.0313	0.0313		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	77,285	0	0	77,285	77,285	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0655	0.0655	0.0655	0.0655		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	161,731	0	0	161,731	161,731	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,709,290	0	0	2,709,290	2,709,290	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: 14-0029		Period: From 07/01/2016 To 06/30/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/28/2017 2:48 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 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	7,642,701	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,928,101		30,570,802	30,570,802	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	505,038	0	505,038	505,038	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	5,109,851	0	5,109,851	5,109,851	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.074302	0.074302	0.074302		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,215,495	0	1,215,495	1,215,495	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	203,168	0	203,168	203,168	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	1,215,495	0	1,215,495	1,215,495	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	203,168	0	203,168	203,168	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1505	0.1505	0.1505		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,150,227	0	1,150,227	1,150,227	11.00
11.01	Uncompensated care payments	36.00	2,158,508	582,898	1,575,610	2,158,508	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	35,600,070	582,898	35,017,172	35,600,070	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	35,803,238	582,898	35,220,340	35,803,238	15.00
16.00	Payment for inpatient program capital	50.00	2,709,290	0	2,709,290	2,709,290	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	3,107	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			582,898	37,932,737	38,515,635	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/28/2017 2:48 pm

		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	2,469,180	0	2,469,180	2,469,180	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	1,094	0	1,094	1,094	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	0.0313	0.0313	0.0313		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	77,285	0	77,285	77,285	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0655	0.0655	0.0655		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	161,731	0	161,731	161,731	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,709,290	0	2,709,290	2,709,290	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	-105,760	0	-105,760	-105,760	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	-6,846	0	-6,846	-6,846	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		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/28/2017 2:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,196	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,522,499	2.00
3.00	PPS payments		23,143,572	3.00
4.00	Outlier payment (see instructions)		100,705	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,196	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		168,526	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)		168,526	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)		168,526	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		155,330	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		13,196	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		23,244,277	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		973	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,452,624	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)		18,803,876	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		179,504	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)		18,983,380	30.00
31.00	Primary payer payments		4,158	31.00
32.00	Subtotal (line 30 minus line 31)		18,979,222	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)		383,788	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		249,462	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		383,423	36.00
37.00	Subtotal (see instructions)		19,228,684	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,228,684	40.00
40.01	Sequestration adjustment (see instructions)		384,574	40.01
41.00	Interim payments		18,787,420	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		56,690	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		416,968	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: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/28/2017 2:48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		95	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		357	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)		357	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)		357	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		331	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		26	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		95	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)		121	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)		121	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		121	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)		121	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		121	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		131	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-12	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: 14-0029

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

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,029,320		18,833,626		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	06/22/2017	101,683		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	06/22/2017	46,206		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)		101,683		-46,206		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)		35,131,003		18,787,420		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		245,714		56,690		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		35,376,717		18,844,110		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: 14-0029
Component CCN: 14-T029

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

Worksheet E-1
Part I
Date/Time Prepared:
11/28/2017 2:48 pm

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					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		4,959,666		131	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		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	01/17/2017	31,842		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)		-31,842		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)		4,927,824		131	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		42,394		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		12	6.02
7.00	Total Medicare program liability (see instructions)		4,970,218		119	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E-1 Part II Date/Time Prepared: 11/28/2017 2:48 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,351 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			13,961 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,398 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			37,045 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,588,357,276 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			27,403,846 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			453,939 8.00
9.00	Sequestration adjustment amount (see instructions)			9,079 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			444,860 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			414,241 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			30,619 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/28/2017 2: 48 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,579,755 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0117 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			114,494 3.00
4.00	Outlier Payments			13,739 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)			1.00 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)			1.00 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)			1.00 9.00
10.00	Average Daily Census (see instructions)			11.947945 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.085117 11.00
12.00	Teaching Adjustment (see instructions)			389,815 12.00
13.00	Total PPS Payment (see instructions)			5,097,803 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)			5,097,803 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,097,803 19.00
20.00	Deductibles			26,152 20.00
21.00	Subtotal (line 19 minus line 20)			5,071,651 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			5,071,651 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,071,651 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)			0 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	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,071,651 32.00
32.01	Sequestration adjustment (see instructions)			101,433 32.01
33.00	Interim payments			4,927,824 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, 33, and 34)			42,394 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			13,739 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/28/2017 2: 48 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.91	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	11.91	1.00	12.91	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	10.82	0.91	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	10.82	0.91		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.84	0.89		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.83	0.90		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.83	0.90		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	10.83	0.90		17.00
18.00	Per resident amount	94,622.08	94,622.08		18.00
19.00	Approved amount for resident costs	1,024,757	85,160	1,109,917	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.18	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,109,917	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,792	2,398		26.00
27.00	Total Inpatient Days (see instructions)	43,590	43,590		27.00
28.00	Ratio of inpatient days to total inpatient days	0.385226	0.055013		28.00
29.00	Program direct GME amount	427,569	61,060		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,628		30.00
31.00	Net Program direct GME amount			480,001	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/28/2017 2:48 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,340,891	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		46,095,252	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		6,107	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,089,145	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		27,535,721	42.00
43.00	Primary payer payments (see instructions)		4,158	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,531,563	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,620,708	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.626035	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.373965	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		480,001	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		300,497	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		179,504	50.00

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

Provider CCN: 14-0029

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

Worksheet G
Date/Time Prepared:
11/28/2017 2:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	15,355,000	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	55,782,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	19,515,000	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)	90,652,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	218,953,811	0	0	0	15.00
16.00	Accumulated depreciation	-243,777,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	229,947,189	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	205,124,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	264,881,000	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	58,448,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	323,329,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	619,105,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,119,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	43,233,000	0	0	0	43.00
44.00	Other current liabilities	30,691,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	94,043,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	102,399,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	67,256,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	169,655,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	263,698,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	355,407,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	355,407,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	619,105,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0029

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

Worksheet G-1

Date/Time Prepared:
11/28/2017 2:48 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		305,056,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		49,810,000			2.00
3.00	Total (sum of line 1 and line 2)		354,866,000		0	3.00
4.00	UNRESTRICTED NET ASSETS	49,675,000		0		4.00
5.00	PERMANENTLY RESTRICTED NET ASSETS	28,000		0		5.00
6.00	TEMPORARILY RESTRICTED NET ASSETS	648,000		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)		50,351,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		405,217,000		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)		405,217,000		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	UNRESTRICTED NET ASSETS		0			4.00
5.00	PERMANENTLY RESTRICTED NET ASSETS		0			5.00
6.00	TEMPORARILY RESTRICTED NET ASSETS		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: 14-0029

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/28/2017 2:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,692,578		77,692,578	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,724,224		6,724,224	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)	84,416,802		84,416,802	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,358,258		14,358,258	11.00
11.01	NICU	19,751,451		19,751,451	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	34,109,709		34,109,709	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	118,526,511		118,526,511	17.00
18.00	Ancillary services	490,702,399	837,426,113	1,328,128,512	18.00
19.00	Outpatient services	0	143,465,324	143,465,324	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	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	56,529	-46,987	9,542	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	609,285,439	980,844,450	1,590,129,889	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		313,321,728		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	9,118,000			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)		9,118,000		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)		322,439,728		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0029

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

Worksheet G-3

Date/Time Prepared:
11/28/2017 2:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,590,129,889	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,257,350,161	2.00
3.00	Net patient revenues (line 1 minus line 2)	332,779,728	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	322,439,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,340,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	35,031,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	-476,000	24.00
24.01	CHANGE IN FAIR MARKET VALUE OF INTER	3,414,000	24.01
24.02	GAIN ON SALE POB 1	1,501,000	24.02
25.00	Total other income (sum of lines 6-24)	39,470,000	25.00
26.00	Total (line 5 plus line 25)	49,810,000	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)	49,810,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0029	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/28/2017 2: 48 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,469,180	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,094	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)		107.48	3.00
4.00	Number of interns & residents (see instructions)		11.73	4.00
5.00	Indirect medical education percentage (see instructions)		3.13	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)		77,285	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.65	8.00
9.00	Sum of lines 7 and 8		31.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.55	10.00
11.00	Disproportionate share adjustment (see instructions)		161,731	11.00
12.00	Total prospective capital payments (see instructions)		2,709,290	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