

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: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/24/2018 11:54 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/24/2018 Time: 11:54 am  
 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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE SHERMAN HOSPITAL ( 14-0030 ) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 SYSTEM DIRECTOR OF REIMBURSEMENT  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	75,938	-25,673	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	75,938	-25,673	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 11:38 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1425 NORTH RANDALL ROAD		PO Box:						1.00		
2.00	City: ELGIN		State: IL		Zip Code: 60123		County: KANE		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE SHERMAN HOSPITAL	140030	20994	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2017	12/31/2017		20.00		
21.00	Type of Control (see instructions)					1			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	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.	2,135	4,018	0	0	5,656	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 11:38 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00		
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		0.00	0		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00	
			V	XIX		
			1.00	2.00		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.06	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 11:38 am	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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:	430,872	680,351	373,074	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 11:38 am	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101	
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600	PO Box:			
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	Y
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.					
				1.00	Y
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.					
				1.00	N
				2.00	01/01/2017
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	Y
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				1.00	N
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				1.00	N
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)					
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	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	N
Multi campus					
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
				1.00	N
Name County State Zip Code CBSA FTE/Campus					
0 1.00 2.00 3.00 4.00 5.00					
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					
				1.00	0.00
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.					
				1.00	Y
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)					
				1.00	0
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)					
				1.00	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)					
				1.00	9.99
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	01/01/2017
				2.00	12/31/2017
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)					
				1.00	N
				2.00	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 11:38 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/09/2018			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2018	Y	04/30/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 11:38 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNIFER		HANES	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)929-5767		JENNIFER.HANES@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 11:38 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMB. SPECIALIST		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: 14-0030

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0030

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	21,520	1,162	48,409			1.00
2.00 HMO and other (see instructions)	4,931	7,691				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,520	1,162	48,409			7.00
8.00 INTENSIVE CARE UNIT	2,419	183	5,660			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,849	7,307			13.00
14.00 Total (see instructions)	23,939	3,194	61,376	0.00	1,343.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,343.00	27.00
28.00 Observation Bed Days		305	7,952			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	384	727			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0030

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

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	5,070	971	15,838	1.00
2.00 HMO and other (see instructions)				1,024	2,431		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	5,070	971	15,838		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part II Date/Time Prepared: 5/24/2018 11:38 am			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	99,945,516	0	99,945,516	2,793,710.00	35.78	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		675,625	10,339	685,964	26,246.00	26.14	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		961,377	0	961,377	11,229.00	85.62	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		219,886	0	219,886	1,132.00	194.25	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		10,894,054	0	10,894,054	160,157.00	68.02	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		23,917,374	0	23,917,374			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		192,554	0	192,554			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,906,051	0	1,906,051			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,743,255	-1,502,744	240,511	6,600.00	36.44	26.00
27.00	Administrative & General	5.00	7,176,654	109,820	7,286,474	172,901.00	42.14	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/24/2018 11:38 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		802,930	0	802,930	5,951.00	134.92	28.00
29.00	Maintenance & Repairs	6.00	0	1,167,863	1,167,863	42,463.00	27.50	29.00
30.00	Operation of Plant	7.00	2,160,462	-1,134,802	1,025,660	33,673.00	30.46	30.00
31.00	Laundry & Linen Service	8.00	112,411	1,720	114,131	6,828.00	16.72	31.00
32.00	Housekeeping	9.00	2,022,347	30,947	2,053,294	125,968.00	16.30	32.00
33.00	Housekeeping under contract (see instructions)		31,125	0	31,125	1,344.00	23.16	33.00
34.00	Dietary	10.00	2,110,833	-443,366	1,667,467	86,311.00	19.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	475,667	475,667	27,349.00	17.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,198,923	18,347	1,217,270	26,919.00	45.22	38.00
39.00	Central Services and Supply	14.00	1,270,952	-663,275	607,677	29,227.00	20.79	39.00
40.00	Pharmacy	15.00	3,298,813	50,480	3,349,293	74,524.00	44.94	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,671,077	25,572	1,696,649	34,058.00	49.82	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/24/2018 11:38 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	100,779,571	0	100,779,571	2,801,005.00	35.98	1.00
2.00	Excluded area salaries (see instructions)	675,625	10,339	685,964	26,246.00	26.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,103,946	-10,339	100,093,607	2,774,759.00	36.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,075,317	0	12,075,317	172,518.00	69.99	4.00
5.00	Subtotal wage-related costs (see inst.)	25,823,425	0	25,823,425	0.00	25.80	5.00
6.00	Total (sum of lines 3 thru 5)	138,002,688	-10,339	137,992,349	2,947,277.00	46.82	6.00
7.00	Total overhead cost (see instructions)	23,599,782	-1,863,771	21,736,011	674,116.00	32.24	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2018 11:38 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		1,984,151	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,118,500	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		91,854	6.00
7.00	Employee Managed Care Program Administration Fees		1,131,866	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		6,585,824	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		2,452,459	9.00
10.00	Dental, Hearing and Vision Plan		330,756	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		104,750	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)		640,174	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		536,904	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		7,084,345	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		239,093	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		257,577	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		551,675	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,109,928	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/24/2018 11:38 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		961,377	24,109,928
2.00	Hospital		961,377	23,891,162
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	218,766

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/24/2018 11:38 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.198027	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			32,799,016	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			89,309	5.00
6.00	Medicaid charges			187,461,237	6.00
7.00	Medicaid cost (line 1 times line 6)			37,122,386	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)			4,234,061	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			828,194	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,234,061	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)	16,555,694	1,057,407	17,613,101	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,278,474	1,057,407	4,335,881	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,278,474	1,057,407	4,335,881	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			31,520,641	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			900,984	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,386,129	27.01
28.00	Non-Medicare bad debt expense (see instructions)			30,134,512	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			6,452,592	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,788,473	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,022,534	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet A Date/Time Prepared: 5/24/2018 11:38 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,253,693	9,253,693	9,561,248	18,814,941	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,204,784	8,204,784	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,743,255	17,773,543	19,516,798	-1,502,744	18,014,054	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	105	105	0	105	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	9,414,748	9,414,748	-4,628	9,410,120	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	7,176,654	44,941,066	52,117,720	-1,574,908	50,542,812	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,732,854	3,732,854	6.00
7.00	00700	OPERATION OF PLANT	2,160,462	10,870,216	13,030,678	-3,765,807	9,264,871	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	112,411	760,231	872,642	1,093	873,735	8.00
9.00	00900	HOUSEKEEPING	2,022,347	1,390,526	3,412,873	-88,624	3,324,249	9.00
10.00	01000	DIETARY	2,110,833	2,129,094	4,239,927	-1,231,802	3,008,125	10.00
11.00	01100	CAFETERIA	0	0	0	1,140,802	1,140,802	11.00
13.00	01300	NURSING ADMINISTRATION	1,198,923	891,331	2,090,254	-272,354	1,817,900	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,270,952	2,825,214	4,096,166	-3,053,526	1,042,640	14.00
15.00	01500	PHARMACY	3,298,813	16,101,025	19,399,838	-15,163,671	4,236,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	102,403	102,403	0	102,403	16.00
17.00	01700	SOCIAL SERVICE	1,671,077	193,297	1,864,374	25,572	1,889,946	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,142,960	5,007,059	28,150,019	-16,076	28,133,943	30.00
31.00	03100	INTENSIVE CARE UNIT	4,647,578	1,999,796	6,647,374	-136,210	6,511,164	31.00
43.00	04300	NURSERY	2,343,461	500,383	2,843,844	-29,471	2,814,373	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,053,173	19,891,536	25,944,709	-12,986,159	12,958,550	50.00
51.00	05100	RECOVERY ROOM	3,878,320	694,969	4,573,289	-77,170	4,496,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,573,021	2,164,621	6,737,642	-89,388	6,648,254	52.00
53.00	05300	ANESTHESIOLOGY	34,711	1,090,743	1,125,454	-353,974	771,480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,601,053	7,040,688	13,641,741	-3,300,227	10,341,514	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	489,490	955,331	1,444,821	-337,310	1,107,511	55.00
57.00	05700	CT SCAN	1,009,745	689,956	1,699,701	-519,357	1,180,344	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	414,464	234,333	648,797	-168,599	480,198	58.00
59.00	05900	CARDIAC CATHETERIZATION	914,126	3,855,592	4,769,718	-3,012,915	1,756,803	59.00
60.00	06000	LABORATORY	3,755,325	8,290,315	12,045,640	-2,225,179	9,820,461	60.00
64.00	06400	INTRAVENOUS THERAPY	1,344,139	937,297	2,281,436	-228,691	2,052,745	64.00
65.00	06500	RESPIRATORY THERAPY	1,784,171	591,525	2,375,696	-324,967	2,050,729	65.00
66.00	06600	PHYSICAL THERAPY	3,134,858	544,818	3,679,676	34,396	3,714,072	66.00
67.00	06700	OCCUPATIONAL THERAPY	581,537	49,155	630,692	7,200	637,892	67.00
68.00	06800	SPEECH PATHOLOGY	159,295	13,334	172,629	1,673	174,302	68.00
69.00	06900	ELECTROCARDIOLOGY	2,264,612	4,593,406	6,858,018	-3,695,014	3,163,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	402,166	206,141	608,307	-48,972	559,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,602,768	12,602,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,995,636	12,995,636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,110,813	15,110,813	73.00
74.00	07400	RENAL DIALYSIS	0	637,134	637,134	0	637,134	74.00
76.00	03950	WOUND CARE CENTER	492,844	146,038	638,882	-321	638,561	76.00
76.01	03951	DIABETIC CENTER	238,419	33,944	272,363	3,648	276,011	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	256,084	199,478	455,562	-13,823	441,739	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	7,664,900	5,643,418	13,308,318	348,403	13,656,721	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	323,712	86,044	409,756	4,954	414,710	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		9,561,248	9,561,248	-9,561,248	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	99,269,891	192,304,794	291,574,685	-7,291	291,567,394	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	235,705	286,194	521,899	1,394	523,293	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	106,787	71,447	178,234	1,634	179,868	194.00
194.01	07951	PHYSICIAN REFERRAL	333,133	243,205	576,338	4,263	580,601	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	99,945,516	192,905,640	292,851,156	0	292,851,156	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A  
Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-5,675,717	13,139,224	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,389,343	10,594,127	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,531,828	22,545,882	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	105	5.03
5.04	00570	ADMINISTRATIVE	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-1,458,714	7,951,406	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-16,131,319	34,411,493	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,732,854	6.00
7.00	00700	OPERATION OF PLANT	-128,376	9,136,495	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	873,735	8.00
9.00	00900	HOUSEKEEPING	0	3,324,249	9.00
10.00	01000	DIETARY	-48,387	2,959,738	10.00
11.00	01100	CAFETERIA	-618,014	522,788	11.00
13.00	01300	NURSING ADMINISTRATION	-37,336	1,780,564	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,042,640	14.00
15.00	01500	PHARMACY	-1,438	4,234,729	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	102,403	16.00
17.00	01700	SOCIAL SERVICE	1,453	1,891,399	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,305,900	26,828,043	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,511,164	31.00
43.00	04300	NURSERY	-172,763	2,641,610	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,196,826	11,761,724	50.00
51.00	05100	RECOVERY ROOM	0	4,496,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,020,807	5,627,447	52.00
53.00	05300	ANESTHESIOLOGY	-536,451	235,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,057,866	9,283,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,107,511	55.00
57.00	05700	CT SCAN	-18,355	1,161,989	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	480,198	58.00
59.00	05900	CARDIAC CATHETERIZATION	-5,675	1,751,128	59.00
60.00	06000	LABORATORY	-1,339,095	8,481,366	60.00
64.00	06400	INTRAVENOUS THERAPY	-5,626	2,047,119	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,050,729	65.00
66.00	06600	PHYSICAL THERAPY	-1,587	3,712,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	637,892	67.00
68.00	06800	SPEECH PATHOLOGY	0	174,302	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,163,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	559,335	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,602,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,995,636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,110,813	73.00
74.00	07400	RENAL DIALYSIS	0	637,134	74.00
76.00	03950	WOUND CARE CENTER	0	638,561	76.00
76.01	03951	DIABETIC CENTER	0	276,011	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	-29,582	412,157	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-1,626,990	12,029,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	414,710	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-25,494,200	266,073,194	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-38,313	484,980	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	179,868	194.00
194.01	07951	PHYSICIAN REFERRAL	-11,684	568,917	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-25,544,197	267,306,959	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BILLABLE MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,602,768	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,433	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	12,632,201	
<b>B - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,110,813	1.00
0			0	15,110,813	
<b>C - IMPLANTABLE DEVICES CHARGED TO PATS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,995,636	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
0			0	12,995,636	
<b>D - MAINTENANCE &amp; REPAIRS</b>					
1.00	MAINTENANCE & REPAIRS	6.00	1,150,261	2,564,991	1.00
0			1,150,261	2,564,991	
<b>E - STERILE PROCESSING</b>					
1.00	OPERATING ROOM	50.00	260,624	690,064	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	51,935	137,510	2.00
3.00	ELECTROCARDIOLOGY	69.00	69,711	184,578	3.00
4.00	CARDIAC CATHETERIZATION	59.00	99,040	262,233	4.00
5.00	EMERGENCY	91.00	191,124	506,046	5.00
0			672,434	1,780,431	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	468,498	665,135	1.00
0			468,498	665,135	
<b>G - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,561,248	1.00
0			0	9,561,248	

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:  
5/24/2018 11:38 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>H - DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,204,784	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
0			0	8,204,784	
<b>I - PTO/BONUS/INCENTIVE</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	26,676	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	109,820	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	17,602	0	3.00
4.00	OPERATION OF PLANT	7.00	15,459	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	1,720	0	5.00
6.00	HOUSEKEEPING	9.00	30,947	0	6.00
7.00	DIETARY	10.00	20,951	0	7.00
8.00	CAFETERIA	11.00	7,169	0	8.00
9.00	NURSING ADMINISTRATION	13.00	18,347	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	9,159	0	10.00
11.00	PHARMACY	15.00	50,480	0	11.00
12.00	SOCIAL SERVICE	17.00	25,572	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	354,146	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	71,120	0	14.00
15.00	NURSERY	43.00	35,861	0	15.00
16.00	OPERATING ROOM	50.00	96,617	0	16.00
17.00	RECOVERY ROOM	51.00	59,348	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	70,774	0	18.00
19.00	ANESTHESIOLOGY	53.00	531	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	101,013	0	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	7,490	0	21.00
22.00	CT SCAN	57.00	15,452	0	22.00
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,342	0	23.00
24.00	CARDIAC CATHETERIZATION	59.00	15,504	0	24.00
25.00	LABORATORY	60.00	57,466	0	25.00
26.00	INTRAVENOUS THERAPY	64.00	20,569	0	26.00
27.00	RESPIRATORY THERAPY	65.00	27,302	0	27.00
28.00	PHYSICAL THERAPY	66.00	47,971	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	8,899	0	29.00
30.00	SPEECH PATHOLOGY	68.00	2,438	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	35,721	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	6,154	0	32.00
33.00	WOUND CARE CENTER	76.00	7,542	0	33.00
34.00	DIABETIC CENTER	76.01	3,648	0	34.00
35.00	DIETARY	10.00	4,181	0	35.00
36.00	CARDIAC REHABILITATION	76.97	3,919	0	36.00
37.00	EMERGENCY	91.00	120,217	0	37.00
38.00	ANTI COAGULATION CLINIC	93.00	4,954	0	38.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:  
5/24/2018 11:38 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	3,607	0	39.00
40.00	ACLS	194.00	1,634	0	40.00
41.00	PHYSICIAN REFERRAL	194.01	5,098	0	41.00
			1,529,420	0	
500.00	Grand Total: Increases		3,820,613	63,515,239	500.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - BILLABLE MEDICAL SUPPLIES</b>							
1.00	OPERATION OF PLANT	7.00	0	334	0	1.00	
2.00	DIETARY	10.00	0	99	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	1,665	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	357,656	0	4.00	
5.00	PHARMACY	15.00	0	3,715	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	237,345	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	145,040	0	7.00	
8.00	NURSERY	43.00	0	29,334	0	8.00	
9.00	OPERATING ROOM	50.00	0	4,629,462	0	9.00	
10.00	RECOVERY ROOM	51.00	0	91,252	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	229,342	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	350,992	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,736,772	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,030	0	14.00	
15.00	CT SCAN	57.00	0	236,186	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	125,719	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	702,812	0	17.00	
18.00	LABORATORY	60.00	0	1,248,026	0	18.00	
19.00	INTRAVENOUS THERAPY	64.00	0	142,000	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	269,804	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	818	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	1,699	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	209	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	1,745,635	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	25,240	0	25.00	
26.00	WOUND CARE CENTER	76.00	0	265	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	711	0	27.00	
28.00	EMERGENCY	91.00	0	309,039	0	28.00	
	O		0	12,632,201			
<b>B - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	15,110,813	0	1.00	
	O		0	15,110,813			
<b>C - IMPLANTABLE DEVICES CHARGED TO PATS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,622	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	5	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	1,951	0	3.00	
4.00	NURSERY	43.00	0	460	0	4.00	
5.00	OPERATING ROOM	50.00	0	7,977,302	0	5.00	
6.00	RECOVERY ROOM	51.00	0	8	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,327	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	3,046	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	509,256	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	2,157,426	0	10.00	
11.00	LABORATORY	60.00	0	248,110	0	11.00	
12.00	INTRAVENOUS THERAPY	64.00	0	84,881	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	1,216	0	13.00	
14.00	SPEECH PATHOLOGY	68.00	0	556	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	1,984,793	0	15.00	
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	54	0	16.00	
17.00	WOUND CARE CENTER	76.00	0	495	0	17.00	
18.00	EMERGENCY	91.00	0	4,128	0	18.00	
	O		0	12,995,636			
<b>D - MAINTENANCE &amp; REPAIRS</b>							
1.00	OPERATION OF PLANT	7.00	1,150,261	2,564,991	0	1.00	
	O		1,150,261	2,564,991			
<b>E - STERILE PROCESSING</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	672,434	1,780,431	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	O		672,434	1,780,431			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	468,498	665,135	0	1.00	
	O		468,498	665,135			
<b>G - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	9,561,248	11	1.00	
	O		0	9,561,248			
<b>H - DEPRECIATION</b>							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	4,628	9	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,714,161	9	2.00	

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6  
Date/Time Prepared:  
5/24/2018 11:38 am

		Decreases					
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
3.00	OPERATION OF PLANT	7.00	0	65,680		9	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	627		9	4.00
5.00	HOUSEKEEPING	9.00	0	119,571		9	5.00
6.00	DIETARY	10.00	0	123,202		9	6.00
7.00	NURSING ADMINISTRATION	13.00	0	289,036		9	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	237,542		9	8.00
9.00	PHARMACY	15.00	0	99,623		9	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	132,872		9	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	60,339		9	11.00
12.00	NURSERY	43.00	0	35,538		9	12.00
13.00	OPERATING ROOM	50.00	0	1,426,700		9	13.00
14.00	RECOVERY ROOM	51.00	0	45,258		9	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	112,938		9	15.00
16.00	ANESTHESIOLOGY	53.00	0	467		9	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,155,212		9	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	333,770		9	18.00
19.00	CT SCAN	57.00	0	298,623		9	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	49,222		9	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	529,454		9	21.00
22.00	LABORATORY	60.00	0	786,509		9	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	22,379		9	23.00
24.00	RESPIRATORY THERAPY	65.00	0	81,249		9	24.00
25.00	PHYSICAL THERAPY	66.00	0	12,757		9	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	254,596		9	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,832		9	27.00
28.00	WOUND CARE CENTER	76.00	0	7,103		9	28.00
29.00	CARDIAC REHABILITATION	76.97	0	17,031		9	29.00
30.00	EMERGENCY	91.00	0	155,817		9	30.00
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,213		9	31.00
32.00	PHYSICIAN REFERRAL	194.01	0	835		9	32.00
	<b>0</b>		<b>0</b>	<b>8,204,784</b>			
<b>I - PTO/BONUS/INCENTIVE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,529,420	0	0	0	1.00
2.00		0.00	0	0	0	0	2.00
3.00		0.00	0	0	0	0	3.00
4.00		0.00	0	0	0	0	4.00
5.00		0.00	0	0	0	0	5.00
6.00		0.00	0	0	0	0	6.00
7.00		0.00	0	0	0	0	7.00
8.00		0.00	0	0	0	0	8.00
9.00		0.00	0	0	0	0	9.00
10.00		0.00	0	0	0	0	10.00
11.00		0.00	0	0	0	0	11.00
12.00		0.00	0	0	0	0	12.00
13.00		0.00	0	0	0	0	13.00
14.00		0.00	0	0	0	0	14.00
15.00		0.00	0	0	0	0	15.00
16.00		0.00	0	0	0	0	16.00
17.00		0.00	0	0	0	0	17.00
18.00		0.00	0	0	0	0	18.00
19.00		0.00	0	0	0	0	19.00
20.00		0.00	0	0	0	0	20.00
21.00		0.00	0	0	0	0	21.00
22.00		0.00	0	0	0	0	22.00
23.00		0.00	0	0	0	0	23.00
24.00		0.00	0	0	0	0	24.00
25.00		0.00	0	0	0	0	25.00
26.00		0.00	0	0	0	0	26.00
27.00		0.00	0	0	0	0	27.00
28.00		0.00	0	0	0	0	28.00
29.00		0.00	0	0	0	0	29.00
30.00		0.00	0	0	0	0	30.00
31.00		0.00	0	0	0	0	31.00
32.00		0.00	0	0	0	0	32.00
33.00		0.00	0	0	0	0	33.00
34.00		0.00	0	0	0	0	34.00
35.00		0.00	0	0	0	0	35.00
36.00		0.00	0	0	0	0	36.00
37.00		0.00	0	0	0	0	37.00
38.00		0.00	0	0	0	0	38.00
39.00		0.00	0	0	0	0	39.00
40.00		0.00	0	0	0	0	40.00

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:  
5/24/2018 11:38 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
41.00	6.00	7.00	8.00	9.00	10.00		
		0.00	0	0	0		41.00
			1,529,420	0			
500.00	Grand Total: Decreases		3,820,613	63,515,239			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	8,720,000	0	0	0	0	1.00
2.00	Land Improvements	6,451,802	16,405	0	16,405	0	2.00
3.00	Buildings and Fixtures	215,397,946	4,353,177	0	4,353,177	0	3.00
4.00	Building Improvements	1,473,636	2,300,058	0	2,300,058	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	60,727,113	17,439,450	0	17,439,450	957,157	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	292,770,497	24,109,090	0	24,109,090	957,157	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	292,770,497	24,109,090	0	24,109,090	957,157	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	8,720,000	0				1.00
2.00	Land Improvements	6,468,207	0				2.00
3.00	Buildings and Fixtures	219,751,123	23,996				3.00
4.00	Building Improvements	3,773,694	21,372				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	77,209,406	20,147,873				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	315,922,430	20,193,241				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	315,922,430	20,193,241				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,253,693	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,253,693	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,253,693				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,253,693				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	229,993,024	0	229,993,024	0.748669	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	77,209,406	0	77,209,406	0.251331	0	2.00
3.00	Total (sum of lines 1-2)	307,202,430	0	307,202,430	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,495,158	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,977,748	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,472,906	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,043,345	0	0	600,721	13,139,224	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,616,379	10,594,127	2.00
3.00	Total (sum of lines 1-2)	2,043,345	0	0	2,217,100	23,733,351	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:  
5/24/2018 11:38 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,517,903	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-44,000	ADMINISTRATIVE AND GENERAL		5.06		0 7.00
8.00	Television and radio service (chapter 21)	A	-54,000	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	-7,065,031					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	5,588,383					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-618,014	CAFETERIA		11.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients		0			0.00		0 17.00
18.00	Sale of medical records and abstracts		0			0.00		0 18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines		0			0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-226,278	ADMINISTRATIVE AND GENERAL		5.06		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,241,465	CAP REL COSTS-BLDG & FIXT		1.00		9 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	772,964	CAP REL COSTS-MVBLE EQUIP		2.00		9 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-109,809	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-11,858,549	ADMINISTRATIVE AND GENERAL		5.06		0 33.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	ANSWERING SERVICE INCOME	B	-28,739	ADMINISTRATIVE AND GENERAL	5.06	0 33.01
33.02	BILLING SERVICE INCOME	B	-866,251	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.02
33.03	MANAGEMENT SERVICE INCOME	B	-976,619	ADMINISTRATIVE AND GENERAL	5.06	0 33.03
33.04	LAB SERVICE INCOME	B	-848,106	LABORATORY	60.00	0 33.04
33.05	MISC OPERATION OF PLANT INCOME	B	-435	OPERATION OF PLANT	7.00	0 33.05
33.06	MISC A&G INCOME	B	-315,729	ADMINISTRATIVE AND GENERAL	5.06	0 33.06
33.09	MISC DIETARY INCOME	B	-12,964	DIETARY	10.00	0 33.09
33.10	MISC OPERATING ROOM	B	-98,770	OPERATING ROOM	50.00	0 33.10
33.11	MISC NURSING ADMIN INCOME	B		NURSING ADMINISTRATION	13.00	0 33.11
33.12	MISC PHARMACY INCOME	B		PHARMACY	15.00	0 33.12
33.13	MISC ADULT & PEDIATRICS	B	-31,340	ADULTS & PEDIATRICS	30.00	0 33.13
33.15	MISC RADIOLOGY INCOME	B	-5,268	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	MISC LAB REVENUE	B	-67,577	LABORATORY	60.00	0 33.16
33.17	MISC RAD ONCOLOGY REVENUE	B	-50	INTRAVENOUS THERAPY	64.00	0 33.17
33.18	MISC PT REVENUE	B	-1,455	PHYSICAL THERAPY	66.00	0 33.18
33.19	MISC PARAMEDICAL EDUC REVENUE	B	-63,869	EMERGENCY	91.00	0 33.19
33.20	MISC EDUCATION INCOME	B	-2,100	ADMINISTRATIVE AND GENERAL	5.06	0 33.20
33.21	MISC CARDIAC REHAB REVENUE	B	-29,582	CARDIAC REHABILITATION	76.97	0 33.21
33.22	MISC ER REVENUE	B	-79,758	EMERGENCY	91.00	0 33.22
33.23	MISC A&G REVENUE	B	-19,502	ADMINISTRATIVE AND GENERAL	5.06	0 33.23
33.26	MISC EMPLOYEE BENEFIT REVENUE	B	-33,317	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.26
34.00	MISC NON-ALLOW EXP - EMP BEN	A	-430	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-1,919,439	ADMINISTRATIVE AND GENERAL	5.06	0 34.01
34.02	MISC NON-ALLOW EXP - OPERATING ROOM	A	-11,500	OPERATING ROOM	50.00	0 34.02
34.03	MISC NON-ALLOW EXP -NURSING ADMIN	A	-3,615	NURSING ADMINISTRATION	13.00	0 34.03
34.04	MISC NON-ALLOW EXP -OPERATION OF PLA	A	-73,941	OPERATION OF PLANT	7.00	0 34.04
34.05	MISC NON-ALLOW EXP - DIETARY	A	-35,423	DIETARY	10.00	0 34.05
34.06	MISC NON-ALLOW EXP -PHARMACY	A	-1,438	PHARMACY	15.00	0 34.06
34.07	MISC NON-ALLOW EXP -ONCOLOGY	A	-1,459	INTRAVENOUS THERAPY	64.00	0 34.07
34.08	MISC NON-ALLOW EXP - SOCIAL SERVICE	A	1,453	SOCIAL SERVICE	17.00	0 34.08
34.09	MISC NON-ALLOW EXP - ER	A	-28,938	EMERGENCY	91.00	0 34.09
34.10	MISC NON-ALLOW EXP -PT	A	-132	PHYSICAL THERAPY	66.00	0 34.10
34.11	MISC NON-ALLOW EXP -CARDIAC CATH	A	-5,675	CARDIAC CATHETERIZATION	59.00	0 34.11
34.12	MISC NON-ALLOW EXP -DIABETES	A		DIABETIC CENTER	76.01	0 34.12
34.13	MISC NON-ALLOW EXP - EKG	A		ELECTROCARDIOLOGY	69.00	0 34.13
34.14	MISC NON-ALLOW EXP -GIFT	A	-38,313	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0 34.14
34.15	MISC NON-ALLOW EXP -ACLS	A	-11,684	PHYSICIAN REFERRAL	194.01	0 34.15
34.16	LOBBYING FEES	A	-41,460	ADMINISTRATIVE AND GENERAL	5.06	0 34.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,544,197			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS      Provider CCN: 14-0030      Period: From 01/01/2017 To 12/31/2017      Worksheet A-8-1  
 Date/Time Prepared: 5/24/2018 11:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDING & FIXTURE	600,721	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,616,379	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	4,565,575	0
4.00	5.06	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	6,188,609	1,593,374
4.01	5.06	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENER	5,374,270	10,571,334
4.02	5.05	CASHIERING/ACCOUNTS RECEIVAB	SRCO	-592,463	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,753,091	12,164,708

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

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

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

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

6.00	G		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SOLE COPR BD MB				100.00

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

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

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

Provider CCN: 14-0030

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

Worksheet A-8-1

Date/Time Prepared:  
5/24/2018 11:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	600,721	14		1.00
2.00	1,616,379	14		2.00
3.00	4,565,575	0		3.00
4.00	4,595,235	0		4.00
4.01	-5,197,064	0		4.01
4.02	-592,463	0		4.02
5.00	5,588,383			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

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

Worksheet A-8-2

Date/Time Prepared:  
5/24/2018 11:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	ADMINISTRATIVE AND GENERAL	97,075	97,075	0	211,500	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,164,751	1,164,751	0	211,500	0	2.00
3.00	43.00	AGGREGATE-NURSERY	172,763	172,763	0	211,500	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	1,086,556	1,086,556	0	246,400	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,020,807	1,020,807	0	237,100	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	536,451	536,451	0	239,400	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,052,598	1,052,598	0	271,900	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	271,900	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	18,355	18,355	0	271,900	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	423,412	423,412	0	260,300	0	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	4,117	4,117	0	211,500	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	1,454,425	1,454,425	0	211,500	0	12.00
13.00	13.00	AGGREGATE-NURSING	33,721	33,721	0	211,500	0	13.00
200.00		ADMINISTRATION	7,065,031	7,065,031	0		0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	13.00	AGGREGATE-NURSING	0	0	0	0	0	13.00
200.00		ADMINISTRATION	0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	97,075		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,164,751		2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	172,763		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,086,556		4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	1,020,807		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	536,451		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,052,598		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0		8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	18,355		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	423,412		10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	4,117		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,454,425		12.00
13.00	13.00	AGGREGATE-NURSING	0	0	0	33,721		13.00
200.00		ADMINISTRATION	0	0	0	7,065,031		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,139,224	13,139,224			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,594,127		10,594,127		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,545,882	99,588	299	22,645,769	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	105	217,907	0	0	5.03
5.04 00570	ADMINISTRATIVE	0	0	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,951,406	0	8,773	0	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	34,411,493	869,680	2,323,202	1,654,962	5.06
6.00 00600	MAINTENANCE & REPAIRS	3,732,854	230,318	58,703	265,254	6.00
7.00 00700	OPERATION OF PLANT	9,136,495	1,886,990	46,557	232,956	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	873,735	124,937	4,242	25,922	8.00
9.00 00900	HOUSEKEEPING	3,324,249	148,912	192,585	466,361	9.00
10.00 01000	DIETARY	2,959,738	228,257	136,080	378,728	10.00
11.00 01100	CAFETERIA	522,788	169,384	61,912	108,037	11.00
13.00 01300	NURSING ADMINISTRATION	1,780,564	50,080	343,036	276,476	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,042,640	243,485	257,597	138,020	14.00
15.00 01500	PHARMACY	4,234,729	143,050	125,668	760,718	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	102,403	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	1,891,399	38,722	0	385,356	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	26,828,043	3,235,600	196,099	5,336,823	30.00
31.00 03100	INTENSIVE CARE UNIT	6,511,164	505,884	87,064	1,071,748	31.00
43.00 04300	NURSERY	2,641,610	162,239	53,129	540,411	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,761,724	924,889	1,774,005	1,455,985	50.00
51.00 05100	RECOVERY ROOM	4,496,119	253,194	55,244	894,355	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,627,447	422,074	156,077	1,066,532	52.00
53.00 05300	ANESTHESIOLOGY	235,029	0	550	8,004	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,283,648	554,018	1,375,192	1,522,227	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,107,511	121,594	574,551	112,878	55.00
57.00 05700	CT SCAN	1,161,989	78,750	351,890	232,851	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	480,198	75,864	58,308	95,577	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,751,128	322,028	629,305	233,640	59.00
60.00 06000	LABORATORY	8,481,366	372,429	940,305	865,992	60.00
64.00 06400	INTRAVENOUS THERAPY	2,047,119	266,132	31,941	309,963	64.00
65.00 06500	RESPIRATORY THERAPY	2,050,729	112,319	117,449	411,436	65.00
66.00 06600	PHYSICAL THERAPY	3,712,485	119,075	29,478	722,910	66.00
67.00 06700	OCCUPATIONAL THERAPY	637,892	3,618	259	134,105	67.00
68.00 06800	SPEECH PATHOLOGY	174,302	19,785	29	36,734	68.00
69.00 06900	ELECTROCARDIOLOGY	3,163,004	141,813	306,809	538,303	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	559,335	159,308	35,942	92,741	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,602,768	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,995,636	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,110,813	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	637,134	20,884	0	0	74.00
76.00 03950	WOUND CARE CENTER	638,561	19,945	8,668	113,652	76.00
76.01 03951	DIABETIC CENTER	276,011	0	0	54,980	76.01
76.02 03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97 07697	CARDIAC REHABILITATION	412,157	0	21,148	59,054	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	12,029,731	719,325	226,966	1,811,628	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04950	ANTI COAGULATION CLINIC	414,710	0	0	74,649	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	266,073,194	13,062,077	10,589,062	22,489,968	217,195
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	484,980	77,147	2,606	54,354	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	ACLS	179,868	0	0	24,625	194.00
194.01 07951	PHYSICIAN REFERRAL	568,917	0	2,459	76,822	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	267,306,959	13,139,224	10,594,127	22,645,769	218,012

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING	0					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,960,179				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	39,259,337	39,259,337		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,287,129	738,046	5,025,175	6.00
7.00	00700	OPERATION OF PLANT	0	0	11,303,398	1,945,925	808,964	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,028,836	177,118	53,561	8.00
9.00	00900	HOUSEKEEPING	0	0	4,132,191	711,373	63,839	9.00
10.00	01000	DIETARY	0	0	3,706,918	638,161	97,855	10.00
11.00	01100	CAFETERIA	0	0	862,121	148,418	72,616	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,450,166	421,806	21,470	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,685,436	290,155	104,383	14.00
15.00	01500	PHARMACY	0	0	5,323,068	916,387	61,326	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	102,403	17,629	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,315,477	398,619	16,600	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,113,302	36,717,100	6,321,021	1,387,123	30.00
31.00	03100	INTENSIVE CARE UNIT	0	269,325	8,448,369	1,454,421	216,875	31.00
43.00	04300	NURSERY	0	117,251	3,515,072	605,134	69,553	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	633,822	16,614,457	2,860,245	396,506	50.00
51.00	05100	RECOVERY ROOM	0	281,523	5,981,807	1,029,792	108,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	184,598	7,459,070	1,284,109	180,946	52.00
53.00	05300	ANESTHESIOLOGY	0	176,772	422,539	72,742	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	608,061	13,354,126	2,298,966	237,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	121,719	2,038,406	350,920	52,128	55.00
57.00	05700	CT SCAN	0	524,165	2,350,746	404,690	33,760	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	125,143	835,674	143,865	32,523	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	168,811	3,117,892	536,758	138,055	59.00
60.00	06000	LABORATORY	0	872,453	11,549,280	1,988,255	159,662	60.00
64.00	06400	INTRAVENOUS THERAPY	0	69,258	2,725,799	469,257	114,092	64.00
65.00	06500	RESPIRATORY THERAPY	0	124,274	2,817,649	485,070	48,152	65.00
66.00	06600	PHYSICAL THERAPY	0	131,187	4,715,200	811,741	51,048	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,150	801,044	137,903	1,551	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,214	237,067	40,812	8,482	68.00
69.00	06900	ELECTROCARDIOLOGY	0	294,517	4,460,645	767,918	60,796	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,873	875,380	150,700	68,296	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	224,058	12,826,826	2,208,189	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	223,853	13,219,489	2,275,788	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	957,824	16,068,637	2,766,280	0	73.00
74.00	07400	RENAL DIALYSIS	0	13,759	671,795	115,652	8,953	74.00
76.00	03950	WOUND CARE CENTER	0	5,766	786,865	135,462	8,551	76.00
76.01	03951	DIABETIC CENTER	0	2,537	333,528	57,418	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	7,603	499,985	86,074	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	630,387	15,424,911	2,655,460	308,379	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	18,974	508,526	87,545	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,960,179	265,834,364	39,005,824	4,992,102	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	619,882	106,715	33,073	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	204,511	35,207	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	648,202	111,591	0	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,960,179	267,306,959	39,259,337	5,025,175	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/24/2018 11:38 am			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	14,058,287				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	178,591	1,438,106			8.00
9.00	00900	HOUSEKEEPING	212,863	0	5,120,266		9.00
10.00	01000	DIETARY	326,282	0	122,241	4,891,457	10.00
11.00	01100	CAFETERIA	242,126	0	90,712	0	11.00
13.00	01300	NURSING ADMINISTRATION	71,587	0	26,820	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	348,050	0	130,396	0	14.00
15.00	01500	PHARMACY	204,483	142	76,609	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	55,351	0	20,737	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,625,138	514,749	1,732,802	4,677,046	30.00
31.00	03100	INTENSIVE CARE UNIT	723,137	88,980	270,923	109,310	31.00
43.00	04300	NURSERY	231,913	7,400	86,886	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,322,085	179,724	495,318	0	50.00
51.00	05100	RECOVERY ROOM	361,928	47,454	135,596	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	603,334	110,125	226,039	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	791,941	79,737	296,700	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	173,812	0	65,119	0	55.00
57.00	05700	CT SCAN	112,569	48,024	42,174	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	108,444	17,091	40,629	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	460,324	31,787	172,460	0	59.00
60.00	06000	LABORATORY	532,369	107	199,452	0	60.00
64.00	06400	INTRAVENOUS THERAPY	380,423	17,954	142,525	0	64.00
65.00	06500	RESPIRATORY THERAPY	160,555	0	60,152	0	65.00
66.00	06600	PHYSICAL THERAPY	170,211	86,378	63,770	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,172	0	1,938	0	67.00
68.00	06800	SPEECH PATHOLOGY	28,281	0	10,596	0	68.00
69.00	06900	ELECTROCARDIOLOGY	202,715	11,247	75,947	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227,723	4,612	85,316	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	29,852	0	11,184	0	74.00
76.00	03950	WOUND CARE CENTER	28,510	1,531	10,681	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,028,241	191,064	385,229	105,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,948,010	1,438,106	5,078,951	4,891,457	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,277	0	41,315	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,058,287	1,438,106	5,120,266	4,891,457	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	3,009,495					13.00
14.00	01400	0	2,577,613				14.00
15.00	01500	0	19,516	6,650,471			15.00
16.00	01600	0	0	0	120,032		16.00
17.00	01700	0	10	0	0	2,829,160	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,240,740	540,188	0	16,294	2,644,221	30.00
31.00	03100	225,869	239,012	0	4,081	127,795	31.00
43.00	04300	104,371	29,649	0	1,777	38,442	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	310,905	851,394	2,365	9,603	0	50.00
51.00	05100	182,576	44,897	0	4,266	1,039	51.00
52.00	05200	215,948	119,563	0	2,797	12,468	52.00
53.00	05300	0	27,247	35,687	2,678	0	53.00
54.00	05400	0	155,351	1,074	9,213	0	54.00
55.00	05500	0	14,442	0	1,844	0	55.00
57.00	05700	0	5,747	0	7,942	0	57.00
58.00	05800	0	4,744	0	1,896	0	58.00
59.00	05900	33,234	67,272	0	2,558	0	59.00
60.00	06000	0	76,726	0	13,219	0	60.00
64.00	06400	97,899	23,823	0	1,049	0	64.00
65.00	06500	98,036	8,697	0	1,883	0	65.00
66.00	06600	0	5,906	0	1,988	0	66.00
67.00	06700	0	1,461	0	381	0	67.00
68.00	06800	0	0	0	94	0	68.00
69.00	06900	0	44,303	43,538	4,462	0	69.00
70.00	07000	0	1,728	0	422	0	70.00
71.00	07100	0	22,902	0	3,395	0	71.00
72.00	07200	0	0	0	3,392	0	72.00
73.00	07300	0	0	6,449,943	14,512	0	73.00
74.00	07400	0	1,153	0	208	0	74.00
76.00	03950	19,800	33,234	2,729	87	0	76.00
76.01	03951	0	0	0	38	0	76.01
76.02	03952	0	0	0	0	0	76.02
76.97	07697	11,056	1,031	0	115	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	454,275	237,383	115,135	9,551	5,195	91.00
92.00	09200						92.00
93.00	04950	14,786	234	0	287	0	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		3,009,495	2,577,613	6,650,471	120,032	2,829,160	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		3,009,495	2,577,613	6,650,471	120,032	2,829,160	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	60,846,527	0	60,846,527	30.00
31.00	03100	11,987,070	0	11,987,070	31.00
43.00	04300	4,726,377	0	4,726,377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	23,150,378	0	23,150,378	50.00
51.00	05100	7,961,191	0	7,961,191	51.00
52.00	05200	10,289,258	0	10,289,258	52.00
53.00	05300	561,341	0	561,341	53.00
54.00	05400	17,303,637	0	17,303,637	54.00
55.00	05500	2,704,218	0	2,704,218	55.00
57.00	05700	3,020,799	0	3,020,799	57.00
58.00	05800	1,191,359	0	1,191,359	58.00
59.00	05900	4,574,486	0	4,574,486	59.00
60.00	06000	14,598,710	0	14,598,710	60.00
64.00	06400	4,006,758	0	4,006,758	64.00
65.00	06500	3,714,178	0	3,714,178	65.00
66.00	06600	5,939,171	0	5,939,171	66.00
67.00	06700	958,432	0	958,432	67.00
68.00	06800	327,617	0	327,617	68.00
69.00	06900	5,706,768	0	5,706,768	69.00
70.00	07000	1,421,914	0	1,421,914	70.00
71.00	07100	15,061,312	0	15,061,312	71.00
72.00	07200	15,498,669	0	15,498,669	72.00
73.00	07300	25,299,372	0	25,299,372	73.00
74.00	07400	838,797	0	838,797	74.00
76.00	03950	1,034,314	0	1,034,314	76.00
76.01	03951	394,855	0	394,855	76.01
76.02	03952	0	0	0	76.02
76.97	07697	602,094	0	602,094	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
91.00	09100	21,042,844	0	21,042,844	91.00
92.00	09200		0		92.00
93.00	04950	616,504	0	616,504	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		265,378,950	0	265,378,950	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	921,696	0	921,696	190.00
192.00	19200	0	0	0	192.00
192.01	19201	0	0	0	192.01
193.00	19300	0	0	0	193.00
194.00	07950	241,392	0	241,392	194.00
194.01	07951	764,921	0	764,921	194.01
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		267,306,959	0	267,306,959	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	99,588	299	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	0	217,907	0	5.03
5.04	00570	ADMINISTRATIVE	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	252,218	0	8,773	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	1,198,941	869,680	2,323,202	5.06
6.00	00600	MAINTENANCE & REPAIRS	41,211	230,318	58,703	6.00
7.00	00700	OPERATION OF PLANT	32,380	1,886,990	46,557	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	124,937	4,242	8.00
9.00	00900	HOUSEKEEPING	0	148,912	192,585	9.00
10.00	01000	DIETARY	25,463	228,257	136,080	10.00
11.00	01100	CAFETERIA	0	169,384	61,912	11.00
13.00	01300	NURSING ADMINISTRATION	257,686	50,080	343,036	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	45,880	243,485	257,597	14.00
15.00	01500	PHARMACY	21,298	143,050	125,668	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	38,722	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	41,400	3,235,600	196,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	505,884	87,064	31.00
43.00	04300	NURSERY	3,145	162,239	53,129	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	57,568	924,889	1,774,005	50.00
51.00	05100	RECOVERY ROOM	0	253,194	55,244	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	422,074	156,077	52.00
53.00	05300	ANESTHESIOLOGY	0	0	550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	255,173	554,018	1,375,192	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	121,594	574,551	55.00
57.00	05700	CT SCAN	0	78,750	351,890	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	75,864	58,308	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	322,028	629,305	59.00
60.00	06000	LABORATORY	0	372,429	940,305	60.00
64.00	06400	INTRAVENOUS THERAPY	5,100	266,132	31,941	64.00
65.00	06500	RESPIRATORY THERAPY	3,691	112,319	117,449	65.00
66.00	06600	PHYSICAL THERAPY	106,886	119,075	29,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,618	259	67.00
68.00	06800	SPEECH PATHOLOGY	0	19,785	29	68.00
69.00	06900	ELECTROCARDIOLOGY	0	141,813	306,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,814	159,308	35,942	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	20,884	0	74.00
76.00	03950	WOUND CARE CENTER	32,181	19,945	8,668	76.00
76.01	03951	DIABETIC CENTER	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	149,913	0	21,148	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	158,343	719,325	226,966	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,695,291	13,062,077	10,589,062	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,849	77,147	2,606	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	ACLS	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	95,974	0	2,459	194.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,793,114	13,139,224	10,594,127	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 11:38 am		
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
			5.03	5.04	5.05	5.06	6.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES	217,907				5.03
5.04	00570	ADMINITTING	0	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	260,991		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	4,399,124	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	82,699	414,101
7.00	00700	OPERATION OF PLANT	399	0	0	218,043	66,663
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	19,846	4,414
9.00	00900	HOUSEKEEPING	84	0	0	79,710	5,261
10.00	01000	DIETARY	4,113	0	0	71,506	8,064
11.00	01100	CAFETERIA	0	0	0	16,630	5,984
13.00	01300	NURSING ADMINISTRATION	10	0	0	47,264	1,769
14.00	01400	CENTRAL SERVICES & SUPPLY	3,693	0	0	32,512	8,602
15.00	01500	PHARMACY	58,874	0	0	102,682	5,054
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,975	0
17.00	01700	SOCIAL SERVICE	0	0	0	44,666	1,368
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,229	0	36,219	708,357	114,303
31.00	03100	INTENSIVE CARE UNIT	3,182	0	8,841	162,969	17,872
43.00	04300	NURSERY	431	0	3,849	67,806	5,732
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	64,004	0	20,807	320,493	32,674
51.00	05100	RECOVERY ROOM	1,371	0	9,242	115,389	8,945
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,341	0	6,060	143,885	14,911
53.00	05300	ANESTHESIOLOGY	2,183	0	5,803	8,151	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,974	0	19,962	257,601	19,572
55.00	05500	RADIOLOGY-THERAPEUTIC	153	0	3,996	39,321	4,296
57.00	05700	CT SCAN	1,101	0	17,207	45,346	2,782
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	584	0	4,108	16,120	2,680
59.00	05900	CARDIAC CATHETERIZATION	12,973	0	5,542	60,144	11,376
60.00	06000	LABORATORY	16,727	0	28,641	222,786	13,157
64.00	06400	INTRAVENOUS THERAPY	1,386	0	2,274	52,581	9,402
65.00	06500	RESPIRATORY THERAPY	1,441	0	4,080	54,352	3,968
66.00	06600	PHYSICAL THERAPY	65	0	4,307	90,956	4,207
67.00	06700	OCCUPATIONAL THERAPY	20	0	826	15,452	128
68.00	06800	SPEECH PATHOLOGY	3	0	204	4,573	699
69.00	06900	ELECTROCARDIOLOGY	16,191	0	9,668	86,046	5,010
70.00	07000	ELECTROENCEPHALOGRAPHY	181	0	915	16,886	5,628
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,355	247,429	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	7,349	255,004	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	31,444	309,964	0
74.00	07400	RENAL DIALYSIS	18	0	452	12,959	738
76.00	03950	WOUND CARE CENTER	273	0	189	15,179	705
76.01	03951	DIABETIC CENTER	0	0	83	6,434	0
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	23	0	250	9,645	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	6,870	0	20,695	297,547	25,412
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	ANTI COAGULATION CLINIC	193	0	623	9,809	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,090	0	260,991	4,370,717	411,376
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	795	0	0	11,958	2,725
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	ACLS	18	0	0	3,945	0
194.01	07951	PHYSICIAN REFERRAL	4	0	0	12,504	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	217,907	0	260,991	4,399,124	414,101

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 11:38 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	2,252,060				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	28,609	182,162			8.00	
9.00	00900	HOUSEKEEPING	34,099	0	462,708		9.00	
10.00	01000	DIETARY	52,269	0	11,047	538,470	10.00	
11.00	01100	CAFETERIA	38,787	0	8,197	0	301,371	11.00
13.00	01300	NURSING ADMINISTRATION	11,468	0	2,424	0	3,756	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55,756	0	11,784	0	4,085	14.00
15.00	01500	PHARMACY	32,757	18	6,923	0	10,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,867	0	1,874	0	4,760	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	740,920	65,203	156,587	514,867	91,543	30.00
31.00	03100	INTENSIVE CARE UNIT	115,843	11,271	24,483	12,033	16,664	31.00
43.00	04300	NURSERY	37,151	937	7,852	0	7,700	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	211,791	22,765	44,761	0	22,938	50.00
51.00	05100	RECOVERY ROOM	57,979	6,011	12,254	0	13,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	96,651	13,949	20,427	0	15,932	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	95	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,865	10,100	26,812	0	16,818	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27,844	0	5,885	0	1,606	55.00
57.00	05700	CT SCAN	18,033	6,083	3,811	0	3,224	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,372	2,165	3,672	0	1,382	58.00
59.00	05900	CARDIAC CATHETERIZATION	73,741	4,026	15,585	0	3,011	59.00
60.00	06000	LABORATORY	85,283	14	18,024	0	16,950	60.00
64.00	06400	INTRAVENOUS THERAPY	60,942	2,274	12,880	0	7,223	64.00
65.00	06500	RESPIRATORY THERAPY	25,720	0	5,436	0	7,233	65.00
66.00	06600	PHYSICAL THERAPY	27,267	10,941	5,763	0	7,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	828	0	175	0	1,912	67.00
68.00	06800	SPEECH PATHOLOGY	4,531	0	957	0	486	68.00
69.00	06900	ELECTROCARDIOLOGY	32,474	1,425	6,863	0	7,491	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,480	584	7,710	0	1,647	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	4,782	0	1,011	0	0	74.00
76.00	03950	WOUND CARE CENTER	4,567	194	965	0	1,461	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	824	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	816	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	164,718	24,202	34,812	11,570	26,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	1,091	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,234,394	182,162	458,974	538,470	297,703	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,666	0	3,734	0	2,221	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	356	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	0	1,091	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,252,060	182,162	462,708	538,470	301,371	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	718,713					13.00
14.00	01400	0	664,003				14.00
15.00	01500	0	5,027	515,123			15.00
16.00	01600	0	0	0	1,975		16.00
17.00	01700	0	3	0	0	101,960	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	296,307	139,154	0	824	95,296	30.00
31.00	03100	53,941	61,570	0	45	4,606	31.00
43.00	04300	24,925	7,638	0	20	1,385	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	74,249	219,325	183	107	0	50.00
51.00	05100	43,602	11,566	0	47	37	51.00
52.00	05200	51,572	30,800	0	31	449	52.00
53.00	05300	0	7,019	2,764	30	0	53.00
54.00	05400	0	40,019	83	102	0	54.00
55.00	05500	0	3,720	0	20	0	55.00
57.00	05700	0	1,480	0	88	0	57.00
58.00	05800	0	1,222	0	21	0	58.00
59.00	05900	7,937	17,329	0	28	0	59.00
60.00	06000	0	19,765	0	147	0	60.00
64.00	06400	23,380	6,137	0	12	0	64.00
65.00	06500	23,412	2,240	0	21	0	65.00
66.00	06600	0	1,521	0	22	0	66.00
67.00	06700	0	376	0	4	0	67.00
68.00	06800	0	0	0	1	0	68.00
69.00	06900	0	11,413	3,372	50	0	69.00
70.00	07000	0	445	0	5	0	70.00
71.00	07100	0	5,900	0	38	0	71.00
72.00	07200	0	0	0	38	0	72.00
73.00	07300	0	0	499,592	161	0	73.00
74.00	07400	0	297	0	2	0	74.00
76.00	03950	4,729	8,561	211	1	0	76.00
76.01	03951	0	0	0	0	0	76.01
76.02	03952	0	0	0	0	0	76.02
76.97	07697	2,640	265	0	1	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	108,488	61,151	8,918	106	187	91.00
92.00	09200						92.00
93.00	04950	3,531	60	0	3	0	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		718,713	664,003	515,123	1,975	101,960	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		718,713	664,003	515,123	1,975	101,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00590				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	6,463,435	0	6,463,435	30.00
31.00	03100	1,090,996	0	1,090,996	31.00
43.00	04300	386,323	0	386,323	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	3,796,982	0	3,796,982	50.00
51.00	05100	592,297	0	592,297	51.00
52.00	05200	979,864	0	979,864	52.00
53.00	05300	26,630	0	26,630	53.00
54.00	05400	2,720,006	0	2,720,006	54.00
55.00	05500	783,484	0	783,484	55.00
57.00	05700	530,822	0	530,822	57.00
58.00	05800	183,920	0	183,920	58.00
59.00	05900	1,164,056	0	1,164,056	59.00
60.00	06000	1,738,048	0	1,738,048	60.00
64.00	06400	483,031	0	483,031	64.00
65.00	06500	363,177	0	363,177	65.00
66.00	06600	410,685	0	410,685	66.00
67.00	06700	24,190	0	24,190	67.00
68.00	06800	31,430	0	31,430	68.00
69.00	06900	631,000	0	631,000	69.00
70.00	07000	272,954	0	272,954	70.00
71.00	07100	260,722	0	260,722	71.00
72.00	07200	262,391	0	262,391	72.00
73.00	07300	841,161	0	841,161	73.00
74.00	07400	41,143	0	41,143	74.00
76.00	03950	98,330	0	98,330	76.00
76.01	03951	7,584	0	7,584	76.01
76.02	03952	0	0	0	76.02
76.97	07697	184,962	0	184,962	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	0	0	0	90.00
91.00	09100	1,903,463	0	1,903,463	91.00
92.00	09200		0		92.00
93.00	04950	15,639	0	15,639	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		26,288,725	0	26,288,725	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	120,941	0	120,941	190.00
192.00	19200	0	0	0	192.00
192.01	19201	0	0	0	192.01
193.00	19300	0	0	0	193.00
194.00	07950	4,428	0	4,428	194.00
194.01	07951	112,371	0	112,371	194.01
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		26,526,465	0	26,526,465	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	573,791				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,997,453			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,349	254	99,705,005		4.00
5.03 00560	PURCHASING RECEIVING AND STORES	9,516	0	0	54,709,787	5.03
5.04 00570	ADMITTING	0	0	0	0	1,340,115,902
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	7,451	0	0	0
5.06 00590	ADMINISTRATIVE AND GENERAL	37,979	1,973,062	7,286,474	0	0
6.00 00600	MAINTENANCE & REPAIRS	10,058	49,856	1,167,863	0	0
7.00 00700	OPERATION OF PLANT	82,405	39,540	1,025,660	100,297	0
8.00 00800	LAUNDRY & LINEN SERVICE	5,456	3,603	114,131	0	0
9.00 00900	HOUSEKEEPING	6,503	163,560	2,053,294	21,102	0
10.00 01000	DIETARY	9,968	115,571	1,667,467	1,032,744	0
11.00 01100	CAFETERIA	7,397	52,581	475,667	0	0
13.00 01300	NURSING ADMINISTRATION	2,187	291,336	1,217,270	2,494	0
14.00 01400	CENTRAL SERVICES & SUPPLY	10,633	218,774	607,677	927,087	0
15.00 01500	PHARMACY	6,247	106,728	3,349,293	14,781,284	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00 01700	SOCIAL SERVICE	1,691	0	1,696,649	18	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	141,299	166,544	23,497,106	1,814,936	187,443,009
31.00 03100	INTENSIVE CARE UNIT	22,092	73,942	4,718,698	798,907	45,340,944
43.00 04300	NURSERY	7,085	45,122	2,379,322	108,299	19,739,289
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	40,390	1,506,640	6,410,414	16,069,935	106,704,060
51.00 05100	RECOVERY ROOM	11,057	46,918	3,937,668	344,271	47,394,474
52.00 05200	DELIVERY ROOM & LABOR ROOM	18,432	132,554	4,695,730	587,743	31,077,182
53.00 05300	ANESTHESIOLOGY	0	467	35,242	548,069	29,759,552
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,194	1,167,933	6,702,066	2,755,327	102,367,134
55.00 05500	RADIOLOGY-THERAPEUTIC	5,310	487,959	496,980	38,299	20,491,492
57.00 05700	CT SCAN	3,439	298,856	1,025,197	276,353	88,243,199
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,313	49,520	420,806	146,668	21,067,824
59.00 05900	CARDIAC CATHETERIZATION	14,063	534,461	1,028,670	3,257,159	28,419,315
60.00 06000	LABORATORY	16,264	798,589	3,812,791	4,199,576	146,877,642
64.00 06400	INTRAVENOUS THERAPY	11,622	27,127	1,364,708	347,881	11,659,641
65.00 06500	RESPIRATORY THERAPY	4,905	99,748	1,811,473	361,804	20,921,489
66.00 06600	PHYSICAL THERAPY	5,200	25,035	3,182,829	16,195	22,085,343
67.00 06700	OCCUPATIONAL THERAPY	158	220	590,436	4,947	4,233,930
68.00 06800	SPEECH PATHOLOGY	864	25	161,733	765	1,046,044
69.00 06900	ELECTROCARDIOLOGY	6,193	260,569	2,370,044	4,065,052	49,581,973
70.00 07000	ELECTROENCEPHALOGRAPHY	6,957	30,525	408,320	45,351	4,692,485
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	37,720,167
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	37,685,654
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	161,249,864
74.00 07400	RENAL DIALYSIS	912	0	0	4,478	2,316,259
76.00 03950	WOUND CARE CENTER	871	7,362	500,386	68,454	970,643
76.01 03951	DIABETIC CENTER	0	0	242,067	0	427,184
76.02 03952	CLINICAL NUTRITION	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	17,961	260,003	5,794	1,280,046
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	31,413	192,759	7,976,241	1,724,868	106,125,733
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00 04950	ANTI COAGULATION CLINIC	0	0	328,666	48,462	3,194,331
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	570,422	8,993,152	99,019,041	54,504,619	1,340,115,902
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,369	2,213	239,312	199,583	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	ACLS	0	0	108,421	4,544	0
194.01 07951	PHYSICIAN REFERRAL	0	2,088	338,231	1,041	0
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)	13,139,224	10,594,127	22,645,769	218,012	0
203.00	Unit cost multiplier (Wkst. B, Part I)	22.898972	1.177458	0.227128	0.003985	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
204.00	Cost to be allocated (per Wkst. B, Part II)			99,887	217,907	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001002	0.003983	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	1,340,115,902	-39,259,337	228,047,622			5.06
6.00	00600			4,287,129	511,889		6.00
7.00	00700			11,303,398	82,405	429,484	7.00
8.00	00800			1,028,836	5,456	5,456	8.00
9.00	00900			4,132,191	6,503	6,503	9.00
10.00	01000			3,706,918	9,968	9,968	10.00
11.00	01100			862,121	7,397	7,397	11.00
13.00	01300			2,450,166	2,187	2,187	13.00
14.00	01400			1,685,436	10,633	10,633	14.00
15.00	01500			5,323,068	6,247	6,247	15.00
16.00	01600			102,403	0	0	16.00
17.00	01700			2,315,477	1,691	1,691	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	187,443,009	0	36,717,100	141,299	141,299	30.00
31.00	03100	45,340,944	0	8,448,369	22,092	22,092	31.00
43.00	04300	19,739,289	0	3,515,072	7,085	7,085	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	106,704,060	0	16,614,457	40,390	40,390	50.00
51.00	05100	47,394,474	0	5,981,807	11,057	11,057	51.00
52.00	05200	31,077,182	0	7,459,070	18,432	18,432	52.00
53.00	05300	29,759,552	0	422,539	0	0	53.00
54.00	05400	102,367,134	0	13,354,126	24,194	24,194	54.00
55.00	05500	20,491,492	0	2,038,406	5,310	5,310	55.00
57.00	05700	88,243,199	0	2,350,746	3,439	3,439	57.00
58.00	05800	21,067,824	0	835,674	3,313	3,313	58.00
59.00	05900	28,419,315	0	3,117,892	14,063	14,063	59.00
60.00	06000	146,877,642	0	11,549,280	16,264	16,264	60.00
64.00	06400	11,659,641	0	2,725,799	11,622	11,622	64.00
65.00	06500	20,921,489	0	2,817,649	4,905	4,905	65.00
66.00	06600	22,085,343	0	4,715,200	5,200	5,200	66.00
67.00	06700	4,233,930	0	801,044	158	158	67.00
68.00	06800	1,046,044	0	237,067	864	864	68.00
69.00	06900	49,581,973	0	4,460,645	6,193	6,193	69.00
70.00	07000	4,692,485	0	875,380	6,957	6,957	70.00
71.00	07100	37,720,167	0	12,826,826	0	0	71.00
72.00	07200	37,685,654	0	13,219,489	0	0	72.00
73.00	07300	161,249,864	0	16,068,637	0	0	73.00
74.00	07400	2,316,259	0	671,795	912	912	74.00
76.00	03950	970,643	0	786,865	871	871	76.00
76.01	03951	427,184	0	333,528	0	0	76.01
76.02	03952	0	0	0	0	0	76.02
76.97	07697	1,280,046	0	499,985	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	106,125,733	0	15,424,911	31,413	31,413	91.00
92.00	09200						92.00
93.00	04950	3,194,331	0	508,526	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00							118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	619,882	3,369	3,369	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	204,511	0	0	194.00
194.01	07951	0	0	648,202	0	0	194.01
200.00							200.00
201.00							201.00
202.00		7,960,179		39,259,337	5,025,175	14,058,287	202.00
203.00		0.005940		0.172154	9.816923	32.732970	203.00
204.00		260,991		4,399,124	414,101	2,252,060	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000195		0.019290	0.808966	5.243641	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,555,819				8.00	
9.00	00900	HOUSEKEEPING	0	417,525			9.00	
10.00	01000	DIETARY	0	9,968	176,622		10.00	
11.00	01100	CAFETERIA	0	7,397	0	2,156,218	11.00	
13.00	01300	NURSING ADMINISTRATION	0	2,187	0	26,870	1,588,616	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,633	0	29,227	0	14.00
15.00	01500	PHARMACY	154	6,247	0	74,524	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,691	0	34,058	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	556,881	141,299	168,880	654,947	654,947	30.00
31.00	03100	INTENSIVE CARE UNIT	96,263	22,092	3,947	119,229	119,229	31.00
43.00	04300	NURSERY	8,006	7,085	0	55,094	55,094	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	194,435	40,390	0	164,117	164,117	50.00
51.00	05100	RECOVERY ROOM	51,338	11,057	0	96,376	96,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,139	18,432	0	113,992	113,992	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	682	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,264	24,194	0	120,326	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,310	0	11,492	0	55.00
57.00	05700	CT SCAN	51,955	3,439	0	23,065	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,490	3,313	0	9,888	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,389	14,063	0	21,541	17,543	59.00
60.00	06000	LABORATORY	116	16,264	0	121,272	0	60.00
64.00	06400	INTRAVENOUS THERAPY	19,424	11,622	0	51,678	51,678	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,905	0	51,750	51,750	65.00
66.00	06600	PHYSICAL THERAPY	93,448	5,200	0	50,143	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	158	0	13,678	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	864	0	3,479	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,168	6,193	0	53,597	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,990	6,957	0	11,781	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	912	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	1,656	871	0	10,452	10,452	76.00
76.01	03951	DIABETIC CENTER	0	0	0	5,895	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,836	5,836	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	206,703	31,413	3,795	187,178	239,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	7,805	7,805	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,555,819	414,156	176,622	2,129,972	1,588,616	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,369	0	15,889	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	2,549	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	7,808	0	194.01
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)	1,438,106	5,120,266	4,891,457	1,415,993	3,009,495	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.924340	12.263376	27.694494	0.656702	1.894413	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	182,162	462,708	538,470	301,371	718,713	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.117084	1.108216	3.048714	0.139768	0.452415	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.03	00560					5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590					5.06
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	4,487,230				14.00
15.00	01500	33,975	15,580,605			15.00
16.00	01600	0	0	1,340,115,902		16.00
17.00	01700	18	0	0	2,723	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	940,385	0	187,443,009	2,545	30.00
31.00	03100	416,084	0	45,340,944	123	31.00
43.00	04300	51,614	0	19,739,289	37	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	1,482,141	5,540	106,704,060	0	50.00
51.00	05100	78,159	0	47,394,474	1	51.00
52.00	05200	208,141	0	31,077,182	12	52.00
53.00	05300	47,433	83,606	29,759,552	0	53.00
54.00	05400	270,443	2,517	102,367,134	0	54.00
55.00	05500	25,142	0	20,491,492	0	55.00
57.00	05700	10,004	0	88,243,199	0	57.00
58.00	05800	8,259	0	21,067,824	0	58.00
59.00	05900	117,110	0	28,419,315	0	59.00
60.00	06000	133,569	0	146,877,642	0	60.00
64.00	06400	41,472	0	11,659,641	0	64.00
65.00	06500	15,140	0	20,921,489	0	65.00
66.00	06600	10,282	0	22,085,343	0	66.00
67.00	06700	2,544	0	4,233,930	0	67.00
68.00	06800	0	0	1,046,044	0	68.00
69.00	06900	77,125	102,000	49,581,973	0	69.00
70.00	07000	3,009	0	4,692,485	0	70.00
71.00	07100	39,869	0	37,720,167	0	71.00
72.00	07200	0	0	37,685,654	0	72.00
73.00	07300	0	15,110,813	161,249,864	0	73.00
74.00	07400	2,008	0	2,316,259	0	74.00
76.00	03950	57,855	6,393	970,643	0	76.00
76.01	03951	0	0	427,184	0	76.01
76.02	03952	0	0	0	0	76.02
76.97	07697	1,794	0	1,280,046	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	0	0	0	0	90.00
91.00	09100	413,247	269,736	106,125,733	5	91.00
92.00	09200					92.00
93.00	04950	408	0	3,194,331	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
118.00		4,487,230	15,580,605	1,340,115,902	2,723	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
193.00	19300	0	0	0	0	193.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
200.00						200.00
201.00						201.00
202.00		2,577,613	6,650,471	120,032	2,829,160	202.00
203.00		0.574433	0.426843	0.000090	1,038.986412	203.00
204.00		664,003	515,123	1,975	101,960	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)		
		14.00	15.00	16.00	17.00		
205.00	Unit cost multiplier (Wkst. B, Part II)	0.147976	0.033062	0.000001	37.443996		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	60,846,527		60,846,527	0	60,846,527	30.00
31.00	03100	INTENSIVE CARE UNIT	11,987,070		11,987,070	0	11,987,070	31.00
43.00	04300	NURSERY	4,726,377		4,726,377	0	4,726,377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,150,378		23,150,378	0	23,150,378	50.00
51.00	05100	RECOVERY ROOM	7,961,191		7,961,191	0	7,961,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,289,258		10,289,258	0	10,289,258	52.00
53.00	05300	ANESTHESIOLOGY	561,341		561,341	0	561,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,303,637		17,303,637	0	17,303,637	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,704,218		2,704,218	0	2,704,218	55.00
57.00	05700	CT SCAN	3,020,799		3,020,799	0	3,020,799	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,191,359		1,191,359	0	1,191,359	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,574,486		4,574,486	0	4,574,486	59.00
60.00	06000	LABORATORY	14,598,710		14,598,710	0	14,598,710	60.00
64.00	06400	INTRAVENOUS THERAPY	4,006,758		4,006,758	0	4,006,758	64.00
65.00	06500	RESPIRATORY THERAPY	3,714,178	0	3,714,178	0	3,714,178	65.00
66.00	06600	PHYSICAL THERAPY	5,939,171	0	5,939,171	0	5,939,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	958,432	0	958,432	0	958,432	67.00
68.00	06800	SPEECH PATHOLOGY	327,617	0	327,617	0	327,617	68.00
69.00	06900	ELECTROCARDIOLOGY	5,706,768		5,706,768	0	5,706,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,421,914		1,421,914	0	1,421,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,061,312		15,061,312	0	15,061,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,498,669		15,498,669	0	15,498,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,299,372		25,299,372	0	25,299,372	73.00
74.00	07400	RENAL DIALYSIS	838,797		838,797	0	838,797	74.00
76.00	03950	WOUND CARE CENTER	1,034,314		1,034,314	0	1,034,314	76.00
76.01	03951	DIABETIC CENTER	394,855		394,855	0	394,855	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	602,094		602,094	0	602,094	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	21,042,844		21,042,844	0	21,042,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,584,900		8,584,900	0	8,584,900	92.00
93.00	04950	ANTICOAGULATION CLINIC	616,504		616,504	0	616,504	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	273,963,850	0	273,963,850	0	273,963,850	200.00
201.00		Less Observation Beds	8,584,900		8,584,900		8,584,900	201.00
202.00		Total (see instructions)	265,378,950	0	265,378,950	0	265,378,950	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/24/2018 11:38 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	155,164,780		155,164,780				30.00
31.00	03100	INTENSIVE CARE UNIT	45,340,944		45,340,944				31.00
43.00	04300	NURSERY	19,739,289		19,739,289				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	45,583,731	61,120,329	106,704,060	0.216959	0.000000		50.00
51.00	05100	RECOVERY ROOM	12,347,125	35,047,349	47,394,474	0.167977	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,084,658	8,992,524	31,077,182	0.331087	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	12,812,692	16,946,860	29,759,552	0.018863	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,675,556	81,691,578	102,367,134	0.169035	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	917,825	19,573,667	20,491,492	0.131968	0.000000		55.00
57.00	05700	CT SCAN	30,087,737	58,155,462	88,243,199	0.034233	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,670,572	13,397,252	21,067,824	0.056549	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,772,578	11,646,737	28,419,315	0.160964	0.000000		59.00
60.00	06000	LABORATORY	59,504,276	87,373,366	146,877,642	0.099394	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	711,718	10,947,923	11,659,641	0.343643	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	18,469,572	2,451,917	20,921,489	0.177529	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,730,676	16,354,667	22,085,343	0.268919	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,725,597	1,508,333	4,233,930	0.226369	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	703,095	342,949	1,046,044	0.313196	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,767,787	29,814,186	49,581,973	0.115098	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326,769	4,365,716	4,692,485	0.303019	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,308,418	14,411,749	37,720,167	0.399291	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,704,481	14,981,173	37,685,654	0.411262	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,641,486	76,608,378	161,249,864	0.156895	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,158,871	157,388	2,316,259	0.362134	0.000000		74.00
76.00	03950	WOUND CARE CENTER	85,861	884,782	970,643	1.065597	0.000000		76.00
76.01	03951	DIABETIC CENTER	1,104	426,080	427,184	0.924321	0.000000		76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	1,241	1,278,805	1,280,046	0.470369	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	23,736,057	82,389,676	106,125,733	0.198282	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,284,536	24,993,693	32,278,229	0.265966	0.000000		92.00
93.00	04950	ANTI COAGULATION CLINIC	11,111	3,183,220	3,194,331	0.192999	0.000000		93.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	661,070,143	679,045,759	1,340,115,902				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	661,070,143	679,045,759	1,340,115,902				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 11:38 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.216959		50.00
51.00	05100	RECOVERY ROOM	0.167977		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331087		52.00
53.00	05300	ANESTHESIOLOGY	0.018863		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169035		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.131968		55.00
57.00	05700	CT SCAN	0.034233		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056549		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160964		59.00
60.00	06000	LABORATORY	0.099394		60.00
64.00	06400	INTRAVENOUS THERAPY	0.343643		64.00
65.00	06500	RESPIRATORY THERAPY	0.177529		65.00
66.00	06600	PHYSICAL THERAPY	0.268919		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226369		67.00
68.00	06800	SPEECH PATHOLOGY	0.313196		68.00
69.00	06900	ELECTROCARDIOLOGY	0.115098		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303019		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399291		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411262		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156895		73.00
74.00	07400	RENAL DIALYSIS	0.362134		74.00
76.00	03950	WOUND CARE CENTER	1.065597		76.00
76.01	03951	DIABETIC CENTER	0.924321		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.470369		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.198282		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.265966		92.00
93.00	04950	ANTI COAGULATION CLINIC	0.192999		93.00
		SPECIAL PURPOSE COST CENTERS			
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: 14-0030

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	60,846,527		60,846,527	0	60,846,527	30.00
31.00	03100	INTENSIVE CARE UNIT	11,987,070		11,987,070	0	11,987,070	31.00
43.00	04300	NURSERY	4,726,377		4,726,377	0	4,726,377	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,150,378		23,150,378	0	23,150,378	50.00
51.00	05100	RECOVERY ROOM	7,961,191		7,961,191	0	7,961,191	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,289,258		10,289,258	0	10,289,258	52.00
53.00	05300	ANESTHESIOLOGY	561,341		561,341	0	561,341	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,303,637		17,303,637	0	17,303,637	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,704,218		2,704,218	0	2,704,218	55.00
57.00	05700	CT SCAN	3,020,799		3,020,799	0	3,020,799	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,191,359		1,191,359	0	1,191,359	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,574,486		4,574,486	0	4,574,486	59.00
60.00	06000	LABORATORY	14,598,710		14,598,710	0	14,598,710	60.00
64.00	06400	INTRAVENOUS THERAPY	4,006,758		4,006,758	0	4,006,758	64.00
65.00	06500	RESPIRATORY THERAPY	3,714,178	0	3,714,178	0	3,714,178	65.00
66.00	06600	PHYSICAL THERAPY	5,939,171	0	5,939,171	0	5,939,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	958,432	0	958,432	0	958,432	67.00
68.00	06800	SPEECH PATHOLOGY	327,617	0	327,617	0	327,617	68.00
69.00	06900	ELECTROCARDIOLOGY	5,706,768		5,706,768	0	5,706,768	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,421,914		1,421,914	0	1,421,914	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,061,312		15,061,312	0	15,061,312	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,498,669		15,498,669	0	15,498,669	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,299,372		25,299,372	0	25,299,372	73.00
74.00	07400	RENAL DIALYSIS	838,797		838,797	0	838,797	74.00
76.00	03950	WOUND CARE CENTER	1,034,314		1,034,314	0	1,034,314	76.00
76.01	03951	DIABETIC CENTER	394,855		394,855	0	394,855	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	602,094		602,094	0	602,094	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	21,042,844		21,042,844	0	21,042,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,584,900		8,584,900	0	8,584,900	92.00
93.00	04950	ANTICOAGULATION CLINIC	616,504		616,504	0	616,504	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	273,963,850	0	273,963,850	0	273,963,850	200.00
201.00		Less Observation Beds	8,584,900		8,584,900		8,584,900	201.00
202.00		Total (see instructions)	265,378,950	0	265,378,950	0	265,378,950	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/24/2018 11:38 am		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	155,164,780		155,164,780				30.00
31.00	03100	INTENSIVE CARE UNIT	45,340,944		45,340,944				31.00
43.00	04300	NURSERY	19,739,289		19,739,289				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	45,583,731	61,120,329	106,704,060	0.216959	0.000000		50.00
51.00	05100	RECOVERY ROOM	12,347,125	35,047,349	47,394,474	0.167977	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,084,658	8,992,524	31,077,182	0.331087	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	12,812,692	16,946,860	29,759,552	0.018863	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,675,556	81,691,578	102,367,134	0.169035	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	917,825	19,573,667	20,491,492	0.131968	0.000000		55.00
57.00	05700	CT SCAN	30,087,737	58,155,462	88,243,199	0.034233	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,670,572	13,397,252	21,067,824	0.056549	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,772,578	11,646,737	28,419,315	0.160964	0.000000		59.00
60.00	06000	LABORATORY	59,504,276	87,373,366	146,877,642	0.099394	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	711,718	10,947,923	11,659,641	0.343643	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	18,469,572	2,451,917	20,921,489	0.177529	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	5,730,676	16,354,667	22,085,343	0.268919	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,725,597	1,508,333	4,233,930	0.226369	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	703,095	342,949	1,046,044	0.313196	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	19,767,787	29,814,186	49,581,973	0.115098	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	326,769	4,365,716	4,692,485	0.303019	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,308,418	14,411,749	37,720,167	0.399291	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,704,481	14,981,173	37,685,654	0.411262	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	84,641,486	76,608,378	161,249,864	0.156895	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,158,871	157,388	2,316,259	0.362134	0.000000		74.00
76.00	03950	WOUND CARE CENTER	85,861	884,782	970,643	1.065597	0.000000		76.00
76.01	03951	DIABETIC CENTER	1,104	426,080	427,184	0.924321	0.000000		76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	1,241	1,278,805	1,280,046	0.470369	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	23,736,057	82,389,676	106,125,733	0.198282	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,284,536	24,993,693	32,278,229	0.265966	0.000000		92.00
93.00	04950	ANTI COAGULATION CLINIC	11,111	3,183,220	3,194,331	0.192999	0.000000		93.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	661,070,143	679,045,759	1,340,115,902				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	661,070,143	679,045,759	1,340,115,902				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 11:38 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.216959		50.00
51.00	05100 RECOVERY ROOM	0.167977		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331087		52.00
53.00	05300 ANESTHESIOLOGY	0.018863		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169035		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131968		55.00
57.00	05700 CT SCAN	0.034233		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056549		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160964		59.00
60.00	06000 LABORATORY	0.099394		60.00
64.00	06400 INTRAVENOUS THERAPY	0.343643		64.00
65.00	06500 RESPIRATORY THERAPY	0.177529		65.00
66.00	06600 PHYSICAL THERAPY	0.268919		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226369		67.00
68.00	06800 SPEECH PATHOLOGY	0.313196		68.00
69.00	06900 ELECTROCARDIOLOGY	0.115098		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303019		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399291		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.411262		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.156895		73.00
74.00	07400 RENAL DIALYSIS	0.362134		74.00
76.00	03950 WOUND CARE CENTER	1.065597		76.00
76.01	03951 DIABETIC CENTER	0.924321		76.01
76.02	03952 CLINICAL NUTRITION	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.470369		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.198282		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.265966		92.00
93.00	04950 ANTI COAGULATION CLINIC	0.192999		93.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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

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

Provider CCN: 14-0030

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

Worksheet C Part II Date/Time Prepared: 5/24/2018 11:38 am

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	23,150,378	3,796,982	19,353,396	0	0	50.00
51.00	05100 RECOVERY ROOM	7,961,191	592,297	7,368,894	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,289,258	979,864	9,309,394	0	0	52.00
53.00	05300 ANESTHESIOLOGY	561,341	26,630	534,711	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,303,637	2,720,006	14,583,631	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,704,218	783,484	1,920,734	0	0	55.00
57.00	05700 CT SCAN	3,020,799	530,822	2,489,977	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,191,359	183,920	1,007,439	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,574,486	1,164,056	3,410,430	0	0	59.00
60.00	06000 LABORATORY	14,598,710	1,738,048	12,860,662	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	4,006,758	483,031	3,523,727	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,714,178	363,177	3,351,001	0	0	65.00
66.00	06600 PHYSICAL THERAPY	5,939,171	410,685	5,528,486	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	958,432	24,190	934,242	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	327,617	31,430	296,187	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	5,706,768	631,000	5,075,768	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,421,914	272,954	1,148,960	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,061,312	260,722	14,800,590	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,498,669	262,391	15,236,278	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,299,372	841,161	24,458,211	0	0	73.00
74.00	07400 RENAL DIALYSIS	838,797	41,143	797,654	0	0	74.00
76.00	03950 WOUND CARE CENTER	1,034,314	98,330	935,984	0	0	76.00
76.01	03951 DIABETIC CENTER	394,855	7,584	387,271	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	602,094	184,962	417,132	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	21,042,844	1,903,463	19,139,381	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,584,900	911,931	7,672,969	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	616,504	15,639	600,865	0	0	93.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	196,403,876	19,259,902	177,143,974	0	0	200.00
201.00	Less Observation Beds	8,584,900	911,931	7,672,969	0	0	201.00
202.00	Total (line 200 minus line 201)	187,818,976	18,347,971	169,471,005	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part II Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	23,150,378	106,704,060	0.216959	50.00
51.00	05100 RECOVERY ROOM	7,961,191	47,394,474	0.167977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	10,289,258	31,077,182	0.331087	52.00
53.00	05300 ANESTHESIOLOGY	561,341	29,759,552	0.018863	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,303,637	102,367,134	0.169035	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,704,218	20,491,492	0.131968	55.00
57.00	05700 CT SCAN	3,020,799	88,243,199	0.034233	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,191,359	21,067,824	0.056549	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,574,486	28,419,315	0.160964	59.00
60.00	06000 LABORATORY	14,598,710	146,877,642	0.099394	60.00
64.00	06400 INTRAVENOUS THERAPY	4,006,758	11,659,641	0.343643	64.00
65.00	06500 RESPIRATORY THERAPY	3,714,178	20,921,489	0.177529	65.00
66.00	06600 PHYSICAL THERAPY	5,939,171	22,085,343	0.268919	66.00
67.00	06700 OCCUPATIONAL THERAPY	958,432	4,233,930	0.226369	67.00
68.00	06800 SPEECH PATHOLOGY	327,617	1,046,044	0.313196	68.00
69.00	06900 ELECTROCARDIOLOGY	5,706,768	49,581,973	0.115098	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,421,914	4,692,485	0.303019	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15,061,312	37,720,167	0.399291	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,498,669	37,685,654	0.411262	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,299,372	161,249,864	0.156895	73.00
74.00	07400 RENAL DIALYSIS	838,797	2,316,259	0.362134	74.00
76.00	03950 WOUND CARE CENTER	1,034,314	970,643	1.065597	76.00
76.01	03951 DIABETIC CENTER	394,855	427,184	0.924321	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0.000000	76.02
76.97	07697 CARDIAC REHABILITATION	602,094	1,280,046	0.470369	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
91.00	09100 EMERGENCY	21,042,844	106,125,733	0.198282	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,584,900	32,278,229	0.265966	92.00
93.00	04950 ANTI COAGULATION CLINIC	616,504	3,194,331	0.192999	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	196,403,876	1,119,870,889		200.00
201.00	Less Observation Beds	8,584,900	0		201.00
202.00	Total (line 200 minus line 201)	187,818,976	1,119,870,889		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/24/2018 11:38 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	6,463,435	0	6,463,435	56,361	114.68	30.00	
31.00	INTENSIVE CARE UNIT	1,090,996		1,090,996	5,660	192.76	31.00	
43.00	NURSERY	386,323		386,323	7,307	52.87	43.00	
200.00	Total (lines 30 through 199)	7,940,754		7,940,754	69,328		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	21,520	2,467,914					30.00
31.00	INTENSIVE CARE UNIT	2,419	466,286					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	23,939	2,934,200					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,796,982	106,704,060	0.035584	17,138,408	609,853	50.00
51.00	05100	RECOVERY ROOM	592,297	47,394,474	0.012497	5,027,712	62,831	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	979,864	31,077,182	0.031530	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,630	29,759,552	0.000895	4,305,733	3,854	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,720,006	102,367,134	0.026571	9,706,654	257,916	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	783,484	20,491,492	0.038235	551,782	21,097	55.00
57.00	05700	CT SCAN	530,822	88,243,199	0.006015	12,682,515	76,285	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	183,920	21,067,824	0.008730	3,132,902	27,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,164,056	28,419,315	0.040960	6,706,830	274,712	59.00
60.00	06000	LABORATORY	1,738,048	146,877,642	0.011833	25,688,763	303,975	60.00
64.00	06400	INTRAVENOUS THERAPY	483,031	11,659,641	0.041428	363,065	15,041	64.00
65.00	06500	RESPIRATORY THERAPY	363,177	20,921,489	0.017359	9,267,851	160,881	65.00
66.00	06600	PHYSICAL THERAPY	410,685	22,085,343	0.018595	3,152,380	58,619	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,190	4,233,930	0.005713	1,519,027	8,678	67.00
68.00	06800	SPEECH PATHOLOGY	31,430	1,046,044	0.030047	381,565	11,465	68.00
69.00	06900	ELECTROCARDIOLOGY	631,000	49,581,973	0.012726	10,179,538	129,545	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272,954	4,692,485	0.058168	179,702	10,453	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	260,722	37,720,167	0.006912	10,683,303	73,843	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	262,391	37,685,654	0.006963	11,007,306	76,644	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	841,161	161,249,864	0.005217	37,245,561	194,310	73.00
74.00	07400	RENAL DIALYSIS	41,143	2,316,259	0.017763	1,084,362	19,262	74.00
76.00	03950	WOUND CARE CENTER	98,330	970,643	0.101304	42,182	4,273	76.00
76.01	03951	DIABETIC CENTER	7,584	427,184	0.017753	414	7	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	184,962	1,280,046	0.144496	227	33	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	1,903,463	106,125,733	0.017936	10,862,710	194,834	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	911,931	32,278,229	0.028252	3,295,792	93,113	92.00
93.00	04950	ANTI COAGULATION CLINIC	15,639	3,194,331	0.004896	11,111	54	93.00
200.00		Total (lines 50 through 199)	19,259,902	1,119,870,889		184,217,395	2,688,928	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	56,361	0.00	21,520	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,660	0.00	2,419	31.00
43.00	04300	NURSERY	0	7,307	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	69,328		23,939	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	0	76.00
76.01 03951 DIABETIC CENTER	0	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 04950 ANTI COAGULATION CLINIC	0	0	0	0	0	0	93.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	106,704,060	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	47,394,474	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	31,077,182	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,759,552	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	102,367,134	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,491,492	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	88,243,199	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,067,824	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,419,315	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	146,877,642	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,659,641	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,921,489	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,085,343	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,233,930	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,046,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,581,973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,692,485	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,720,167	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,685,654	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	161,249,864	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,316,259	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	970,643	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	427,184	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,280,046	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	106,125,733	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	32,278,229	0.000000	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	3,194,331	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	1,119,870,889		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	17,138,408	0	16,631,488	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	5,027,712	0	10,759,520	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	36,208	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	4,305,733	0	4,263,123	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,706,654	0	23,594,158	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	551,782	0	10,264,233	0	55.00
57.00	05700 CT SCAN	0.000000	12,682,515	0	13,180,193	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,132,902	0	3,333,922	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,706,830	0	5,304,220	0	59.00
60.00	06000 LABORATORY	0.000000	25,688,763	0	15,766,475	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	363,065	0	4,019,493	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	9,267,851	0	806,208	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,152,380	0	66,676	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,519,027	0	13,820	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	381,565	0	5,942	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,179,538	0	10,915,680	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	179,702	0	1,182,804	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,683,303	0	4,725,436	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,007,306	0	6,559,630	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	37,245,561	0	34,167,283	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,084,362	0	84,800	0	74.00
76.00	03950 WOUND CARE CENTER	0.000000	42,182	0	478,076	0	76.00
76.01	03951 DIABETIC CENTER	0.000000	414	0	2,269	0	76.01
76.02	03952 CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.000000	227	0	636,229	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	10,862,710	0	11,811,132	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	3,295,792	0	6,999,897	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0.000000	11,111	0	1,679,051	0	93.00
200.00	Total (lines 50 through 199)		184,217,395	0	187,287,966	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 11:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.216959	16,631,488	0	0	3,608,351	50.00
51.00	05100	RECOVERY ROOM	0.167977	10,759,520	0	0	1,807,352	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.331087	36,208	0	0	11,988	52.00
53.00	05300	ANESTHESIOLOGY	0.018863	4,263,123	0	0	80,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169035	23,594,158	0	0	3,988,238	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.131968	10,264,233	0	0	1,354,550	55.00
57.00	05700	CT SCAN	0.034233	13,180,193	0	0	451,198	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056549	3,333,922	0	0	188,530	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160964	5,304,220	0	0	853,788	59.00
60.00	06000	LABORATORY	0.099394	15,766,475	1,244	0	1,567,093	60.00
64.00	06400	INTRAVENOUS THERAPY	0.343643	4,019,493	23	0	1,381,271	64.00
65.00	06500	RESPIRATORY THERAPY	0.177529	806,208	0	0	143,125	65.00
66.00	06600	PHYSICAL THERAPY	0.268919	66,676	0	0	17,930	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.226369	13,820	0	0	3,128	67.00
68.00	06800	SPEECH PATHOLOGY	0.313196	5,942	0	0	1,861	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115098	10,915,680	0	0	1,256,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303019	1,182,804	0	0	358,412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399291	4,725,436	0	0	1,886,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411262	6,559,630	0	0	2,697,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.156895	34,167,283	0	120,766	5,360,676	73.00
74.00	07400	RENAL DIALYSIS	0.362134	84,800	0	0	30,709	74.00
76.00	03950	WOUND CARE CENTER	1.065597	478,076	0	0	509,436	76.00
76.01	03951	DIABETIC CENTER	0.924321	2,269	0	0	2,097	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.470369	636,229	0	0	299,262	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.198282	11,811,132	72	1,326	2,341,935	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.265966	6,999,897	0	0	1,861,735	92.00
93.00	04950	ANTI COAGULATION CLINIC	0.192999	1,679,051	97	0	324,055	93.00
200.00		Subtotal (see instructions)		187,287,966	1,436	122,092	32,388,059	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		187,287,966	1,436	122,092	32,388,059	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 11:38 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
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	124	0		60.00
64.00 06400 INTRAVENOUS THERAPY	8	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,948		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 WOUND CARE CENTER	0	0		76.00
76.01 03951 DIABETIC CENTER	0	0		76.01
76.02 03952 CLINICAL NUTRITION	0	0		76.02
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	14	263		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 ANTI COAGULATION CLINIC	19	0		93.00
200.00 Subtotal (see instructions)	165	19,211		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	165	19,211		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part I Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,463,435	0	6,463,435	56,361	114.68	30.00
31.00	INTENSIVE CARE UNIT	1,090,996		1,090,996	5,660	192.76	31.00
43.00	NURSERY	386,323		386,323	7,307	52.87	43.00
200.00	Total (lines 30 through 199)	7,940,754		7,940,754	69,328		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	1,162	133,258				
31.00	INTENSIVE CARE UNIT	183	35,275				
43.00	NURSERY	1,849	97,757				
200.00	Total (lines 30 through 199)	3,194	266,290				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,796,982	106,704,060	0.035584	824,388	29,335	50.00
51.00	05100	RECOVERY ROOM	592,297	47,394,474	0.012497	239,494	2,993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	979,864	31,077,182	0.031530	1,618,500	51,031	52.00
53.00	05300	ANESTHESIOLOGY	26,630	29,759,552	0.000895	324,228	290	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,720,006	102,367,134	0.026571	658,037	17,485	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	783,484	20,491,492	0.038235	0	0	55.00
57.00	05700	CT SCAN	530,822	88,243,199	0.006015	820,512	4,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	183,920	21,067,824	0.008730	219,469	1,916	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,164,056	28,419,315	0.040960	78,830	3,229	59.00
60.00	06000	LABORATORY	1,738,048	146,877,642	0.011833	2,349,903	27,806	60.00
64.00	06400	INTRAVENOUS THERAPY	483,031	11,659,641	0.041428	18,574	769	64.00
65.00	06500	RESPIRATORY THERAPY	363,177	20,921,489	0.017359	486,250	8,441	65.00
66.00	06600	PHYSICAL THERAPY	410,685	22,085,343	0.018595	88,365	1,643	66.00
67.00	06700	OCCUPATIONAL THERAPY	24,190	4,233,930	0.005713	82,628	472	67.00
68.00	06800	SPEECH PATHOLOGY	31,430	1,046,044	0.030047	36,895	1,109	68.00
69.00	06900	ELECTROCARDIOLOGY	631,000	49,581,973	0.012726	379,399	4,828	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272,954	4,692,485	0.058168	10,556	614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	260,722	37,720,167	0.006912	491,455	3,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	262,391	37,685,654	0.006963	189,249	1,318	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	841,161	161,249,864	0.005217	2,970,952	15,499	73.00
74.00	07400	RENAL DIALYSIS	41,143	2,316,259	0.017763	83,200	1,478	74.00
76.00	03950	WOUND CARE CENTER	98,330	970,643	0.101304	1,520	154	76.00
76.01	03951	DIABETIC CENTER	7,584	427,184	0.017753	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	184,962	1,280,046	0.144496	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	1,903,463	106,125,733	0.017936	673,582	12,081	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	911,931	32,278,229	0.028252	226,782	6,407	92.00
93.00	04950	ANTI COAGULATION CLINIC	15,639	3,194,331	0.004896	0	0	93.00
200.00		Total (lines 50 through 199)	19,259,902	1,119,870,889		12,872,768	197,230	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/24/2018 11:38 am	
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Cost Center Description			Title XIX		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	56,361	0.00	1,162	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	5,660	0.00	183	31.00	
43.00	04300	NURSERY		0	7,307	0.00	1,849	43.00	
200.00		Total (lines 30 through 199)		0	69,328		3,194	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description	Title XIX			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	106,704,060	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	47,394,474	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	31,077,182	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29,759,552	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	102,367,134	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,491,492	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	88,243,199	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	21,067,824	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	28,419,315	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	146,877,642	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	11,659,641	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	20,921,489	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	22,085,343	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,233,930	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,046,044	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	49,581,973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,692,485	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	37,720,167	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,685,654	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	161,249,864	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,316,259	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	970,643	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	427,184	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,280,046	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	106,125,733	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	32,278,229	0.000000	92.00
93.00	04950	ANTI COAGULATION CLINIC	0	0	0	3,194,331	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	1,119,870,889		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 11:38 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	824,388	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	239,494	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	1,618,500	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	324,228	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	658,037	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	820,512	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	219,469	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	78,830	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	2,349,903	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	18,574	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	486,250	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	88,365	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	82,628	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	36,895	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	379,399	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,556	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	491,455	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	189,249	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	2,970,952	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	83,200	0	0	0	74.00
76.00	03950 WOUND CARE CENTER	0.000000	1,520	0	0	0	76.00
76.01	03951 DIABETIC CENTER	0.000000	0	0	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	673,582	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	226,782	0	0	0	92.00
93.00	04950 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	93.00
200.00	Total (lines 50 through 199)		12,872,768	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2018 11:38 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,361	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,361	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)		48,409	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)		21,520	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,846,527	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)		60,846,527	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,846,527	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,079.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,232,777	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)		23,232,777	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	11,987,070	5,660	2,117.86	5,123,103	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				33,016,130	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				61,372,010	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,934,200	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,688,928	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				5,623,128	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				55,748,882	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)				7,952	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,079.59	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				8,584,900	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,463,435	60,846,527	0.106225	8,584,900	911,931	90.00
91.00	Nursing School cost	0	60,846,527	0.000000	8,584,900	0	91.00
92.00	Allied health cost	0	60,846,527	0.000000	8,584,900	0	92.00
93.00	All other Medical Education	0	60,846,527	0.000000	8,584,900	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2018 11:38 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,361	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,361	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)		48,409	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,162	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)		7,307	15.00
16.00	Nursery days (title V or XIX only)		1,849	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,846,527	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)		60,846,527	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		60,846,527	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,079.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,254,484	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,254,484	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	4,726,377	7,307	646.83	1,849	1,195,989		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	11,987,070	5,660	2,117.86	183	387,568		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,318,466		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,156,507		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)					266,290		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					197,230		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					463,520		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,692,987		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)					7,952		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,079.59		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,584,900		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,463,435	60,846,527	0.106225	8,584,900	911,931	90.00
91.00	Nursing School cost	0	60,846,527	0.000000	8,584,900	0	91.00
92.00	Allied health cost	0	60,846,527	0.000000	8,584,900	0	92.00
93.00	All other Medical Education	0	60,846,527	0.000000	8,584,900	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		70,649,596		30.00
31.00	03100 INTENSIVE CARE UNIT		20,844,394		31.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.216959	17,138,408	3,718,332	50.00
51.00	05100 RECOVERY ROOM	0.167977	5,027,712	844,540	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331087	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.018863	4,305,733	81,219	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169035	9,706,654	1,640,764	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131968	551,782	72,818	55.00
57.00	05700 CT SCAN	0.034233	12,682,515	434,161	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056549	3,132,902	177,162	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160964	6,706,830	1,079,558	59.00
60.00	06000 LABORATORY	0.099394	25,688,763	2,553,309	60.00
64.00	06400 INTRAVENOUS THERAPY	0.343643	363,065	124,765	64.00
65.00	06500 RESPIRATORY THERAPY	0.177529	9,267,851	1,645,312	65.00
66.00	06600 PHYSICAL THERAPY	0.268919	3,152,380	847,735	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226369	1,519,027	343,861	67.00
68.00	06800 SPEECH PATHOLOGY	0.313196	381,565	119,505	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115098	10,179,538	1,171,644	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303019	179,702	54,453	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399291	10,683,303	4,265,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.411262	11,007,306	4,526,887	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.156895	37,245,561	5,843,642	73.00
74.00	07400 RENAL DIALYSIS	0.362134	1,084,362	392,684	74.00
76.00	03950 WOUND CARE CENTER	1.065597	42,182	44,949	76.00
76.01	03951 DIABETIC CENTER	0.924321	414	383	76.01
76.02	03952 CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.470369	227	107	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.198282	10,862,710	2,153,880	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.265966	3,295,792	876,569	92.00
93.00	04950 ANTI COAGULATION CLINIC	0.192999	11,111	2,144	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		184,217,395	33,016,130	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)		184,217,395		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 11:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		5,237,391		30.00
31.00	03100 INTENSIVE CARE UNIT		1,546,923		31.00
43.00	04300 NURSERY		5,773,186		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.216959	824,388	178,858	50.00
51.00	05100 RECOVERY ROOM	0.167977	239,494	40,229	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.331087	1,618,500	535,864	52.00
53.00	05300 ANESTHESIOLOGY	0.018863	324,228	6,116	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169035	658,037	111,231	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.131968	0	0	55.00
57.00	05700 CT SCAN	0.034233	820,512	28,089	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056549	219,469	12,411	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160964	78,830	12,689	59.00
60.00	06000 LABORATORY	0.099394	2,349,903	233,566	60.00
64.00	06400 INTRAVENOUS THERAPY	0.343643	18,574	6,383	64.00
65.00	06500 RESPIRATORY THERAPY	0.177529	486,250	86,323	65.00
66.00	06600 PHYSICAL THERAPY	0.268919	88,365	23,763	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.226369	82,628	18,704	67.00
68.00	06800 SPEECH PATHOLOGY	0.313196	36,895	11,555	68.00
69.00	06900 ELECTROCARDIOLOGY	0.115098	379,399	43,668	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303019	10,556	3,199	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.399291	491,455	196,234	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.411262	189,249	77,831	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.156895	2,970,952	466,128	73.00
74.00	07400 RENAL DIALYSIS	0.362134	83,200	30,130	74.00
76.00	03950 WOUND CARE CENTER	1.065597	1,520	1,620	76.00
76.01	03951 DIABETIC CENTER	0.924321	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0.470369	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.198282	673,582	133,559	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.265966	226,782	60,316	92.00
93.00	04950 ANTI COAGULATION CLINIC	0.192999	0	0	93.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,872,768	2,318,466	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)		12,872,768		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 11:38 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		47,382,101	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		950,346	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		9,506,342	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		233.21	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.41	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.02	31.00
32.00	Sum of lines 30 and 31		21.43	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.89	33.00
34.00	Disproportionate share adjustment (see instructions)		816,157	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 11:38 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000299872	0.000343180	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,792,479	2,322,193	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,340,676	585,320	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,925,996		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	51,074,600		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		51,074,600	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,235,923	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		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)		55,313,630	59.00
60.00	Primary payer payments		13,212	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,300,418	61.00
62.00	Deductibles billed to program beneficiaries		4,724,552	62.00
63.00	Coinurance billed to program beneficiaries		130,291	63.00
64.00	Allowable bad debts (see instructions)		717,962	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		466,675	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		630,643	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,912,250	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		389,190	70.93
70.94	HRR adjustment amount (see instructions)		-252,378	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 11:38 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			51,049,062	71.00
71.01	Sequestration adjustment (see instructions)			1,020,981	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			49,952,143	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			75,938	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			322,280	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)		1.0092815590	1.0092613240	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)		0.9951	0.9934	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 11:38 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		19,376	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,388,059	2.00
3.00	OPPS payments		30,625,969	3.00
4.00	Outlier payment (see instructions)		100,856	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,376	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		123,528	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)		123,528	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		123,528	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		104,152	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		19,376	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		30,726,825	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,848,939	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)		24,897,262	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)		24,897,262	30.00
31.00	Primary payer payments		2,110	31.00
32.00	Subtotal (line 30 minus line 31)		24,895,152	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		668,167	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		434,309	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		566,649	36.00
37.00	Subtotal (see instructions)		25,329,461	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-76	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		25,329,537	40.00
40.01	Sequestration adjustment (see instructions)		506,591	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		24,848,619	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-25,673	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0030

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/24/2018 11:38 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		49,893,023		24,739,821	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	08/10/2017	59,120	08/10/2017	108,798	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		59,120		108,798	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)		49,952,143		24,848,619	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		75,938		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		25,673	6.02	
7.00	Total Medicare program liability (see instructions)		50,028,081		24,822,946	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: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/24/2018 11:38 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0030

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

Worksheet G

Date/Time Prepared:  
5/24/2018 11:38 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	14,065,000	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	43,407,000	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	23,168,000	0	0	0	9.00
10.00	Due from other funds	797,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	81,437,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,720,000	0	0	0	12.00
13.00	Land improvements	19,751,000	0	0	0	13.00
14.00	Accumulated depreciation	-2,976,000	0	0	0	14.00
15.00	Buildings	259,543,000	0	0	0	15.00
16.00	Accumulated depreciation	-46,966,000	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	0	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	77,250,000	0	0	0	23.00
24.00	Accumulated depreciation	-40,879,000	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)	274,443,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	153,744,000	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	10,810,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	164,554,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	520,434,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,693,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,236,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,208,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	43,027,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,164,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	615,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	239,136,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	239,751,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	327,915,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	192,519,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	192,519,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	520,434,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0030

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

Worksheet G-1

Date/Time Prepared:  
5/24/2018 11:38 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		154,267,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		21,932,260			2.00
3.00	Total (sum of line 1 and line 2)		176,199,260		0	3.00
4.00	CY OTHER DIVISIONS NET INCOME	16,286,799		0		4.00
5.00	ADJUSTMENT	32,941		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		16,319,740		0	10.00
11.00	Subtotal (line 3 plus line 10)		192,519,000		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)		192,519,000		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	CY OTHER DIVISIONS NET INCOME		0			4.00
5.00	ADJUSTMENT		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0030

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/24/2018 11:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	174,904,069		174,904,069	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	174,904,069		174,904,069	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	45,340,944		45,340,944	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	45,340,944		45,340,944	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	220,245,013		220,245,013	17.00
18.00	Ancillary services	440,825,129	528,722,001	969,547,130	18.00
19.00	Outpatient services	0	150,323,759	150,323,759	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	661,070,142	679,045,760	1,340,115,902	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		292,851,156		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		292,851,156		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0030

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

Worksheet G-3

Date/Time Prepared:  
5/24/2018 11:38 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,340,115,902	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,031,229,587	2.00
3.00	Net patient revenues (line 1 minus line 2)	308,886,315	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	292,851,156	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,035,159	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	6,433	6.00
7.00	Income from investments	81,194	7.00
8.00	Revenues from telephone and other miscellaneous communication services	735	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	628,731	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	5,373	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	133,003	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	828,194	23.00
24.00	<b>OTHER OPERATING REVENUE</b>	4,262,276	24.00
25.00	Total other income (sum of lines 6-24)	5,945,939	25.00
26.00	Total (line 5 plus line 25)	21,981,098	26.00
27.00	<b>OTHER EXPENSES CHARITABLE CONTRIB</b>	48,838	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	48,838	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	21,932,260	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0030	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/24/2018 11:38 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,841,758	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		223,591	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)		150.13	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.41	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.02	8.00
9.00	Sum of lines 7 and 8		21.43	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.44	10.00
11.00	Disproportionate share adjustment (see instructions)		170,574	11.00
12.00	Total prospective capital payments (see instructions)		4,235,923	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00