

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: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/20/2017 9:32 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/20/2017 Time: 9:32 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 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 OAK PARK HOSPITAL (14-0063) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-12,414	-30,366	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	18,552	1		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	8		0	7.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	6,138	-30,357	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:30 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 520 SOUTH MAPLE		PO Box:									
2.00 City: OAK PARK		State: IL		Zip Code: 60603-		County: COOK					
		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	9.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		OAK PARK HOSPITAL REHABILITATION UNI	14T063	16974	5	01/01/1992	N	P	O	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		SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016	06/30/2017		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			392	693	0	0	1,480	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	46	0	0	44		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:30 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)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00		61.20	
					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)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
	1.00	2.00	3.00				
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:30 am	
		1.00		2.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - I PF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/20/2017 9:30 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2016	06/30/2017	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/20/2017 9:30 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)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/26/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2017	Y	11/01/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/20/2017 9:30 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELVY	YAP		41.00
42.00	Enter the employer/company name of the cost report preparer.	ROPH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 660-2030	ELVYLENE L YAP [ELVYLENE_L_YAP@RUSH.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/20/2017 9:30 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE		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: 14-0063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	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						13.00
14.00 Total (see instructions)		165	60,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2017 9:30 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)	6,866	988	12,905			1.00
2.00 HMO and other (see instructions)	1,770	1,480				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	44				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,866	988	12,905			7.00
8.00 INTENSIVE CARE UNIT	1,292	97	2,550			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)	8,158	1,085	15,455	5.41	735.52	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	460	46	753	0.00	8.69	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	3,805	0	5,345	0.00	24.14	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.41	768.35	27.00
28.00 Observation Bed Days		0	1,682			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,941	122	4,148	1.00
2.00 HMO and other (see instructions)			431	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
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	1,941	122	4,148	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	34	0	60	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

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

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2017 9:30 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	57,115,972	0	57,115,972	1,577,568.00	36.21
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		455,958	0	455,958	5,964.00	76.45
4.00	Physician-Part A - Administrative		110,003	0	110,003	1,768.00	62.22
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		4,265,386	0	4,265,386	27,584.00	154.63
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		222,455	0	222,455	4,176.00	53.27
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		42,636	0	42,636	11,398.00	3.74
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,349,583	0	1,349,583	50,141.00	26.92
10.00	Excluded area salaries (see instructions)		8,351,958	0	8,351,958	185,029.00	45.14
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		399,496	0	399,496	20,185.00	19.79
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		79,000	0	79,000	1,326.00	59.58
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,501,851	0	8,501,851		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,567,199	0	1,567,199		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		68,030	0	68,030		
22.00	Physician Part A - Administrative		18,548	0	18,548		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		496,445	0	496,445		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	454,715	0	454,715	14,258.00	31.89
27.00	Administrative & General	5.00	6,215,879	0	6,215,879	141,377.00	43.97

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

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

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2017 9:30 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		121,639	0	121,639	440.00	276.45	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	806,623	0	806,623	23,997.00	33.61	30.00
31.00	Laundry & Linen Service	8.00	64,917	0	64,917	4,464.00	14.54	31.00
32.00	Housekeeping	9.00	622,867	0	622,867	41,686.00	14.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	635,084	-396,286	238,798	17,034.00	14.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	396,286	396,286	24,991.00	15.86	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,870,594	0	1,870,594	46,425.00	40.29	38.00
39.00	Central Services and Supply	14.00	364,089	0	364,089	18,068.00	20.15	39.00
40.00	Pharmacy	15.00	1,292,478	0	1,292,478	29,111.00	44.40	40.00
41.00	Medical Records & Medical Records Library	16.00	669,724	0	669,724	26,306.00	25.46	41.00
42.00	Social Service	17.00	614,706	0	614,706	16,835.00	36.51	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

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

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2017 9:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,251,176	0	52,251,176	1,528,886.00	34.18	1.00
2.00	Excluded area salaries (see instructions)	9,701,541	0	9,701,541	235,170.00	41.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,549,635	0	42,549,635	1,293,716.00	32.89	3.00
4.00	Subtotal other wages & related costs (see inst.)	478,496	0	478,496	21,511.00	22.24	4.00
5.00	Subtotal wage-related costs (see inst.)	8,520,399	0	8,520,399	0.00	20.02	5.00
6.00	Total (sum of lines 3 thru 5)	51,548,530	0	51,548,530	1,315,227.00	39.19	6.00
7.00	Total overhead cost (see instructions)	13,733,315	0	13,733,315	404,992.00	33.91	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2017 9:30 am
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,096,803	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,674,468	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		3,045,299	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		322,520	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		429,228	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,885,314	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		51,265	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		147,175	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,652,072	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0063

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

Worksheet S-3
Part V
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	399,496	10,652,072	1.00
2.00	Hospital	399,496	10,652,072	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-7

Date/Time Prepared:
11/20/2017 9:30 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	337	0	337 12.00
13.00		RUB	259	0	259 13.00
14.00		RUA	1,630	0	1,630 14.00
15.00		RVC	227	0	227 15.00
16.00		RVB	118	0	118 16.00
17.00		RVA	1,021	0	1,021 17.00
18.00		RHC	45	0	45 18.00
19.00		RHB	13	0	13 19.00
20.00		RHA	49	0	49 20.00
21.00		RMC	3	0	3 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	32	0	32 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	18	0	18 52.00
53.00		CA2	5	0	5 53.00
54.00		CA1	26	0	26 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-7

Date/Time Prepared:
11/20/2017 9:30 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	1	0	1	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	15	0	15	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	6	0	6	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,805	0	3,805	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	4,155,708			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/20/2017 9:30 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.239254	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,810,212	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		5,562,020	5.00	
6.00	Medicaid charges		59,921,295	6.00	
7.00	Medicaid cost (line 1 times line 6)		14,336,410	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)		964,178	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		964,178	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)	8,532,109	321,441	8,853,550	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,041,341	321,441	2,362,782	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)	2,041,341	321,441	2,362,782	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,274,456	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		521,851	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		802,847	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		3,471,609	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,111,592	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,474,374	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,438,552	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet A	
Date/Time Prepared: 11/20/2017 9:30 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,333,700	3,333,700	-1,933,695	1,400,005	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	2,759,408	2,759,408	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	454,715	12,174,867	12,629,582	-4,244	12,625,338	4.00
5.01	00540	NONPATIENT TELEPHONES	0	256,359	256,359	-450	255,909	5.01
5.02	00550	DATA PROCESSING	453,502	638,589	1,092,091	0	1,092,091	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	334,890	112,717	447,607	-5,601	442,006	5.03
5.04	00570	ADMINISTRATIVE	815,669	167,231	982,900	-810	982,090	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	4,611,818	12,228,487	16,840,305	-24,522	16,815,783	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	806,623	4,971,261	5,777,884	-720	5,777,164	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,917	16,206	81,123	0	81,123	8.00
9.00	00900	HOUSEKEEPING	622,867	815,865	1,438,732	-900	1,437,832	9.00
10.00	01000	DIETARY	635,084	1,565,743	2,200,827	-1,381,899	818,928	10.00
11.00	01100	CAFETERIA	0	0	0	1,373,293	1,373,293	11.00
13.00	01300	NURSING ADMINISTRATION	1,870,594	178,167	2,048,761	-2,790	2,045,971	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	364,089	880,947	1,245,036	-357,089	887,947	14.00
15.00	01500	PHARMACY	1,292,478	3,158,417	4,450,895	-2,956,055	1,494,840	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	669,724	352,657	1,022,381	-4,050	1,018,331	16.00
17.00	01700	SOCIAL SERVICE	614,706	29,656	644,362	-2,655	641,707	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,000	291,260	321,260	0	321,260	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,164,585	754,712	6,919,297	-108,501	6,810,796	30.00
31.00	03100	INTENSIVE CARE UNIT	2,454,195	289,072	2,743,267	-49,678	2,693,589	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	574,229	85,367	659,596	-11,211	648,385	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	1,349,583	166,899	1,516,482	-38,099	1,478,383	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,084,415	12,031,975	15,116,390	-3,913,616	11,202,774	50.00
50.01	05001	ENDOSCOPY	643,718	563,830	1,207,548	-176,631	1,030,917	50.01
51.00	05100	RECOVERY ROOM	849,045	25,703	874,748	-95	874,653	51.00
53.00	05300	ANESTHESIOLOGY	506,220	398,068	904,288	0	904,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,466,081	2,713,159	6,179,240	-170,761	6,008,479	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	570,584	492,702	1,063,286	-22,897	1,040,389	56.00
56.01	05602	ULTRASOUND/VASC LAB	501,562	82,810	584,372	0	584,372	56.01
57.00	05700	CT SCAN	682,757	407,797	1,090,554	0	1,090,554	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,749,651	1,937,894	3,687,545	-2,700	3,684,845	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	176,339	234,389	410,728	0	410,728	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	652,573	196,305	848,878	-19,275	829,603	65.00
66.00	06600	PHYSICAL THERAPY	1,186,250	83,831	1,270,081	-1,350	1,268,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	552,020	14,755	566,775	0	566,775	67.00
68.00	06800	SPEECH PATHOLOGY	132,941	5,028	137,969	0	137,969	68.00
69.00	06900	ELECTROCARDIOLOGY	506,250	172,561	678,811	-1,080	677,731	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,247	12,415	63,662	0	63,662	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	357,073	357,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,314,776	4,314,776	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,670,547	2,670,547	73.00
74.00	07400	RENAL DIALYSIS	0	313,051	313,051	0	313,051	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,195,734	460,919	1,656,653	-68,785	1,587,868	90.00
90.01	09001	WOUND CARE	620,646	225,603	846,249	-1,980	844,269	90.01
90.02	09002	PULMONARY REHAB	150,611	17,099	167,710	0	167,710	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	192,040	192,040	-40	192,000	90.04
91.00	09100	EMERGENCY	7,875,331	946,316	8,821,647	-212,918	8,608,729	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A
Date/Time Prepared:
11/20/2017 9:30 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	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,338,243	63,996,429	113,334,672	0	113,334,672	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,777,729	2,271,479	10,049,208	0	10,049,208	192.00
200.00		TOTAL (SUM OF LINES 118-199)	57,115,972	66,267,908	123,383,880	0	123,383,880	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	294,677	1,694,682	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	437,964	3,197,372	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	12,625,338	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	136,971	5.01
5.02	00550	DATA PROCESSING	-650	1,091,441	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	442,006	5.03
5.04	00570	ADMITTING	0	982,090	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	-4,635,971	12,179,812	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	5,777,164	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	81,123	8.00
9.00	00900	HOUSEKEEPING	0	1,437,832	9.00
10.00	01000	DIETARY	0	818,928	10.00
11.00	01100	CAFETERIA	-372,218	1,001,075	11.00
13.00	01300	NURSING ADMINISTRATION	-14,832	2,031,139	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-48,523	839,424	14.00
15.00	01500	PHARMACY	0	1,494,840	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,018,331	16.00
17.00	01700	SOCIAL SERVICE	0	641,707	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	321,260	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,810,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,693,589	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-44,086	604,299	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	-11,665	1,466,718	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11,202,774	50.00
50.01	05001	ENDOSCOPY	-96,000	934,917	50.01
51.00	05100	RECOVERY ROOM	0	874,653	51.00
53.00	05300	ANESTHESIOLOGY	-50,000	854,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,938	6,000,541	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-35,791	1,004,598	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	584,372	56.01
57.00	05700	CT SCAN	0	1,090,554	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	-109,134	3,575,711	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-1,104	409,624	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-23,000	806,603	65.00
66.00	06600	PHYSICAL THERAPY	0	1,268,731	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	566,775	67.00
68.00	06800	SPEECH PATHOLOGY	0	137,969	68.00
69.00	06900	ELECTROCARDIOLOGY	-30,650	647,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-30,650	33,012	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	357,073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,314,776	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,670,547	73.00
74.00	07400	RENAL DIALYSIS	0	313,051	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-849,076	738,792	90.00
90.01	09001	WOUND CARE	0	844,269	90.01
90.02	09002	PULMONARY REHAB	-7,804	159,906	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	-192,000	0	90.04
91.00	09100	EMERGENCY	-3,165,985	5,442,744	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,113,374	104,221,298	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,049,208	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,113,374	114,270,506	200.00

RECLASSIFICATIONS

Provider CCN: 14-0063

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

Worksheet A-6

Date/Time Prepared:
11/20/2017 9:30 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
D - CHARGEABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	357,073	1.00	
	0		0	357,073		
E - CAFETERIA						
1.00	CAFETERIA	11.00	396,286	977,007	1.00	
	0		396,286	977,007		
F - RENTALS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	825,713	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	
	0		0	825,713		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,933,695	1.00	
	0		0	1,933,695		
H - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,670,547	1.00	
	0		0	2,670,547		
I - HEART CENTER RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	40	1.00	
	0		0	40		
J - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,314,776	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	
	0		0	4,314,776		
500.00	Grand Total: Increases		396,286	11,078,851	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0063

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

Worksheet A-6

Date/Time Prepared:
11/20/2017 9:30 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	D - CHARGEABLE MED SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	357,073	0	1.00
	O		0	357,073		
	E - CAFETERIA					
1.00	DIETARY	10.00	396,286	977,007	0	1.00
	O		396,286	977,007		
	F - RENTALS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,244	10	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	450	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	5,601	0	3.00
4.00	ADMINISTRATIVE	5.04	0	810	0	4.00
5.00	OTHER ADMIN & GENERAL	5.06	0	24,522	0	5.00
6.00	OPERATION OF PLANT	7.00	0	720	0	6.00
7.00	HOUSEKEEPING	9.00	0	900	0	7.00
8.00	DIETARY	10.00	0	8,606	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,790	0	9.00
10.00	PHARMACY	15.00	0	285,508	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,050	0	11.00
12.00	SOCIAL SERVICE	17.00	0	2,655	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	108,501	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	49,678	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	11,211	0	15.00
16.00	SKILLED NURSING FACILITY	44.00	0	38,099	0	16.00
17.00	OPERATING ROOM	50.00	0	18,159	0	17.00
18.00	ENDOSCOPY	50.01	0	176,266	0	18.00
19.00	RECOVERY ROOM	51.00	0	95	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,480	0	20.00
21.00	LABORATORY	60.00	0	2,700	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	19,275	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	1,350	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,120	0	24.00
25.00	CLINIC	90.00	0	2,820	0	25.00
26.00	WOUND CARE	90.01	0	1,980	0	26.00
27.00	EMERGENCY	91.00	0	3,123	0	27.00
	O		0	825,713		
	G - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,933,695	9	1.00
	O		0	1,933,695		
	H - DRUGS SOLD					
1.00	PHARMACY	15.00	0	2,670,547	0	1.00
	O		0	2,670,547		
	I - HEART CENTER RECLASS					
1.00	RUSH HEART CENTER	90.04	0	40	0	1.00
	O		0	40		
	J - IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	16	0	1.00
2.00	OPERATING ROOM	50.00	0	3,895,457	0	2.00
3.00	ENDOSCOPY	50.01	0	365	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,281	0	4.00
5.00	RADIOISOTOPE	56.00	0	22,897	0	5.00
6.00	CLINIC	90.00	0	65,965	0	6.00
7.00	EMERGENCY	91.00	0	209,795	0	7.00
	O		0	4,314,776		
500.00	Grand Total: Decreases		396,286	11,078,851		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

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

Worksheet A-7
Part I
Date/Time Prepared:
11/20/2017 9:30 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,280,216	400,000	0	400,000	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	42,898,275	0	0	0	1,222,644	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	37,950,560	3,324,912	0	3,324,912	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	89,129,051	3,724,912	0	3,724,912	1,222,644	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	89,129,051	3,724,912	0	3,724,912	1,222,644	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,680,216	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	41,675,631	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	41,275,472	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	91,631,319	0	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	91,631,319	0	0	0	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

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

Worksheet A-7
Part II
Date/Time Prepared:
11/20/2017 9:30 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	NEW CAP REL COSTS-BLDG & FIXT	3,333,700	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,333,700	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,333,700				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,333,700				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

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

Worksheet A-7
Part III
Date/Time Prepared:
11/20/2017 9:30 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	NEW CAP REL COSTS-BLDG & FIXT	50,355,847	0	50,355,847	0.549548	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	41,275,472	0	41,275,472	0.450452	0	2.00
3.00	Total (sum of lines 1-2)	91,631,319	0	91,631,319	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,694,682	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,371,659	825,713	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,066,341	825,713	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,694,682	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,197,372	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	4,892,054	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-9,062	OTHER ADMIN & GENERAL	5.06	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,172,519			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-372,218	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	294,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	437,964	NEW 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)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 OTHER MISC	B	-9,131	OTHER ADMIN & GENERAL	5.06	0 33.00
33.01 SALE OF SILVER	B	-6,183	RADIOLOGY-DIAGNOSTIC	54.00	0 33.01
33.02 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMIN & GENERAL	5.06	0 33.02
33.03 ER PHYSICIAN OPERATING INCOME	B	-7,778	EMERGENCY	91.00	0 33.03
33.05 INFO CENTER	B	-82	OTHER ADMIN & GENERAL	5.06	0 33.05
34.00 INTEREST INCOME	B	-110,705	OTHER ADMIN & GENERAL	5.06	0 34.00
34.01 MEDICAL EXEC INCOME	B	-141,985	OTHER ADMIN & GENERAL	5.06	0 34.01
35.00 PULMONARY REHAB PROGRAM REVENUE	B	-6,871	PULMONARY REHAB	90.02	0 35.00
36.00 NSGO REVENUE	B	-14,832	NURSING ADMINISTRATION	13.00	0 36.00
38.00 DIABETES ENDOCRINE OPERATING INCOME	B	-1,800	CLINIC	90.00	0 38.00
40.00 BREAST CENTER CLIENT REVENUE	B	-35,441	RADIOISOTOPE	56.00	0 40.00
41.00 LAB CLIENT REVENUE	B	-59,134	LABORATORY	60.00	0 41.00
42.00 BLOOD BANK CLIENT REVENUE	B	-1,104	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 42.00
43.00 NUCLEAR MED CLIENT REVENUE	B	-350	RADIOISOTOPE	56.00	0 43.00
44.00 DIAGNOSTIC CLIENT REVENUE	B	-1,755	RADIOLOGY-DIAGNOSTIC	54.00	0 44.00
45.00 OTHER OPERATING INCOME	B	-266,200	OTHER ADMIN & GENERAL	5.06	0 45.00
45.01 CPD REVENUE	B	-48,523	CENTRAL SERVICES & SUPPLY	14.00	0 45.01
45.02 GAIN/LOSS ON ASSET DISPOSAL	B	-13,054	OTHER ADMIN & GENERAL	5.06	0 45.02
45.03 INFORMATION SERVICES OTHER OPERATING	B	-650	DATA PROCESSING	5.02	0 45.03
45.04 RT - CLIENT REVENUE	B	-23,000	RESPIRATORY THERAPY	65.00	0 45.04
45.05 PROVIDER ASSESSMENT TAX	A	-3,342,150	OTHER ADMIN & GENERAL	5.06	0 45.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,113,374			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0063

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

Worksheet A-8-2

Date/Time Prepared:
11/20/2017 9:30 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	OTHER ADMIN & GENERAL	706,034	646,034	60,000	177,200	528	1.00
2.00	41.00	SUBPROVIDER - IRF	44,086	44,086	0	0	0	2.00
3.00	44.00	SKILLED NURSING FACILITY	11,665	11,665	0	0	0	3.00
4.00	50.01	ENDOSCOPY	96,000	96,000	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	50,000	50,000	0	0	0	5.00
6.00	60.00	LABORATORY	50,000	50,000	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	30,650	30,650	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	30,650	30,650	0	0	0	8.00
9.00	90.00	CLINIC	882,276	847,276	35,000	177,200	520	9.00
10.00	90.02	PULMONARY REHAB	4,000	0	4,000	177,200	36	10.00
11.00	90.04	RUSH HEART CENTER	192,000	192,000	0	0	0	11.00
12.00	91.00	EMERGENCY	3,233,210	3,158,207	75,003	177,200	1,248	12.00
200.00			5,330,571	5,156,568	174,003		2,332	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	OTHER ADMIN & GENERAL	44,982	2,249	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	2.00
3.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	3.00
4.00	50.01	ENDOSCOPY	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	44,300	2,215	0	0	0	9.00
10.00	90.02	PULMONARY REHAB	3,067	153	0	0	0	10.00
11.00	90.04	RUSH HEART CENTER	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	106,320	5,316	0	0	0	12.00
200.00			198,669	9,933	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	OTHER ADMIN & GENERAL	0	44,982	15,018	661,052	1.00
2.00	41.00	SUBPROVIDER - IRF	0	0	0	44,086	2.00
3.00	44.00	SKILLED NURSING FACILITY	0	0	0	11,665	3.00
4.00	50.01	ENDOSCOPY	0	0	0	96,000	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	50,000	5.00
6.00	60.00	LABORATORY	0	0	0	50,000	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	30,650	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	30,650	8.00
9.00	90.00	CLINIC	0	44,300	0	847,276	9.00
10.00	90.02	PULMONARY REHAB	0	3,067	933	933	10.00
11.00	90.04	RUSH HEART CENTER	0	0	0	192,000	11.00
12.00	91.00	EMERGENCY	0	106,320	0	3,158,207	12.00
200.00			0	198,669	15,951	5,172,519	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,694,682	1,694,682			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	3,197,372		3,197,372		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,625,338	21,762	4,591	12,651,691	4.00
5.01 00540	NONPATIENT TELEPHONES	136,971	1,878	2,572	0	5.01
5.02 00550	DATA PROCESSING	1,091,441	17,329	239,804	101,261	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	442,006	51,242	12,705	74,776	5.03
5.04 00570	ADMINISTRATIVE	982,090	13,076	13,460	182,127	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	19,386	62,255	0	5.05
5.06 00590	OTHER ADMIN & GENERAL	12,179,812	74,901	93,706	1,029,754	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,777,164	625,734	77,759	180,108	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	81,123	7,303	577	14,495	8.00
9.00 00900	HOUSEKEEPING	1,437,832	13,502	11,758	139,077	9.00
10.00 01000	DIETARY	818,928	64,429	20,044	53,320	10.00
11.00 01100	CAFETERIA	1,001,075	0	0	88,485	11.00
13.00 01300	NURSING ADMINISTRATION	2,031,139	15,332	54,375	417,677	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	839,424	32,796	49,836	81,296	14.00
15.00 01500	PHARMACY	1,494,840	9,595	18,909	288,592	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,018,331	25,908	72,750	149,540	16.00
17.00 01700	SOCIAL SERVICE	641,707	2,527	329	137,255	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	321,260	0	0	6,699	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,810,796	108,511	118,711	1,376,466	30.00
31.00 03100	INTENSIVE CARE UNIT	2,693,589	29,851	138,387	547,987	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	604,299	45,143	19,256	128,217	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
44.00 04400	SKILLED NURSING FACILITY	1,466,718	62,627	20,123	301,343	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,202,774	79,255	255,632	688,707	50.00
50.01 05001	ENDOSCOPY	934,917	16,225	95,307	143,733	50.01
51.00 05100	RECOVERY ROOM	874,653	6,438	11,192	189,580	51.00
53.00 05300	ANESTHESIOLOGY	854,288	1,527	57,406	113,032	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,000,541	57,556	543,976	773,927	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,004,598	56,049	448,860	127,403	56.00
56.01 05602	ULTRASOUND/VASC LAB	584,372	2,376	99,151	111,992	56.01
57.00 05700	CT SCAN	1,090,554	1,981	227,862	152,450	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	3,575,711	38,732	91,610	390,673	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	409,624	2,177	92	39,374	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	806,603	6,657	85,107	145,710	65.00
66.00 06600	PHYSICAL THERAPY	1,268,731	39,099	14,467	264,873	66.00
67.00 06700	OCCUPATIONAL THERAPY	566,775	5,143	2,002	123,258	67.00
68.00 06800	SPEECH PATHOLOGY	137,969	933	234	29,684	68.00
69.00 06900	ELECTROCARDIOLOGY	647,081	4,796	57,784	113,039	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	33,012	969	2,725	11,443	70.00
70.01 07001	SLEEP LAB	0	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	357,073	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,314,776	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,670,547	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	313,051	0	165	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	738,792	72,773	32,372	266,991	90.00
90.01 09001	WOUND CARE	844,269	16,787	9,844	138,582	90.01
90.02 09002	PULMONARY REHAB	159,906	0	7,877	33,629	90.02
90.03 09003	SPINE CENTER	0	0	0	0	90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	90.04
91.00 09100	EMERGENCY	5,442,744	36,903	61,559	1,758,478	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,221,298	1,689,208	3,137,131	10,915,033	140,952	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,198	82	0	469	190.00
190.01	19001	ADC	0	0	13,181	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,049,208	1,276	46,978	1,736,658	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	114,270,506	1,694,682	3,197,372	12,651,691	141,421	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	1,452,649				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	6,130	590,611			5.03
5.04	00570	ADMINING	13,461	2,051	1,209,314		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,645	0	89,915	5.05
5.06	00590	OTHER ADMIN & GENERAL	230,619	5,023	0	0	13,630,699
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	79,128	757	0	0	6,748,155
8.00	00800	LAUNDRY & LINEN SERVICE	1,111	46	0	0	104,655
9.00	00900	HOUSEKEEPING	19,703	45	0	0	1,622,855
10.00	01000	DIETARY	30,140	1,587	0	0	994,311
11.00	01100	CAFETERIA	0	0	0	0	1,089,560
13.00	01300	NURSING ADMINISTRATION	28,058	732	0	0	2,550,362
14.00	01400	CENTRAL SERVICES & SUPPLY	17,051	49,363	0	0	1,071,408
15.00	01500	PHARMACY	60,955	14,892	0	0	1,890,128
16.00	01600	MEDICAL RECORDS & LIBRARY	14,002	1,504	0	0	1,290,478
17.00	01700	SOCIAL SERVICE	8,825	88	0	0	791,435
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,400	55	0	0	332,414
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	94,760	19,579	65,165	4,845	8,610,794
31.00	03100	INTENSIVE CARE UNIT	37,569	8,466	22,035	1,638	3,483,978
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,033	2,947	3,249	242	819,891
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	20,768	2,949	12,018	893	1,891,661
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	207,019	244,999	161,297	11,991	12,858,710
50.01	05001	ENDOSCOPY	16,537	17,142	30,500	2,267	1,260,850
51.00	05100	RECOVERY ROOM	11,980	387	23,982	1,783	1,119,995
53.00	05300	ANESTHESIOLOGY	12,384	32,809	49,425	3,674	1,124,545
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,625	82,179	140,872	10,473	7,701,185
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	14,562	4,328	22,522	1,674	1,685,625
56.01	05602	ULTRASOUND/VASC LAB	8,003	1,861	17,332	1,289	827,314
57.00	05700	CT SCAN	14,935	3,588	80,766	6,004	1,578,844
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	50,501	23,215	184,078	13,699	4,376,897
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,625	946	6,170	459	464,467
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,625	8,952	15,379	1,143	1,083,521
66.00	06600	PHYSICAL THERAPY	17,394	3,704	19,999	1,487	1,631,630
67.00	06700	OCCUPATIONAL THERAPY	7,762	2,666	8,144	605	716,824
68.00	06800	SPEECH PATHOLOGY	1,889	136	2,231	166	173,946
69.00	06900	ELECTROCARDIOLOGY	9,296	2,559	29,168	2,168	865,891
70.00	07000	ELECTROENCEPHALOGRAPHY	872	179	420	31	49,886
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,411	105	358,589
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	73,194	5,441	4,393,411
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73,650	5,475	2,749,672
74.00	07400	RENAL DIALYSIS	4,287	0	4,647	345	322,495
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	22,688	3,341	10,326	768	1,153,445
90.01	09001	WOUND CARE	11,589	8,093	10,749	799	1,041,181
90.02	09002	PULMONARY REHAB	2,297	105	1,024	76	204,914
90.03	09003	SPIRE CENTER	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	2,630	0	0	0	2,630
91.00	09100	EMERGENCY	120,812	26,099	139,561	10,375	7,600,987
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,315,025	580,017	1,209,314	89,915	102,270,238	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	4,751	190.00
190.01	19001 ADC	0	518	0	0	13,699	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	137,624	10,074	0	0	11,981,818	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,452,649	590,611	1,209,314	89,915	114,270,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
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	OTHER ADMIN & GENERAL	13,630,699					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	913,970	0	7,662,125			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,174	0	64,366	183,195		8.00
9.00	00900	HOUSEKEEPING	219,799	0	118,999	0	1,961,653	9.00
10.00	01000	DIETARY	134,669	0	567,838	0	60,873	10.00
11.00	01100	CAFETERIA	147,570	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	345,421	0	135,126	0	17,730	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	145,111	0	289,049	396	29,550	14.00
15.00	01500	PHARMACY	255,999	0	84,568	80	15,457	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	174,782	0	228,337	0	41,597	16.00
17.00	01700	SOCIAL SERVICE	107,192	0	22,275	0	4,182	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	45,022	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,166,246	0	956,352	37,052	399,422	30.00
31.00	03100	INTENSIVE CARE UNIT	471,870	0	263,084	8,029	99,560	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	111,046	0	397,859	14,503	104,788	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	256,207	0	551,957	2,008	141,839	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,741,629	0	698,502	31,689	238,762	50.00
50.01	05001	ENDOSCOPY	170,770	0	142,996	4,315	17,730	50.01
51.00	05100	RECOVERY ROOM	151,692	0	56,742	5,348	11,820	51.00
53.00	05300	ANESTHESIOLOGY	152,308	0	13,456	0	29,550	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,043,048	0	507,267	16,264	141,112	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	228,301	0	493,986	2,872	45,007	56.00
56.01	05602	ULTRASOUND/VASC LAB	112,051	0	20,940	0	11,820	56.01
57.00	05700	CT SCAN	213,839	0	17,462	0	5,910	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	592,807	0	341,363	0	118,199	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,907	0	19,183	0	5,910	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	146,752	0	58,674	0	16,002	65.00
66.00	06600	PHYSICAL THERAPY	220,988	0	344,596	5,224	70,920	66.00
67.00	06700	OCCUPATIONAL THERAPY	97,087	0	45,323	2,127	19,321	67.00
68.00	06800	SPEECH PATHOLOGY	23,559	0	8,221	0	4,182	68.00
69.00	06900	ELECTROCARDIOLOGY	117,276	0	42,266	1,055	70,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,757	0	8,538	225	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,567	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	595,044	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	372,416	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	43,679	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	156,223	0	641,374	843	79,284	90.00
90.01	09001	WOUND CARE	141,018	0	147,950	463	70,920	90.01
90.02	09002	PULMONARY REHAB	27,754	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	356	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,029,478	0	325,237	50,702	83,376	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,005,384	0	7,613,886	183,195	1,955,743	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

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Cost Center Description		OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	643	0	36,996	0	5,910	190.00
190.01	19001	ADC	1,855	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,622,817	0	11,243	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,630,699	0	7,662,125	183,195	1,961,653	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/20/2017 9:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,757,691					10.00
11.00	01100	CAFETERIA	0	1,237,130				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,618	3,053,257			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,018	0	1,553,532		14.00
15.00	01500	PHARMACY	0	27,872	0	0	2,274,104	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,862	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,822	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,118,601	219,739	860,336	43,495	0	30.00
31.00	03100	INTENSIVE CARE UNIT	110,517	71,762	280,557	21,333	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	65,270	19,894	72,607	6,692	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	463,303	48,178	201,747	6,471	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	89,698	355,181	452,351	0	50.00
50.01	05001	ENDOSCOPY	0	18,987	0	47,796	0	50.01
51.00	05100	RECOVERY ROOM	0	20,244	81,683	1,019	0	51.00
53.00	05300	ANESTHESIOLOGY	0	9,030	41,695	92,478	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	87,883	0	215,818	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	15,400	0	9,141	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	12,184	0	5,090	0	56.01
57.00	05700	CT SCAN	0	17,276	0	9,471	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	68,423	0	55,420	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,339	0	2,719	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,894	0	25,039	0	65.00
66.00	06600	PHYSICAL THERAPY	0	27,954	118,557	8,905	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,730	57,400	7,218	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,907	12,427	277	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,111	65,693	6,371	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,031	0	371	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	140,768	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	254,308	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	38,328	2,274,104	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	32,160	131,337	4,523	0	90.00
90.01	09001	WOUND CARE	0	14,286	62,768	21,776	0	90.01
90.02	09002	PULMONARY REHAB	0	3,237	19,196	276	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	147,771	692,073	63,760	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	129	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	166,820	0	12,189	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,757,691	1,237,130	3,053,257	1,553,532	2,274,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
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 OTHER ADMIN & GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,762,056				16.00
17.00 01700 SOCIAL SERVICE	0	939,906			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		377,436	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	94,954	886,047	0	377,436	14,770,474
31.00 03100 INTENSIVE CARE UNIT	32,108	0	0	0	4,842,798
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100 SUBPROVIDER - I RF	4,734	53,859	0	0	1,671,143
42.00 04200 SUBPROVIDER	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	17,512	0	0	0	3,580,883
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	235,030	0	0	0	16,701,552
50.01 05001 ENDOSCOPY	44,443	0	0	0	1,707,887
51.00 05100 RECOVERY ROOM	34,944	0	0	0	1,483,487
53.00 05300 ANESTHESIOLOGY	72,019	0	0	0	1,535,081
54.00 05400 RADIOLOGY-DIAGNOSTIC	205,268	0	0	0	9,917,845
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	32,818	0	0	0	2,513,150
56.01 05602 ULTRASOUND/VASC LAB	25,255	0	0	0	1,014,654
57.00 05700 CT SCAN	117,687	0	0	0	1,960,489
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	268,159	0	0	0	5,821,268
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,990	0	0	0	569,515
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	22,409	0	0	0	1,368,291
66.00 06600 PHYSICAL THERAPY	29,141	0	0	0	2,457,915
67.00 06700 OCCUPATIONAL THERAPY	11,866	0	0	0	970,896
68.00 06800 SPEECH PATHOLOGY	3,251	0	0	0	228,770
69.00 06900 ELECTROCARDIOLOGY	42,502	0	0	0	1,227,085
70.00 07000 ELECTROENCEPHALOGRAPHY	612	0	0	0	67,420
70.01 07001 SLEEP LAB	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,056	0	0	0	549,980
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	106,652	0	0	0	5,349,415
73.00 07300 DRUGS CHARGED TO PATIENTS	107,317	0	0	0	5,541,837
74.00 07400 RENAL DIALYSIS	6,771	0	0	0	372,945
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	15,046	0	0	0	2,214,235
90.01 09001 WOUND CARE	15,663	0	0	0	1,516,025
90.02 09002 PULMONARY REHAB	1,491	0	0	0	256,868
90.03 09003 SPINE CENTER	0	0	0	0	0
90.04 09004 RUSH HEART CENTER	0	0	0	0	2,986
91.00 09100 EMERGENCY	203,358	0	0	0	10,196,742
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,762,056	939,906	0	377,436	100,411,636	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	48,300	190.00
190.01 19001 ADC	0	0	0	0	15,683	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	13,794,887	192.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,762,056	939,906	0	377,436	114,270,506	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
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	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-377,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE	0	90.01
90.02	09002	PULMONARY REHAB	0	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	-377,436	100,034,200
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,300
190.01	19001	ADC	0	15,683
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,794,887
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	-377,436	113,893,070

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,762	4,591	26,353	26,353 4. 00
5. 01 00540	NONPATIENT TELEPHONES	0	1,878	2,572	4,450	0 5. 01
5. 02 00550	DATA PROCESSING	0	17,329	239,804	257,133	211 5. 02
5. 03 00560	PURCHASING RECEIVING AND STORES	0	51,242	12,705	63,947	156 5. 03
5. 04 00570	ADMINITTING	0	13,076	13,460	26,536	379 5. 04
5. 05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	19,386	62,255	81,641	0 5. 05
5. 06 00590	OTHER ADMIN & GENERAL	0	74,901	93,706	168,607	2,144 5. 06
6. 00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6. 00
7. 00 00700	OPERATION OF PLANT	0	625,734	77,759	703,493	375 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	7,303	577	7,880	30 8. 00
9. 00 00900	HOUSEKEEPING	0	13,502	11,758	25,260	290 9. 00
10. 00 01000	DIETARY	0	64,429	20,044	84,473	111 10. 00
11. 00 01100	CAFETERIA	0	0	0	0	184 11. 00
13. 00 01300	NURSING ADMINISTRATION	0	15,332	54,375	69,707	870 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	32,796	49,836	82,632	169 14. 00
15. 00 01500	PHARMACY	0	9,595	18,909	28,504	601 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	25,908	72,750	98,658	311 16. 00
17. 00 01700	SOCIAL SERVICE	0	2,527	329	2,856	286 17. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	14 22. 00
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	108,511	118,711	227,222	2,867 30. 00
31. 00 03100	INTENSIVE CARE UNIT	0	29,851	138,387	168,238	1,141 31. 00
40. 00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40. 00
41. 00 04100	SUBPROVIDER - I/RF	0	45,143	19,256	64,399	267 41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	0 42. 00
44. 00 04400	SKILLED NURSING FACILITY	0	62,627	20,123	82,750	628 44. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	79,255	255,632	334,887	1,434 50. 00
50. 01 05001	ENDOSCOPY	0	16,225	95,307	111,532	299 50. 01
51. 00 05100	RECOVERY ROOM	0	6,438	11,192	17,630	395 51. 00
53. 00 05300	ANESTHESIOLOGY	0	1,527	57,406	58,933	235 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	57,556	543,976	601,532	1,612 54. 00
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55. 00
56. 00 05600	RADIOISOTOPE	0	56,049	448,860	504,909	265 56. 00
56. 01 05602	ULTRASOUND/VASC LAB	0	2,376	99,151	101,527	233 56. 01
57. 00 05700	CT SCAN	0	1,981	227,862	229,843	317 57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59. 00
60. 00 06000	LABORATORY	0	38,732	91,610	130,342	814 60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	0 60. 01
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,177	92	2,269	82 62. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64. 00
65. 00 06500	RESPIRATORY THERAPY	0	6,657	85,107	91,764	303 65. 00
66. 00 06600	PHYSICAL THERAPY	0	39,099	14,467	53,566	552 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	0	5,143	2,002	7,145	257 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	933	234	1,167	62 68. 00
69. 00 06900	ELECTROCARDIOLOGY	0	4,796	57,784	62,580	235 69. 00
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	969	2,725	3,694	24 70. 00
70. 01 07001	SLEEP LAB	0	0	0	0	0 70. 01
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73. 00
74. 00 07400	RENAL DIALYSIS	0	0	165	165	0 74. 00
OUTPATIENT SERVICE COST CENTERS						
88. 00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88. 00
89. 00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89. 00
90. 00 09000	CLINIC	0	72,773	32,372	105,145	556 90. 00
90. 01 09001	WOUND CARE	0	16,787	9,844	26,631	289 90. 01
90. 02 09002	PULMONARY REHAB	0	0	7,877	7,877	70 90. 02
90. 03 09003	SPI NE CENTER	0	0	0	0	0 90. 03
90. 04 09004	RUSH HEART CENTER	0	0	0	0	0 90. 04
91. 00 09100	EMERGENCY	0	36,903	61,559	98,462	3,668 91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92. 00
OTHER REIMBURSABLE COST CENTERS						
99. 10 09910	CORF	0	0	0	0	0 99. 10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,689,208	3,137,131	4,826,339	22,736 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,198	82	4,280	0 190.00
190.01 19001	ADC	0	0	13,181	13,181	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,276	46,978	48,254	3,617 192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	1,694,682	3,197,372	4,892,054	26,353 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/20/2017 9:30 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	4,450					5.01
5.02	00550	DATA PROCESSING	89	257,433				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	118	1,086	65,307			5.03
5.04	00570	ADMINISTRATIVE	96	2,385	227	29,623		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	177	0	293	0	82,111	5.05
5.06	00590	OTHER ADMIN & GENERAL	531	40,867	555	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	236	14,023	84	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	197	5	0	0	8.00
9.00	00900	HOUSEKEEPING	30	3,492	5	0	0	9.00
10.00	01000	DIETARY	184	5,341	175	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	96	4,972	81	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	52	3,022	5,458	0	0	14.00
15.00	01500	PHARMACY	74	10,802	1,647	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	266	2,481	166	0	0	16.00
17.00	01700	SOCIAL SERVICE	22	1,564	10	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	780	6	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	376	16,793	2,165	1,600	4,416	30.00
31.00	03100	INTENSIVE CARE UNIT	140	6,658	936	541	1,493	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	236	1,601	326	80	220	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	133	3,681	326	295	815	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221	36,687	27,089	3,960	10,932	50.00
50.01	05001	ENDOSCOPY	133	2,931	1,895	749	2,067	50.01
51.00	05100	RECOVERY ROOM	0	2,123	43	589	1,625	51.00
53.00	05300	ANESTHESIOLOGY	0	2,195	3,628	1,213	3,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	221	14,997	9,087	3,458	9,547	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	177	2,581	479	553	1,526	56.00
56.01	05602	ULTRASOUND/VASC LAB	30	1,418	206	426	1,175	56.01
57.00	05700	CT SCAN	22	2,647	397	1,983	5,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	273	8,950	2,567	4,452	12,628	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	997	105	151	418	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	74	2,060	990	378	1,042	65.00
66.00	06600	PHYSICAL THERAPY	59	3,082	410	491	1,355	66.00
67.00	06700	OCCUPATIONAL THERAPY	15	1,376	295	200	552	67.00
68.00	06800	SPEECH PATHOLOGY	22	335	15	55	151	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,647	283	716	1,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7	155	20	10	28	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35	96	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,797	4,961	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,808	4,992	73.00
74.00	07400	RENAL DIALYSIS	0	760	0	114	315	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	170	4,021	369	254	700	90.00
90.01	09001	WOUND CARE	15	2,054	895	264	728	90.01
90.02	09002	PULMONARY REHAB	0	407	12	25	69	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	466	0	0	0	90.04
91.00	09100	EMERGENCY	140	21,410	2,886	3,426	9,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/20/2017 9:30 am	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,435	233,044	64,136	29,623	82,111	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15	0	0	0	0	190.00
190.01	19001 ADC	0	0	57	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	24,389	1,114	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,450	257,433	65,307	29,623	82,111	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/20/2017 9:30 am		
Cost Center Description			OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.06	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
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	OTHER ADMIN & GENERAL	212,704				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	14,266	0	732,477		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	221	0	6,153	14,486	8.00
9.00	00900	HOUSEKEEPING	3,431	0	11,376	0	43,884
10.00	01000	DIETARY	2,102	0	54,284	0	1,362
11.00	01100	CAFETERIA	2,303	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,391	0	12,918	0	397
14.00	01400	CENTRAL SERVICES & SUPPLY	2,265	0	27,632	31	661
15.00	01500	PHARMACY	3,996	0	8,084	6	346
16.00	01600	MEDICAL RECORDS & LIBRARY	2,728	0	21,828	0	931
17.00	01700	SOCIAL SERVICE	1,673	0	2,129	0	94
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	703	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,203	0	91,425	2,930	8,934
31.00	03100	INTENSIVE CARE UNIT	7,365	0	25,150	635	2,227
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	1,733	0	38,034	1,147	2,344
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	3,999	0	52,766	159	3,173
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,136	0	66,775	2,506	5,341
50.01	05001	ENDOSCOPY	2,665	0	13,670	341	397
51.00	05100	RECOVERY ROOM	2,368	0	5,424	423	264
53.00	05300	ANESTHESIOLOGY	2,377	0	1,286	0	661
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,280	0	48,493	1,286	3,157
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	3,563	0	47,224	227	1,007
56.01	05602	ULTRASOUND/VASC LAB	1,749	0	2,002	0	264
57.00	05700	CT SCAN	3,338	0	1,669	0	132
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,253	0	32,633	0	2,644
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	982	0	1,834	0	132
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,291	0	5,609	291	358
66.00	06600	PHYSICAL THERAPY	3,449	0	32,942	413	1,587
67.00	06700	OCCUPATIONAL THERAPY	1,515	0	4,333	168	432
68.00	06800	SPEECH PATHOLOGY	368	0	786	0	94
69.00	06900	ELECTROCARDIOLOGY	1,830	0	4,041	83	1,587
70.00	07000	ELECTROENCEPHALOGRAPHY	105	0	816	18	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	758	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,288	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,813	0	0	0	0
74.00	07400	RENAL DIALYSIS	682	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	2,438	0	61,313	67	1,774
90.01	09001	WOUND CARE	2,201	0	14,144	37	1,587
90.02	09002	PULMONARY REHAB	433	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	6	0	0	0	0
91.00	09100	EMERGENCY	16,068	0	31,092	4,009	1,865
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	187,335	0	727,865	14,486	43,752

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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

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Cost Center Description		OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	0	3,537	0	132	190.00
190.01	19001	ADC	29	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,330	0	1,075	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	212,704	0	732,477	14,486	43,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/20/2017 9:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	148,032					10.00
11.00	01100	CAFETERIA	0	2,487				11.00
13.00	01300	NURSING ADMINISTRATION	0	9	94,441			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36	0	121,958		14.00
15.00	01500	PHARMACY	0	56	0	0	54,116	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	30	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	94,208	441	26,612	3,415	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,308	144	8,678	1,675	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,497	40	2,246	525	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	39,019	97	6,240	508	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	180	10,986	35,508	0	50.00
50.01	05001	ENDOSCOPY	0	38	0	3,752	0	50.01
51.00	05100	RECOVERY ROOM	0	41	2,527	80	0	51.00
53.00	05300	ANESTHESIOLOGY	0	18	1,290	7,260	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	177	0	16,943	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	31	0	718	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	24	0	400	0	56.01
57.00	05700	CT SCAN	0	35	0	744	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	138	0	4,351	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11	0	213	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	32	0	1,966	0	65.00
66.00	06600	PHYSICAL THERAPY	0	56	3,667	699	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28	1,775	567	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6	384	22	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30	2,032	500	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	29	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,051	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,964	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,009	54,116	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	65	4,062	355	0	90.00
90.01	09001	WOUND CARE	0	29	1,941	1,710	0	90.01
90.02	09002	PULMONARY REHAB	0	7	594	22	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	297	21,407	5,005	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description		DI ETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	10	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	335	0	957	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	148,032	2,487	94,441	121,958	54,116	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
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To 06/30/2017

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
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 OTHER ADMIN & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	127,423					16.00
17.00 01700 SOCIAL SERVICE	0	8,664				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,503		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,873	8,168			516,648	30.00
31.00 03100 INTENSIVE CARE UNIT	2,324	0			236,653	31.00
40.00 04000 SUBPROVIDER - IPF	0	0			0	40.00
41.00 04100 SUBPROVIDER - IRF	343	496			119,534	41.00
42.00 04200 SUBPROVIDER	0	0			0	42.00
44.00 04400 SKILLED NURSING FACILITY	1,267	0			195,856	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	17,011	0			580,653	50.00
50.01 05001 ENDOSCOPY	3,217	0			143,686	50.01
51.00 05100 RECOVERY ROOM	2,529	0			36,061	51.00
53.00 05300 ANESTHESIOLOGY	5,213	0			87,659	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,857	0			741,647	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0			0	55.00
56.00 05600 RADIOISOTOPE	2,375	0			565,635	56.00
56.01 05602 ULTRASOUND/VASC LAB	1,828	0			111,282	56.01
57.00 05700 CT SCAN	8,518	0			255,119	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0			0	59.00
60.00 06000 LABORATORY	19,297	0			228,342	60.00
60.01 06001 BLOOD LABORATORY	0	0			0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	651	0			7,845	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0			0	64.00
65.00 06500 RESPIRATORY THERAPY	1,622	0			108,489	65.00
66.00 06600 PHYSICAL THERAPY	2,109	0			104,437	66.00
67.00 06700 OCCUPATIONAL THERAPY	859	0			19,517	67.00
68.00 06800 SPEECH PATHOLOGY	235	0			3,702	68.00
69.00 06900 ELECTROCARDIOLOGY	3,076	0			80,617	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	44	0			4,952	70.00
70.01 07001 SLEEP LAB	0	0			0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	149	0			12,089	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,719	0			43,729	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,767	0			77,505	73.00
74.00 07400 RENAL DIALYSIS	490	0			2,526	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0			0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90.00 09000 CLINIC	1,089	0			182,378	90.00
90.01 09001 WOUND CARE	1,134	0			53,659	90.01
90.02 09002 PULMONARY REHAB	108	0			9,624	90.02
90.03 09003 SPINE CENTER	0	0			0	90.03
90.04 09004 RUSH HEART CENTER	0	0			472	90.04
91.00 09100 EMERGENCY	14,719	0			233,913	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0			0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0			0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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

Worksheet B
Part II
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	0	0			0	110.00
111.00 11100	0	0			0	111.00
118.00	127,423	8,664	0	0	4,764,229	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0			7,974	190.00
190.01 19001	0	0			13,277	190.01
192.00 19200	0	0			105,071	192.00
200.00			0	1,503	1,503	200.00
201.00	0	0	0	0	0	201.00
202.00	127,423	8,664	0	1,503	4,892,054	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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

Worksheet B
Part II
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
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	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	516,648	30.00
31.00	03100	INTENSIVE CARE UNIT	236,653	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	119,534	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	195,856	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	580,653	50.00
50.01	05001	ENDOSCOPY	143,686	50.01
51.00	05100	RECOVERY ROOM	36,061	51.00
53.00	05300	ANESTHESIOLOGY	87,659	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	741,647	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	565,635	56.00
56.01	05602	ULTRASOUND/VASC LAB	111,282	56.01
57.00	05700	CT SCAN	255,119	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	228,342	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,845	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	108,489	65.00
66.00	06600	PHYSICAL THERAPY	104,437	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,517	67.00
68.00	06800	SPEECH PATHOLOGY	3,702	68.00
69.00	06900	ELECTROCARDIOLOGY	80,617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,952	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,505	73.00
74.00	07400	RENAL DIALYSIS	2,526	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	182,378	90.00
90.01	09001	WOUND CARE	53,659	90.01
90.02	09002	PULMONARY REHAB	9,624	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	472	90.04
91.00	09100	EMERGENCY	233,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

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

Worksheet B
Part II
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,764,229	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,974	190.00
190.01	19001	ADC	0	13,277	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	105,071	192.00
200.00		Cross Foot Adjustments	0	1,503	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,892,054	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	425,111				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,902,083			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,459	2,731	56,661,257		4.00
5.01	00540	NONPATIENT TELEPHONES	471	1,530	0	603	5.01
5.02	00550	DATA PROCESSING	4,347	142,657	453,502	12	106,072,149
5.03	00560	PURCHASING RECEIVING AND STORES	12,854	7,558	334,890	16	447,607
5.04	00570	ADMINISTRATIVE	3,280	8,007	815,669	13	982,900
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	0	24	0
5.06	00590	OTHER ADMIN & GENERAL	18,789	55,745	4,611,818	72	16,840,305
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	156,966	46,258	806,623	32	5,777,884
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	64,917	8	81,123
9.00	00900	HOUSEKEEPING	3,387	6,995	622,867	4	1,438,732
10.00	01000	DIETARY	16,162	11,924	238,798	25	2,200,827
11.00	01100	CAFETERIA	0	0	396,286	0	0
13.00	01300	NURSING ADMINISTRATION	3,846	32,347	1,870,594	13	2,048,761
14.00	01400	CENTRAL SERVICES & SUPPLY	8,227	29,647	364,089	7	1,245,036
15.00	01500	PHARMACY	2,407	11,249	1,292,478	10	4,450,895
16.00	01600	MEDICAL RECORDS & LIBRARY	6,499	43,278	669,724	36	1,022,381
17.00	01700	SOCIAL SERVICE	634	196	614,706	3	644,362
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	30,000	0	321,260
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,220	70,620	6,164,585	51	6,919,298
31.00	03100	INTENSIVE CARE UNIT	7,488	82,325	2,454,195	19	2,743,267
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	11,324	11,455	574,229	32	659,596
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	15,710	11,971	1,349,583	18	1,516,482
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,881	152,073	3,084,415	30	15,116,390
50.01	05001	ENDOSCOPY	4,070	56,697	643,718	18	1,207,549
51.00	05100	RECOVERY ROOM	1,615	6,658	849,045	0	874,748
53.00	05300	ANESTHESIOLOGY	383	34,150	506,220	0	904,288
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438	323,605	3,466,081	30	6,179,240
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	14,060	267,022	570,584	24	1,063,286
56.01	05602	ULTRASOUND/VASC LAB	596	58,984	501,562	4	584,372
57.00	05700	CT SCAN	497	135,553	682,757	3	1,090,554
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,716	54,498	1,749,651	37	3,687,545
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	176,339	0	410,728
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,670	50,629	652,573	10	848,879
66.00	06600	PHYSICAL THERAPY	9,808	8,606	1,186,250	8	1,270,081
67.00	06700	OCCUPATIONAL THERAPY	1,290	1,191	552,020	2	566,774
68.00	06800	SPEECH PATHOLOGY	234	139	132,941	3	137,969
69.00	06900	ELECTROCARDIOLOGY	1,203	34,375	506,250	0	678,811
70.00	07000	ELECTROENCEPHALOGRAPHY	243	1,621	51,247	1	63,662
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	98	0	0	313,051
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	18,255	19,258	1,195,734	23	1,656,652
90.01	09001	WOUND CARE	4,211	5,856	620,646	2	846,249
90.02	09002	PULMONARY REHAB	0	4,686	150,611	0	167,710
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	192,040
91.00	09100	EMERGENCY	9,257	36,621	7,875,331	19	8,821,647
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	48,883,528	601	96,022,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	27,947	7,777,729	0	10,049,208	192.00
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)	1,694,682	3,197,372	12,651,691	141,421	1,452,649	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.986446	1.680984	0.223286	234.529022	0.013695	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,353	4,450	257,433	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000465	7.379768	0.002427	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,351,639				5.03
5.04	00570	ADMITTING	15,115	418,107,956			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	418,107,956		5.05
5.06	00590	OTHER ADMIN & GENERAL	37,006	0	0	-13,630,699	100,639,807
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	6,748,155
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	104,655
9.00	00900	HOUSEKEEPING	330	0	0	0	1,622,855
10.00	01000	DIETARY	11,690	0	0	0	994,311
11.00	01100	CAFETERIA	0	0	0	0	1,089,560
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	2,550,362
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	1,071,408
15.00	01500	PHARMACY	109,723	0	0	0	1,890,128
16.00	01600	MEDICAL RECORDS & LIBRARY	11,080	0	0	0	1,290,478
17.00	01700	SOCIAL SERVICE	652	0	0	0	791,435
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	402	0	0	0	332,414
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	144,260	22,532,889	22,532,889	0	8,610,794
31.00	03100	INTENSIVE CARE UNIT	62,380	7,619,263	7,619,263	0	3,483,978
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	21,717	1,123,476	1,123,476	0	819,891
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	21,726	4,155,708	4,155,708	0	1,891,661
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,805,163	55,773,515	55,773,515	0	12,858,710
50.01	05001	ENDOSCOPY	126,302	10,546,434	10,546,434	0	1,260,850
51.00	05100	RECOVERY ROOM	2,852	8,292,394	8,292,394	0	1,119,995
53.00	05300	ANESTHESIOLOGY	241,735	17,090,421	17,090,421	0	1,124,545
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	48,710,886	48,710,886	0	7,701,185
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,892	7,787,734	7,787,734	0	1,685,625
56.01	05602	ULTRASOUND/VASC LAB	13,715	5,993,133	5,993,133	0	827,314
57.00	05700	CT SCAN	26,435	27,927,538	27,927,538	0	1,578,844
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	171,045	63,600,479	63,600,479	0	4,376,897
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,973	2,133,306	2,133,306	0	464,467
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	65,959	5,317,693	5,317,693	0	1,083,521
66.00	06600	PHYSICAL THERAPY	27,292	6,915,208	6,915,208	0	1,631,630
67.00	06700	OCCUPATIONAL THERAPY	19,641	2,815,896	2,815,896	0	716,824
68.00	06800	SPEECH PATHOLOGY	999	771,443	771,443	0	173,946
69.00	06900	ELECTROCARDIOLOGY	18,854	10,085,836	10,085,836	0	865,891
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	145,265	145,265	0	49,886
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	487,945	487,945	0	358,589
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,309,000	25,309,000	0	4,393,411
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,466,863	25,466,863	0	2,749,672
74.00	07400	RENAL DIALYSIS	0	1,606,811	1,606,811	0	322,495
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	24,619	3,570,441	3,570,441	0	1,153,445
90.01	09001	WOUND CARE	59,627	3,716,804	3,716,804	0	1,041,181
90.02	09002	PULMONARY REHAB	774	353,910	353,910	0	204,914
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	2,630
91.00	09100	EMERGENCY	192,301	48,257,665	48,257,665	0	7,600,987
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,273,584	418,107,956	418,107,956	-13,630,699	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	4,751	190.00
190.01	19001	ADC	3,813	0	0	13,699	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,224	0	0	11,981,818	192.00
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)	590,611	1,209,314	89,915	13,630,699	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.135722	0.002892	0.000215	0.135440	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	65,307	29,623	82,111	212,704	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.015007	0.000071	0.000196	0.002114	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
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	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT		218,082			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,832	617,297		8.00
9.00	00900	HOUSEKEEPING	0	3,387	0	43,150	9.00
10.00	01000	DIETARY	0	16,162	0	1,339	60,834
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,846	0	390	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,227	1,334	650	0
15.00	01500	PHARMACY	0	2,407	270	340	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,499	0	915	0
17.00	01700	SOCIAL SERVICE	0	634	0	92	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	27,220	124,851	8,786	38,715
31.00	03100	INTENSIVE CARE UNIT	0	7,488	27,053	2,190	3,825
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	11,324	48,871	2,305	2,259
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	15,710	6,766	3,120	16,035
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,881	106,780	5,252	0
50.01	05001	ENDOSCOPY	0	4,070	14,541	390	0
51.00	05100	RECOVERY ROOM	0	1,615	18,022	260	0
53.00	05300	ANESTHESIOLOGY	0	383	0	650	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,438	54,805	3,104	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	14,060	9,679	990	0
56.01	05602	ULTRASOUND/VASC LAB	0	596	0	260	0
57.00	05700	CT SCAN	0	497	0	130	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,716	0	2,600	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	546	0	130	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,670	0	352	0
66.00	06600	PHYSICAL THERAPY	0	9,808	17,602	1,560	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,290	7,167	425	0
68.00	06800	SPEECH PATHOLOGY	0	234	0	92	0
69.00	06900	ELECTROCARDIOLOGY	0	1,203	3,555	1,560	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	243	758	0	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	18,255	2,839	1,744	0
90.01	09001	WOUND CARE	0	4,211	1,559	1,560	0
90.02	09002	PULMONARY REHAB	0	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	9,257	170,845	1,834	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	216,709	617,297	43,020	60,834
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,053	0	130	190.00
190.01	19001	ADC	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	320	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	7,662,125	183,195	1,961,653	1,757,691
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	35.134147	0.296770	45.461251	28.893234
204.00		Cost to be allocated (per Wkst. B, Part II)	0	732,477	14,486	43,884	148,032
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.358723	0.023467	1.017010	2.433376

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
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	60,010					11.00
13.00	01300	224	759,960				13.00
14.00	01400	874	0	3,983,910			14.00
15.00	01500	1,352	0	0	1,000		15.00
16.00	01600	1,303	0	0	0	418,107,956	16.00
17.00	01700	719	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,659	214,139	111,539	0	22,532,889	30.00
31.00	03100	3,481	69,831	54,708	0	7,619,263	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	965	18,072	17,162	0	1,123,476	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	2,337	50,215	16,595	0	4,155,708	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,351	88,405	1,160,014	0	55,773,515	50.00
50.01	05001	921	0	122,569	0	10,546,434	50.01
51.00	05100	982	20,331	2,614	0	8,292,394	51.00
53.00	05300	438	10,378	237,153	0	17,090,421	53.00
54.00	05400	4,263	0	553,448	0	48,710,886	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	747	0	23,441	0	7,787,734	56.00
56.01	05602	591	0	13,054	0	5,993,133	56.01
57.00	05700	838	0	24,288	0	27,927,538	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,319	0	142,121	0	63,600,479	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	259	0	6,973	0	2,133,306	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	771	0	64,211	0	5,317,693	65.00
66.00	06600	1,356	29,509	22,835	0	6,915,208	66.00
67.00	06700	666	14,287	18,511	0	2,815,896	67.00
68.00	06800	141	3,093	710	0	771,443	68.00
69.00	06900	733	16,351	16,337	0	10,085,836	69.00
70.00	07000	50	0	952	0	145,265	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	360,988	0	487,945	71.00
72.00	07200	0	0	652,153	0	25,309,000	72.00
73.00	07300	0	0	98,288	1,000	25,466,863	73.00
74.00	07400	0	0	0	0	1,606,811	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,560	32,690	11,599	0	3,570,441	90.00
90.01	09001	693	15,623	55,844	0	3,716,804	90.01
90.02	09002	157	4,778	708	0	353,910	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	7,168	172,258	163,507	0	48,257,665	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		51,918	759,960	3,952,322	1,000	418,107,956	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	330	0	0	190.01
192.00	19200	8,092	0	31,258	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,237,130	3,053,257	1,553,532	2,274,104	1,762,056	202.00
203.00		20.615397	4.017655	0.389952	2,274.104000	0.004214	203.00
204.00		2,487	94,441	121,958	54,116	127,423	204.00
205.00		0.041443	0.124271	0.030613	54.116000	0.000305	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
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 OTHER ADMIN & GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	15,008				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	14,148	0	100		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	860	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS				
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,008	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	ADC	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
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)	939,906	0	377,436	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	62.626999	0.000000	3,774.360000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,664	0	1,503	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.577292	0.000000	15.030000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2017 9:30 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,393,038		14,393,038	0	14,393,038	30.00
31.00	03100	INTENSIVE CARE UNIT	4,842,798		4,842,798	0	4,842,798	31.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,671,143		1,671,143	0	1,671,143	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	3,580,883		3,580,883	0	3,580,883	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,701,552		16,701,552	0	16,701,552	50.00
50.01	05001	ENDOSCOPY	1,707,887		1,707,887	0	1,707,887	50.01
51.00	05100	RECOVERY ROOM	1,483,487		1,483,487	0	1,483,487	51.00
53.00	05300	ANESTHESIOLOGY	1,535,081		1,535,081	0	1,535,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,917,845		9,917,845	0	9,917,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,513,150		2,513,150	0	2,513,150	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,014,654		1,014,654	0	1,014,654	56.01
57.00	05700	CT SCAN	1,960,489		1,960,489	0	1,960,489	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	5,821,268		5,821,268	0	5,821,268	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	569,515		569,515	0	569,515	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,368,291	0	1,368,291	0	1,368,291	65.00
66.00	06600	PHYSICAL THERAPY	2,457,915	0	2,457,915	0	2,457,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	970,896	0	970,896	0	970,896	67.00
68.00	06800	SPEECH PATHOLOGY	228,770	0	228,770	0	228,770	68.00
69.00	06900	ELECTROCARDIOLOGY	1,227,085		1,227,085	0	1,227,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,420		67,420	0	67,420	70.00
70.01	07001	SLEEP LAB	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	549,980		549,980	0	549,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,349,415		5,349,415	0	5,349,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,541,837		5,541,837	0	5,541,837	73.00
74.00	07400	RENAL DIALYSIS	372,945		372,945	0	372,945	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,214,235		2,214,235	0	2,214,235	90.00
90.01	09001	WOUND CARE	1,516,025		1,516,025	0	1,516,025	90.01
90.02	09002	PULMONARY REHAB	256,868		256,868	933	257,801	90.02
90.03	09003	SPI NE CENTER	0		0	0	0	90.03
90.04	09004	RUSH HEART CENTER	2,986		2,986	0	2,986	90.04
91.00	09100	EMERGENCY	10,196,742		10,196,742	0	10,196,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,659,629		1,659,629	0	1,659,629	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	101,693,829	0	101,693,829	933	101,694,762	200.00
201.00		Less Observation Beds	1,659,629		1,659,629		1,659,629	201.00
202.00		Total (see instructions)	100,034,200	0	100,034,200	933	100,035,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2017 9:30 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	20,381,047		20,381,047		30.00
31.00	03100	INTENSIVE CARE UNIT	7,619,263		7,619,263		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,123,476		1,123,476		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	4,155,708		4,155,708		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,853,189	43,920,326	55,773,515	0.299453	50.00
50.01	05001	ENDOSCOPY	1,254,019	9,292,415	10,546,434	0.161940	50.01
51.00	05100	RECOVERY ROOM	1,439,407	6,852,987	8,292,394	0.178897	51.00
53.00	05300	ANESTHESIOLOGY	3,250,018	13,840,403	17,090,421	0.089821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,298,770	38,412,116	48,710,886	0.203606	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	707,266	7,080,468	7,787,734	0.322706	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,339,874	4,653,259	5,993,133	0.169303	56.01
57.00	05700	CT SCAN	6,518,663	21,408,875	27,927,538	0.070199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,529,756	44,070,723	63,600,479	0.091529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,227,227	906,079	2,133,306	0.266964	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,640,645	677,048	5,317,693	0.257309	65.00
66.00	06600	PHYSICAL THERAPY	3,498,044	3,417,164	6,915,208	0.355436	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,405,158	410,738	2,815,896	0.344791	67.00
68.00	06800	SPEECH PATHOLOGY	656,251	115,192	771,443	0.296548	68.00
69.00	06900	ELECTROCARDIOLOGY	3,664,800	6,421,036	10,085,836	0.121664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64,512	80,753	145,265	0.464117	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	415,730	72,215	487,945	1.127135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,781,761	16,527,239	25,309,000	0.211364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,556,244	8,910,619	25,466,863	0.217610	73.00
74.00	07400	RENAL DIALYSIS	1,520,072	86,739	1,606,811	0.232103	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	4,370	3,566,071	3,570,441	0.620157	90.00
90.01	09001	WOUND CARE	60,308	3,656,496	3,716,804	0.407884	90.01
90.02	09002	PULMONARY REHAB	307	353,603	353,910	0.725800	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	9,273,629	38,984,036	48,257,665	0.211298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	318,781	1,833,061	2,151,842	0.771260	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	142,558,295	275,549,661	418,107,956		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	142,558,295	275,549,661	418,107,956		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/20/2017 9:30 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.299453		50.00
50.01	05001	ENDOSCOPY	0.161940		50.01
51.00	05100	RECOVERY ROOM	0.178897		51.00
53.00	05300	ANESTHESIOLOGY	0.089821		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203606		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.322706		56.00
56.01	05602	ULTRASOUND/VASC LAB	0.169303		56.01
57.00	05700	CT SCAN	0.070199		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.091529		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964		62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.257309		65.00
66.00	06600	PHYSICAL THERAPY	0.355436		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.344791		67.00
68.00	06800	SPEECH PATHOLOGY	0.296548		68.00
69.00	06900	ELECTROCARDIOLOGY	0.121664		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.464117		70.00
70.01	07001	SLEEP LAB	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211364		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217610		73.00
74.00	07400	RENAL DIALYSIS	0.232103		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.620157		90.00
90.01	09001	WOUND CARE	0.407884		90.01
90.02	09002	PULMONARY REHAB	0.728437		90.02
90.03	09003	SPINE CENTER	0.000000		90.03
90.04	09004	RUSH HEART CENTER	0.000000		90.04
91.00	09100	EMERGENCY	0.211298		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.771260		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2017 9:30 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,393,038		14,393,038	0	14,393,038	30.00
31.00	03100	INTENSIVE CARE UNIT	4,842,798		4,842,798	0	4,842,798	31.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,671,143		1,671,143	0	1,671,143	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	3,580,883		3,580,883	0	3,580,883	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,701,552		16,701,552	0	16,701,552	50.00
50.01	05001	ENDOSCOPY	1,707,887		1,707,887	0	1,707,887	50.01
51.00	05100	RECOVERY ROOM	1,483,487		1,483,487	0	1,483,487	51.00
53.00	05300	ANESTHESIOLOGY	1,535,081		1,535,081	0	1,535,081	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,917,845		9,917,845	0	9,917,845	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,513,150		2,513,150	0	2,513,150	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,014,654		1,014,654	0	1,014,654	56.01
57.00	05700	CT SCAN	1,960,489		1,960,489	0	1,960,489	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	5,821,268		5,821,268	0	5,821,268	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	569,515		569,515	0	569,515	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,368,291	0	1,368,291	0	1,368,291	65.00
66.00	06600	PHYSICAL THERAPY	2,457,915	0	2,457,915	0	2,457,915	66.00
67.00	06700	OCCUPATIONAL THERAPY	970,896	0	970,896	0	970,896	67.00
68.00	06800	SPEECH PATHOLOGY	228,770	0	228,770	0	228,770	68.00
69.00	06900	ELECTROCARDIOLOGY	1,227,085		1,227,085	0	1,227,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,420		67,420	0	67,420	70.00
70.01	07001	SLEEP LAB	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	549,980		549,980	0	549,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,349,415		5,349,415	0	5,349,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,541,837		5,541,837	0	5,541,837	73.00
74.00	07400	RENAL DIALYSIS	372,945		372,945	0	372,945	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,214,235		2,214,235	0	2,214,235	90.00
90.01	09001	WOUND CARE	1,516,025		1,516,025	0	1,516,025	90.01
90.02	09002	PULMONARY REHAB	256,868		256,868	933	257,801	90.02
90.03	09003	SPINE CENTER	0		0	0	0	90.03
90.04	09004	RUSH HEART CENTER	2,986		2,986	0	2,986	90.04
91.00	09100	EMERGENCY	10,196,742		10,196,742	0	10,196,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,659,629		1,659,629	0	1,659,629	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	101,693,829	0	101,693,829	933	101,694,762	200.00
201.00		Less Observation Beds	1,659,629		1,659,629		1,659,629	201.00
202.00		Total (see instructions)	100,034,200	0	100,034,200	933	100,035,133	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2017 9:30 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,381,047		20,381,047		30.00
31.00	03100	INTENSIVE CARE UNIT	7,619,263		7,619,263		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,123,476		1,123,476		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	4,155,708		4,155,708		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,853,189	43,920,326	55,773,515	0.299453	50.00
50.01	05001	ENDOSCOPY	1,254,019	9,292,415	10,546,434	0.161940	50.01
51.00	05100	RECOVERY ROOM	1,439,407	6,852,987	8,292,394	0.178897	51.00
53.00	05300	ANESTHESIOLOGY	3,250,018	13,840,403	17,090,421	0.089821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,298,770	38,412,116	48,710,886	0.203606	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	707,266	7,080,468	7,787,734	0.322706	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,339,874	4,653,259	5,993,133	0.169303	56.01
57.00	05700	CT SCAN	6,518,663	21,408,875	27,927,538	0.070199	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,529,756	44,070,723	63,600,479	0.091529	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,227,227	906,079	2,133,306	0.266964	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,640,645	677,048	5,317,693	0.257309	65.00
66.00	06600	PHYSICAL THERAPY	3,498,044	3,417,164	6,915,208	0.355436	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,405,158	410,738	2,815,896	0.344791	67.00
68.00	06800	SPEECH PATHOLOGY	656,251	115,192	771,443	0.296548	68.00
69.00	06900	ELECTROCARDIOLOGY	3,664,800	6,421,036	10,085,836	0.121664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64,512	80,753	145,265	0.464117	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	415,730	72,215	487,945	1.127135	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,781,761	16,527,239	25,309,000	0.211364	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,556,244	8,910,619	25,466,863	0.217610	73.00
74.00	07400	RENAL DIALYSIS	1,520,072	86,739	1,606,811	0.232103	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	4,370	3,566,071	3,570,441	0.620157	90.00
90.01	09001	WOUND CARE	60,308	3,656,496	3,716,804	0.407884	90.01
90.02	09002	PULMONARY REHAB	307	353,603	353,910	0.725800	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	9,273,629	38,984,036	48,257,665	0.211298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	318,781	1,833,061	2,151,842	0.771260	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	142,558,295	275,549,661	418,107,956		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	142,558,295	275,549,661	418,107,956		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/20/2017 9:30 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ENDOSCOPY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05602	ULTRASOUND/VASC LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	SLEEP LAB	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND CARE	0.000000		90.01
90.02	09002	PULMONARY REHAB	0.000000		90.02
90.03	09003	SPINE CENTER	0.000000		90.03
90.04	09004	RUSH HEART CENTER	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part I Date/Time Prepared: 11/20/2017 9:30 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	516,648	0	516,648	14,587	35.42	30.00
31.00	INTENSIVE CARE UNIT	236,653		236,653	2,550	92.81	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	119,534	0	119,534	753	158.74	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
44.00	SKILLED NURSING FACILITY	195,856		195,856	5,345	36.64	44.00
200.00	Total (lines 30-199)	1,068,691		1,068,691	23,235		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,866	243,194				
31.00	INTENSIVE CARE UNIT	1,292	119,911				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	460	73,020				
42.00	SUBPROVIDER	0	0				
44.00	SKILLED NURSING FACILITY	3,805	139,415				
200.00	Total (lines 30-199)	12,423	575,540				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/20/2017 9:30 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	580,653	55,773,515	0.010411	4,254,332	44,292	50.00
50.01	05001	ENDOSCOPY	143,686	10,546,434	0.013624	670,446	9,134	50.01
51.00	05100	RECOVERY ROOM	36,061	8,292,394	0.004349	567,470	2,468	51.00
53.00	05300	ANESTHESIOLOGY	87,659	17,090,421	0.005129	1,237,839	6,349	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	741,647	48,710,886	0.015225	5,601,324	85,280	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	565,635	7,787,734	0.072632	330,628	24,014	56.00
56.01	05602	ULTRASOUND/VASC LAB	111,282	5,993,133	0.018568	630,162	11,701	56.01
57.00	05700	CT SCAN	255,119	27,927,538	0.009135	2,916,941	26,646	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	228,342	63,600,479	0.003590	9,287,551	33,342	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,845	2,133,306	0.003677	654,467	2,406	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	108,489	5,317,693	0.020402	2,415,817	49,287	65.00
66.00	06600	PHYSICAL THERAPY	104,437	6,915,208	0.015103	464,439	7,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,517	2,815,896	0.006931	109,477	759	67.00
68.00	06800	SPEECH PATHOLOGY	3,702	771,443	0.004799	224,010	1,075	68.00
69.00	06900	ELECTROCARDIOLOGY	80,617	10,085,836	0.007993	1,975,471	15,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,952	145,265	0.034089	31,957	1,089	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,089	487,945	0.024775	193,379	4,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,729	25,309,000	0.001728	3,705,072	6,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,505	25,466,863	0.003043	7,396,695	22,508	73.00
74.00	07400	RENAL DIALYSIS	2,526	1,606,811	0.001572	1,019,027	1,602	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	182,378	3,570,441	0.051080	3,652	187	90.00
90.01	09001	WOUND CARE	53,659	3,716,804	0.014437	58,583	846	90.01
90.02	09002	PULMONARY REHAB	9,624	353,910	0.027193	166	5	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	472	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	233,913	48,257,665	0.004847	4,394,038	21,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	59,574	2,151,842	0.027685	148,203	4,103	92.00
200.00		Total (lines 50-199)	3,755,112	384,828,462		48,291,146	382,388	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/20/2017 9:30 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,587	0.00	6,866	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,550	0.00	1,292	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	753	0.00	460	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
44.00	04400	SKILLED NURSING FACILITY	5,345	0.00	3,805	0		44.00
200.00		Total (lines 30-199)	23,235		12,423	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	55,773,515	0.000000	0.000000	4,254,332	50.00
50.01	05001	ENDOSCOPY	0	10,546,434	0.000000	0.000000	670,446	50.01
51.00	05100	RECOVERY ROOM	0	8,292,394	0.000000	0.000000	567,470	51.00
53.00	05300	ANESTHESIOLOGY	0	17,090,421	0.000000	0.000000	1,237,839	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	48,710,886	0.000000	0.000000	5,601,324	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	7,787,734	0.000000	0.000000	330,628	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	5,993,133	0.000000	0.000000	630,162	56.01
57.00	05700	CT SCAN	0	27,927,538	0.000000	0.000000	2,916,941	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	63,600,479	0.000000	0.000000	9,287,551	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,133,306	0.000000	0.000000	654,467	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,317,693	0.000000	0.000000	2,415,817	65.00
66.00	06600	PHYSICAL THERAPY	0	6,915,208	0.000000	0.000000	464,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,815,896	0.000000	0.000000	109,477	67.00
68.00	06800	SPEECH PATHOLOGY	0	771,443	0.000000	0.000000	224,010	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,085,836	0.000000	0.000000	1,975,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	145,265	0.000000	0.000000	31,957	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	487,945	0.000000	0.000000	193,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,309,000	0.000000	0.000000	3,705,072	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,466,863	0.000000	0.000000	7,396,695	73.00
74.00	07400	RENAL DIALYSIS	0	1,606,811	0.000000	0.000000	1,019,027	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	3,570,441	0.000000	0.000000	3,652	90.00
90.01	09001	WOUND CARE	0	3,716,804	0.000000	0.000000	58,583	90.01
90.02	09002	PULMONARY REHAB	0	353,910	0.000000	0.000000	166	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	48,257,665	0.000000	0.000000	4,394,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,151,842	0.000000	0.000000	148,203	92.00
200.00		Total (lines 50-199)	0	384,828,462			48,291,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	10,427,877	0	50.00
50.01	05001 ENDOSCOPY	0	2,665,780	0	50.01
51.00	05100 RECOVERY ROOM	0	1,763,052	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,733,269	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	16,730,554	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1,541,685	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	1,168,485	0	56.01
57.00	05700 CT SCAN	0	7,117,578	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	5,906,264	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	204,703	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	266,415	0	65.00
66.00	06600 PHYSICAL THERAPY	0	24,871	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,925	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,404	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,727,901	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	21,595	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,558	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,094,374	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,097,362	0	73.00
74.00	07400 RENAL DIALYSIS	0	48,311	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	1,296,451	0	90.00
90.01	09001 WOUND CARE	0	2,568,276	0	90.01
90.02	09002 PULMONARY REHAB	0	211,600	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	6,061,898	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	556,655	0	92.00
200.00	Total (lines 50-199)	0	72,268,843	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.299453	10,427,877	0	226	3,122,659	50.00
50.01	05001 ENDOSCOPY	0.161940	2,665,780	0	0	431,696	50.01
51.00	05100 RECOVERY ROOM	0.178897	1,763,052	0	0	315,405	51.00
53.00	05300 ANESTHESIOLOGY	0.089821	3,733,269	0	0	335,326	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203606	16,730,554	0	1,196	3,406,441	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.322706	1,541,685	0	33	497,511	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.169303	1,168,485	0	0	197,828	56.01
57.00	05700 CT SCAN	0.070199	7,117,578	0	1,013	499,647	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.091529	5,906,264	0	0	540,594	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964	204,703	0	0	54,648	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.257309	266,415	0	0	68,551	65.00
66.00	06600 PHYSICAL THERAPY	0.355436	24,871	0	0	8,840	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.344791	1,925	0	0	664	67.00
68.00	06800 SPEECH PATHOLOGY	0.296548	2,404	0	0	713	68.00
69.00	06900 ELECTROCARDIOLOGY	0.121664	2,727,901	0	0	331,887	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.464117	21,595	0	0	10,023	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135	29,558	0	0	33,316	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211364	5,094,374	0	0	1,076,767	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217610	2,097,362	0	71,932	456,407	73.00
74.00	07400 RENAL DIALYSIS	0.232103	48,311	0	0	11,213	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.620157	1,296,451	0	380	804,003	90.00
90.01	09001 WOUND CARE	0.407884	2,568,276	0	58	1,047,559	90.01
90.02	09002 PULMONARY REHAB	0.725800	211,600	0	0	153,579	90.02
90.03	09003 SPI NE CENTER	0.000000	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.211298	6,061,898	0	0	1,280,867	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.771260	556,655	0	0	429,326	92.00
200.00	Subtotal (see instructions)		72,268,843	0	74,838	15,115,470	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		72,268,843	0	74,838	15,115,470	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	68		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	244		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	11		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	71		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,653		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	236		90.00
90.01 09001 WOUND CARE	0	24		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	16,307		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	16,307		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part II Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	580,653	55,773,515	0.010411	0	0	50.00
50.01	05001 ENDOSCOPY	143,686	10,546,434	0.013624	0	0	50.01
51.00	05100 RECOVERY ROOM	36,061	8,292,394	0.004349	0	0	51.00
53.00	05300 ANESTHESIOLOGY	87,659	17,090,421	0.005129	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	741,647	48,710,886	0.015225	5,961	91	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	565,635	7,787,734	0.072632	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	111,282	5,993,133	0.018568	6,280	117	56.01
57.00	05700 CT SCAN	255,119	27,927,538	0.009135	10,062	92	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	228,342	63,600,479	0.003590	127,409	457	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,845	2,133,306	0.003677	4,925	18	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	108,489	5,317,693	0.020402	29,720	606	65.00
66.00	06600 PHYSICAL THERAPY	104,437	6,915,208	0.015103	243,300	3,675	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,517	2,815,896	0.006931	205,330	1,423	67.00
68.00	06800 SPEECH PATHOLOGY	3,702	771,443	0.004799	90,550	435	68.00
69.00	06900 ELECTROCARDIOLOGY	80,617	10,085,836	0.007993	4,241	34	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,952	145,265	0.034089	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,089	487,945	0.024775	837	21	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	43,729	25,309,000	0.001728	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	77,505	25,466,863	0.003043	159,494	485	73.00
74.00	07400 RENAL DIALYSIS	2,526	1,606,811	0.001572	5,640	9	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	182,378	3,570,441	0.051080	0	0	90.00
90.01	09001 WOUND CARE	53,659	3,716,804	0.014437	0	0	90.01
90.02	09002 PULMONARY REHAB	9,624	353,910	0.027193	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	472	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	233,913	48,257,665	0.004847	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,151,842	0.000000	0	0	92.00
200.00	Total (lines 50-199)	3,695,538	384,828,462		893,749	7,463	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	55,773,515	0.000000	0.000000	0	50.00
50.01	05001 ENDOSCOPY	0	10,546,434	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	8,292,394	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	17,090,421	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	48,710,886	0.000000	0.000000	5,961	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,787,734	0.000000	0.000000	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,993,133	0.000000	0.000000	6,280	56.01
57.00	05700 CT SCAN	0	27,927,538	0.000000	0.000000	10,062	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	63,600,479	0.000000	0.000000	127,409	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,133,306	0.000000	0.000000	4,925	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,317,693	0.000000	0.000000	29,720	65.00
66.00	06600 PHYSICAL THERAPY	0	6,915,208	0.000000	0.000000	243,300	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,815,896	0.000000	0.000000	205,330	67.00
68.00	06800 SPEECH PATHOLOGY	0	771,443	0.000000	0.000000	90,550	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,085,836	0.000000	0.000000	4,241	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	145,265	0.000000	0.000000	0	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	487,945	0.000000	0.000000	837	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,309,000	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,466,863	0.000000	0.000000	159,494	73.00
74.00	07400 RENAL DIALYSIS	0	1,606,811	0.000000	0.000000	5,640	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,570,441	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,716,804	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	353,910	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	48,257,665	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,151,842	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	384,828,462			893,749	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	90	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	90	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.299453	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.161940	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.178897	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.089821	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203606	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.322706	0	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.169303	0	0	0	56.01
57.00	05700	CT SCAN	0.070199	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.091529	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.257309	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355436	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.344791	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.296548	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121664	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.464117	0	0	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211364	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217610	0	0	193	73.00
74.00	07400	RENAL DIALYSIS	0.232103	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.620157	90	0	0	56 90.00
90.01	09001	WOUND CARE	0.407884	0	0	0	90.01
90.02	09002	PULMONARY REHAB	0.725800	0	0	0	90.02
90.03	09003	SPI NE CENTER	0.000000	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	0	0	90.04
91.00	09100	EMERGENCY	0.211298	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.771260	0	0	0	92.00
200.00		Subtotal (see instructions)		90	0	193	56 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		90	0	193	56 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 SLEEP LAB	0	0	70.01
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	42	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND CARE	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	90.02
90.03 09003 SPINE CENTER	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	42	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	42	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	55,773,515	0.000000	0.000000	0	50.00
50.01	05001 ENDOSCOPY	0	10,546,434	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	8,292,394	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	17,090,421	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	48,710,886	0.000000	0.000000	53,177	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,787,734	0.000000	0.000000	3,595	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	5,993,133	0.000000	0.000000	19,444	56.01
57.00	05700 CT SCAN	0	27,927,538	0.000000	0.000000	32,519	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	63,600,479	0.000000	0.000000	585,872	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,133,306	0.000000	0.000000	9,429	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,317,693	0.000000	0.000000	273,009	65.00
66.00	06600 PHYSICAL THERAPY	0	6,915,208	0.000000	0.000000	1,833,532	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,815,896	0.000000	0.000000	1,411,298	67.00
68.00	06800 SPEECH PATHOLOGY	0	771,443	0.000000	0.000000	165,721	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,085,836	0.000000	0.000000	10,741	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	145,265	0.000000	0.000000	0	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	487,945	0.000000	0.000000	7,759	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,309,000	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,466,863	0.000000	0.000000	920,982	73.00
74.00	07400 RENAL DIALYSIS	0	1,606,811	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	3,570,441	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,716,804	0.000000	0.000000	821	90.01
90.02	09002 PULMONARY REHAB	0	353,910	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	48,257,665	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,151,842	0.000000	0.000000	3,788	92.00
200.00	Total (lines 50-199)	0	384,828,462			5,331,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/20/2017 9:30 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.299453	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.161940	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.178897	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.089821	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.203606	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.322706	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0.169303	0	0	0	0	56.01
57.00 05700 CT SCAN	0.070199	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.091529	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.257309	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.355436	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.344791	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.296548	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.121664	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.464117	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.211364	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.217610	0	0	1,099	0	73.00
74.00 07400 RENAL DIALYSIS	0.232103	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 09000 CLINIC	0.620157	0	0	0	0	90.00
90.01 09001 WOUND CARE	0.407884	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0.725800	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.211298	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.771260	0	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	1,099	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	1,099	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/20/2017 9:30 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
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	239		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	239		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	239		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,587	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,587	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)		12,905	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,866	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		14,393,038	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)		14,393,038	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		14,393,038	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		986.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,774,682	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)		6,774,682	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 am
Cost Center Description			Title XVIII		PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	4,842,798	2,550	1,899.14	1,292	2,453,689
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)				9,240,933
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				18,469,304
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				363,105
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				382,388
52.00	Total Program excludable cost (sum of lines 50 and 51)				745,493
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				17,723,811
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
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)				1,682
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				986.70
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,659,629

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 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	516,648	14,393,038	0.035896	1,659,629	59,574	90.00
91.00	Nursing School cost	0	14,393,038	0.000000	1,659,629	0	91.00
92.00	Allied health cost	0	14,393,038	0.000000	1,659,629	0	92.00
93.00	All other Medical Education	0	14,393,038	0.000000	1,659,629	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		753	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		753	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)		753	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)		460	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,671,143	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)		1,671,143	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,671,143	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,219.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,020,883	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)		1,020,883	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1
				Component CCN: 14-T063	Date/Time Prepared: 11/20/2017 9:30 am	
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						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)					245,208	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,266,091	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)					73,020	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,463	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					80,483	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,185,608	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-T063		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	119,534	1,671,143	0.071528	0	0	90.00
91.00	Nursing School cost	0	1,671,143	0.000000	0	0	91.00
92.00	Allied health cost	0	1,671,143	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,671,143	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,345	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,345	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)		5,345	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,805	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,580,883	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,580,883	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,580,883	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-5583		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 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)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						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)						48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00	
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						54.00	
55.00	Target amount per discharge						55.00	
56.00	Target amount (line 54 x line 55)						56.00	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00	
58.00	Bonus payment (see instructions)						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						59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00	
62.00	Relief payment (see instructions)						62.00	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					3,580,883	70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					669.95	71.00	
72.00	Program routine service cost (line 9 x line 71)					2,549,160	72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,549,160	74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00	
77.00	Program capital-related costs (line 9 x line 76)					0	77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00	
81.00	Inpatient routine service cost per diem limitation					0.00	81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					2,549,160	83.00	
84.00	Program inpatient ancillary services (see instructions)					1,545,125	84.00	
85.00	Utilization review - physician compensation (see instructions)					0	85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					4,094,285	86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-5583		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/20/2017 9:30 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/20/2017 9:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		10,405,424		30.00
31.00	03100 INTENSIVE CARE UNIT		4,161,817		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.299453	4,254,332	1,273,972	50.00
50.01	05001 ENDOSCOPY	0.161940	670,446	108,572	50.01
51.00	05100 RECOVERY ROOM	0.178897	567,470	101,519	51.00
53.00	05300 ANESTHESIOLOGY	0.089821	1,237,839	111,184	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203606	5,601,324	1,140,463	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.322706	330,628	106,696	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.169303	630,162	106,688	56.01
57.00	05700 CT SCAN	0.070199	2,916,941	204,766	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.091529	9,287,551	850,080	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964	654,467	174,719	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.257309	2,415,817	621,611	65.00
66.00	06600 PHYSICAL THERAPY	0.355436	464,439	165,078	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.344791	109,477	37,747	67.00
68.00	06800 SPEECH PATHOLOGY	0.296548	224,010	66,430	68.00
69.00	06900 ELECTROCARDIOLOGY	0.121664	1,975,471	240,344	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.464117	31,957	14,832	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135	193,379	217,964	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211364	3,705,072	783,119	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217610	7,396,695	1,609,595	73.00
74.00	07400 RENAL DIALYSIS	0.232103	1,019,027	236,519	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.620157	3,652	2,265	90.00
90.01	09001 WOUND CARE	0.407884	58,583	23,895	90.01
90.02	09002 PULMONARY REHAB	0.728437	166	121	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.211298	4,394,038	928,451	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.771260	148,203	114,303	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		48,291,146	9,240,933	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)		48,291,146		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/20/2017 9:30 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,883		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		674,384		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.299453	0	0	50.00
50.01	05001 ENDOSCOPY	0.161940	0	0	50.01
51.00	05100 RECOVERY ROOM	0.178897	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.089821	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203606	5,961	1,214	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.322706	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.169303	6,280	1,063	56.01
57.00	05700 CT SCAN	0.070199	10,062	706	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.091529	127,409	11,662	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964	4,925	1,315	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.257309	29,720	7,647	65.00
66.00	06600 PHYSICAL THERAPY	0.355436	243,300	86,478	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.344791	205,330	70,796	67.00
68.00	06800 SPEECH PATHOLOGY	0.296548	90,550	26,852	68.00
69.00	06900 ELECTROCARDIOLOGY	0.121664	4,241	516	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.464117	0	0	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135	837	943	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.211364	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217610	159,494	34,707	73.00
74.00	07400 RENAL DIALYSIS	0.232103	5,640	1,309	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.620157	0	0	90.00
90.01	09001 WOUND CARE	0.407884	0	0	90.01
90.02	09002 PULMONARY REHAB	0.728437	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.211298	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.771260	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		893,749	245,208	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		893,749		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/20/2017 9:30 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,104	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.299453	0	50.00
50.01	05001	ENDOSCOPY	0.161940	0	50.01
51.00	05100	RECOVERY ROOM	0.178897	0	51.00
53.00	05300	ANESTHESIOLOGY	0.089821	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203606	53,177	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.322706	3,595	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.169303	19,444	56.01
57.00	05700	CT SCAN	0.070199	32,519	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.091529	585,872	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.266964	9,429	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.257309	273,009	65.00
66.00	06600	PHYSICAL THERAPY	0.355436	1,833,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.344791	1,411,298	67.00
68.00	06800	SPEECH PATHOLOGY	0.296548	165,721	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121664	10,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.464117	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.127135	7,759	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.211364	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217610	920,982	73.00
74.00	07400	RENAL DIALYSIS	0.232103	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.620157	0	90.00
90.01	09001	WOUND CARE	0.407884	821	90.01
90.02	09002	PULMONARY REHAB	0.725800	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.211298	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.771260	3,788	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		5,331,687	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		5,331,687	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,921,540	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,764,619	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)		116,567	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		3,332,315	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.39	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		1.23	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 Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.93	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.48	11.00
12.00	Current year allowable FTE (see instructions)		3.71	12.00
13.00	Total allowable FTE count for the prior year.		3.96	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.		3.92	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.86	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		3.86	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.024066	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.024696	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.024066	21.00
22.00	IME payment adjustment (see instructions)		204,940	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		43,537	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.70	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)		204,940	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		43,537	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.72	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.60	31.00
32.00	Sum of lines 30 and 31		24.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.28	33.00
34.00	Disproportionate share adjustment (see instructions)		363,919	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	659,860	567,151	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	165,866	424,198	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	590,064		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	16,961,649		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		17,005,186	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,364,036	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).		131,979	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)		18,504,308	59.00
60.00	Primary payer payments		15,199	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,489,109	61.00
62.00	Deductibles billed to program beneficiaries		1,744,232	62.00
63.00	Coinurance billed to program beneficiaries		93,191	63.00
64.00	Allowable bad debts (see instructions)		433,878	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		282,021	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		299,084	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,933,707	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		111,334	70.93
70.94	HRR adjustment amount (see instructions)		-174,886	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/20/2017 9:30 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	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			183,088	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			16,687,067	71.00
71.01	Sequestration adjustment (see instructions)			333,741	71.01
72.00	Interim payments			16,365,740	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			-12,414	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,027,980	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/20/2017 9:30 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,921,540	0	3,921,540		3,921,540	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,764,619	0		15,686,159	15,686,159	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	116,567	0	0	116,567	116,567	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,332,315	0	0	3,332,315	3,332,315	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.024066	0.024066	0.024066	0.024066		5.00
6.00	IME payment adjustment (see instructions)	22.00	204,940	0	51,235	153,705	204,940	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	43,537	0	0	43,537	43,537	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	204,940	0	51,235	153,705	204,940	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	43,537	0	0	43,537	43,537	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0928	0.0928	0.0928	0.0928		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	363,919	0	90,980	272,939	363,919	11.00
11.01	Uncompensated care payments	36.00	590,064	0	165,866	424,198	590,064	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	16,961,649	0	4,229,621	12,732,028	16,961,649	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,005,186	0	4,229,621	12,775,565	17,005,186	15.00
16.00	Payment for inpatient program capital	50.00	1,364,036	0	0	1,364,036	1,364,036	16.00
17.00	Special add-on payments for new technologies	54.00	3,107	0	0	3,107	3,107	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/20/2017 9:30 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	4,229,621	14,142,708	18,372,329	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,266,861	0	0	1,266,861	1,266,861	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	260	0	0	260	260	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0261	0.0261	0.0261	0.0261		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	33,065	0	0	33,065	33,065	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0504	0.0504	0.0504	0.0504		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,850	0	0	63,850	63,850	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,364,036	0	0	1,364,036	1,364,036	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/20/2017 9:30 am
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,921,540	3,921,540		3,921,540	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,764,619		11,764,619	11,764,619	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	116,567	0	116,567	116,567	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	3,332,315	0	3,332,315	3,332,315	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.024066	0.024066	0.024066		5.00	
6.00	IME payment adjustment (see instructions)	22.00	204,940	51,235	153,705	204,940	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	43,537	0	43,537	43,537	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	204,940	51,235	153,705	204,940	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	43,537	0	43,537	43,537	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0928	0.0928	0.0928		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	363,919	90,980	272,939	363,919	11.00	
11.01	Uncompensated care payments	36.00	590,064	165,866	424,198	590,064	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	16,961,649	4,229,621	12,732,028	16,961,649	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,005,186	4,229,621	12,775,565	17,005,186	15.00	
16.00	Payment for inpatient program capital	50.00	1,364,036	0	1,364,036	1,364,036	16.00	
17.00	Special add-on payments for new technologies	54.00	3,107	0	3,107	3,107	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			4,229,621	14,142,708	18,372,329	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,266,861	0	1,266,861	1,266,861	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	260	0	260	260	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0261	0.0261	0.0261		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	33,065	0	33,065	33,065	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0504	0.0504	0.0504		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,850	0	63,850	63,850	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,364,036	0	1,364,036	1,364,036	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	111,334	0	111,334	111,334	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-174,886	0	-174,886	-174,886	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		42,296	140,792	183,088	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,307	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,115,470	2.00
3.00	PPS payments		11,505,990	3.00
4.00	Outlier payment (see instructions)		17,986	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,307	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		74,838	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)		74,838	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		74,838	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,531	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		16,307	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,523,976	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,204,887	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)		9,335,396	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		82,440	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)		9,417,836	30.00
31.00	Primary payer payments		207	31.00
32.00	Subtotal (line 30 minus line 31)		9,417,629	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		368,969	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		239,830	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		291,787	36.00
37.00	Subtotal (see instructions)		9,657,459	37.00
38.00	MSP-LCC reconciliation amount from PS&R		26	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,657,433	40.00
40.01	Sequestration adjustment (see instructions)		193,149	40.01
41.00	Interim payments		9,494,650	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-30,366	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		216,802	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		42	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		56	2.00
3.00	PPS payments		63	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		42	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		193	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)		193	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		193	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		151	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		42	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		63	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		105	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)		105	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		105	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		105	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		105	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		102	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		239	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		239	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,099	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)		1,099	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,099	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		860	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		239	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		239	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)		239	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		239	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		239	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		239	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
41.00	Interim payments		226	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		8	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0063

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

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2017 9:30 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		16,419,624		9,504,366	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	06/29/2017	18,367	06/29/2017	8,030	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	01/17/2017	72,251	01/17/2017	17,746	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)		-53,884		-9,716	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)		16,365,740		9,494,650	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		12,414		30,366	6.02	
7.00	Total Medicare program liability (see instructions)		16,353,326		9,464,284	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0063
Component CCN: 14-T063

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

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		792,275		102	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		792,275		102	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		18,552		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		810,827		103	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0063
Component CCN: 14-5583

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

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2017 9:30 am

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,856,042		226	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,856,042		226	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		8	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,856,042		234	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: 14-0063

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

Worksheet E-1
Part II
Date/Time Prepared:
11/20/2017 9:30 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,148 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			8,158 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,770 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			15,455 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			418,107,956 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			8,853,550 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063 Component CCN: 14-T063	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			584,072 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.1188 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			41,060 3.00
4.00	Outlier Payments			209,999 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			2.063014 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			835,131 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			835,131 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			835,131 19.00
20.00	Deductibles			5,180 20.00
21.00	Subtotal (line 19 minus line 20)			829,951 21.00
22.00	Coinsurance			2,576 22.00
23.00	Subtotal (line 21 minus line 22)			827,375 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			827,375 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			827,375 32.00
32.01	Sequestration adjustment (see instructions)			16,548 32.01
33.00	Interim payments			792,275 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			18,552 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			209,999 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,955,240	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,955,240	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		61,320	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,893,920	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,893,920	15.00
15.01	Sequestration adjustment (see instructions)		37,878	15.01
16.00	Interim payments		1,856,042	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/20/2017 9:30 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.93	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.47	1.47	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.08		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.48		10.01
11.00	Total weighted FTE count	0.00	2.61		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.95		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.94		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	2.94		17.00
18.00	Per resident amount	116,599.71	116,599.71		18.00
19.00	Approved amount for resident costs	0	342,803	342,803	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.87	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			342,803	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	8,618	1,770		26.00
27.00	Total Inpatient Days (see instructions)	16,208	16,208		27.00
28.00	Ratio of inpatient days to total inpatient days	0.531713	0.109205		28.00
29.00	Program direct GME amount	182,273	37,436		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		5,290		30.00
31.00	Net Program direct GME amount			214,419	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,606,811	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		24,239,795	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		15,199	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		24,224,596	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		15,132,114	42.00
43.00	Primary payer payments (see instructions)		207	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,131,907	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		39,356,503	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.615517	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.384483	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		214,419	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		131,979	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		82,440	50.00

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

Provider CCN: 14-0063

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

Worksheet G

Date/Time Prepared:
11/20/2017 9:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	26,549,000	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	18,307,000	0	0	0	4.00
5.00	Other receivable	-2,333,000	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	3,577,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,100,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,808,206	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	42,290,141	0	0	0	15.00
16.00	Accumulated depreciation	0	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	41,884,083	0	0	0	23.00
24.00	Accumulated depreciation	-54,952,430	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)	38,030,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	15,835,000	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	8,462,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	24,297,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	108,427,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,897,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	26,618,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,515,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	14,393,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	14,393,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,908,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	63,519,000				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)	63,519,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	108,427,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0063

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

Worksheet G-1

Date/Time Prepared:
11/20/2017 9:30 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		55,609,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,806,000			2.00
3.00	Total (sum of line 1 and line 2)		63,415,000		0	3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N	104,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		104,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		63,519,000		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)		63,519,000		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	INCREASE IN TEMPORARILY RESTRICTED N		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0063

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2017 9:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,030,784		22,030,784	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,123,476		1,123,476	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	4,155,708		4,155,708	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)	27,309,968		27,309,968	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,656,062		7,656,062	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)	7,656,062		7,656,062	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,966,030		34,966,030	17.00
18.00	Ancillary services	99,620,823	227,090,549	326,711,372	18.00
19.00	Outpatient services	9,405,197	65,106,413	74,511,610	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	0	16,470,004	16,470,004	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	143,992,050	308,666,966	452,659,016	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		123,383,880		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)		123,383,880		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0063

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

Worksheet G-3

Date/Time Prepared:
11/20/2017 9:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	452,659,016	1.00
2.00	Less contractual allowances and discounts on patients' accounts	321,377,425	2.00
3.00	Net patient revenues (line 1 minus line 2)	131,281,591	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	123,383,880	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,897,711	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	12,379	6.00
7.00	Income from investments	79,036	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET RESIDENCE	-33,244	24.00
24.01	NET GAINS AND LOSSES	-264,882	24.01
24.02	UNRESTRICTED CONTRIBUTIONS	12,000	24.02
24.03	INVESTMENT INCOME	103,000	24.03
25.00	Total other income (sum of lines 6-24)	-91,711	25.00
26.00	Total (line 5 plus line 25)	7,806,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,806,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0063	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/20/2017 9:30 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,266,861	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		260	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)		42.34	3.00
4.00	Number of interns & residents (see instructions)		3.86	4.00
5.00	Indirect medical education percentage (see instructions)		2.61	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)		33,065	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.72	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.60	8.00
9.00	Sum of lines 7 and 8		24.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.04	10.00
11.00	Disproportionate share adjustment (see instructions)		63,850	11.00
12.00	Total prospective capital payments (see instructions)		1,364,036	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00