

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: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/23/2018 12:34 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/23/2018	Time: 12:34 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER (14-0064) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 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.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	41,987	-1,745	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	41,987	-1,745	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 12:19 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3333 N SEMINARY		PO Box:						1.00		
2.00	City: GALESBURG		State: IL		Zip Code: 61401		County: KNOX		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2016	09/30/2017		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	590	414	0	0	1,345	83		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 12:19 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2				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.	2				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.	1				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.	10/01/2016	09/30/2017			38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	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
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. Enter in column 4, the 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. Enter in column 4, the direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	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		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 12:19 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	240,000			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		Y		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 12:19 pm		
1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WISCONSIN PHYSICIAN SERVICE		Contractor's Number: 05901		
142.00	Street: 800 NE GLEN OAK AVE	PO Box:				
143.00	City: PEORIA	State: IL		Zip Code: 61603		
144.00 Are provider based physicians' costs included in Worksheet A?						
				1.00		
				Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.						
				1.00		
				2.00		
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	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						
		Part A		Part B		
		Title V		Title XIX		
		1.00		2.00		
		3.00		4.00		
155.00 Hospital						
		N		N		
156.00 Subprovider - IPF						
		N		N		
157.00 Subprovider - IRF						
		N		N		
158.00 SUBPROVIDER						
		N		N		
159.00 SNF						
		N		N		
160.00 HOME HEALTH AGENCY						
		N		N		
161.00 CMHC						
		N		N		
165.00 Multi campus						
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N		
		Name		County		
		State		Zip Code		
		CBSA		FTE/Campus		
		0		1.00		
		2.00		3.00		
		4.00		5.00		
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						
				0.00		
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				N		
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)						
				0.00		
		Beginni ng		Endi ng		
		1.00		2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						
				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		
				0		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 12:19 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/19/2018			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
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	12/14/2017	Y	12/14/2017		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: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 12:19 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBINSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	LOUIS.C.RAPTOPOULOU@OSFHEALTHCARE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 12:19 pm
		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.	GOVERNMENT REPORTING SENIOR ANALYST		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: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	72	26,280	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)		72	26,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		81	29,565	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		81			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	4,833	487	10,364			1.00
2.00 HMO and other (see instructions)	2,579	1,759				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,833	487	10,364			7.00
8.00 INTENSIVE CARE UNIT	602	68	1,367			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		35	703			13.00
14.00 Total (see instructions)	5,435	590	12,434	0.00	397.65	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	397.65	27.00
28.00 Observation Bed Days		0	1,204			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	83	121			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,333	560	3,207	1.00
2.00 HMO and other (see instructions)				592	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		1,333	560	3,207	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part II Date/Time Prepared: 2/23/2018 12:19 pm			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	27,940,140	360,613	28,300,753	894,230.00	31.65	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		1,070,724	0	1,070,724	11,069.00	96.73	3.00
4.00	Physician-Part A - Administrative		136,437	0	136,437	907.00	150.43	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		2,701,083	0	2,701,083	15,823.00	170.71	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		682,053	229,359	911,412	30,939.00	29.46	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,010,669	0	1,010,669	12,638.00	79.97	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		6,352	0	6,352	48.00	132.33	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		5,245,462	0	5,245,462	147,216.00	35.63	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,537,276	0	7,537,276			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		284,038	0	284,038			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		189,226	0	189,226			21.00
22.00	Physician Part A - Administrative		21,234	0	21,234			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		408,205	0	408,205			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,697,871	0	1,697,871			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,413,581	-6,208	2,407,373	74,957.00	32.12	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part II
Date/Time Prepared:
2/23/2018 12:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	216,439	0	216,439	10,554.00	20.51	28.00
29.00	Maintenance & Repairs	675,361	10,431	685,792	30,377.00	22.58	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	574,281	8,584	582,865	48,639.00	11.98	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	518,300	-272,346	245,954	16,755.00	14.68	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	280,351	280,351	19,112.00	14.67	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	918,305	-72,149	846,156	15,284.00	55.36	38.00
39.00	Central Services and Supply	129,659	1,425	131,084	8,589.00	15.26	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	554,729	8,229	562,958	28,975.00	19.43	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet S-3
Part III
Date/Time Prepared:
2/23/2018 12:19 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	24,384,772	360,613	24,745,385	877,892.00	28.19	1.00
2.00	Excluded area salaries (see instructions)	682,053	229,359	911,412	30,939.00	29.46	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23,702,719	131,254	23,833,973	846,953.00	28.14	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,262,483	0	6,262,483	159,902.00	39.16	4.00
5.00	Subtotal wage-related costs (see inst.)	9,256,381	0	9,256,381	0.00	38.84	5.00
6.00	Total (sum of lines 3 thru 5)	39,221,583	131,254	39,352,837	1,006,855.00	39.08	6.00
7.00	Total overhead cost (see instructions)	6,000,655	-41,683	5,958,972	253,242.00	23.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/23/2018 12:19 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,279,809 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		440,100	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)			0 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)		4,966,006	8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			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)		27,017	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		38,786	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		1,609,605	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		8,883	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		69,772	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,439,978	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: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part V Date/Time Prepared: 2/23/2018 12:19 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,010,669	0	1.00
2.00	Hospital	1,010,669	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/23/2018 12:19 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.153118	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			12,087,614	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			71,658,402	6.00
7.00	Medicaid cost (line 1 times line 6)			10,972,191	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)			0	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)			0	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)	8,905,659	513,044	9,418,703	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,363,617	513,044	1,876,661	21.00
22.00	Payments received from patients for amounts previously written off as charity care	175,138	53,782	228,920	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,188,479	459,262	1,647,741	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,104,777	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			268,554	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			413,160	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)			4,691,617	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			862,977	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,510,718	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,510,718	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet A	
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		1,412,819	1,412,819	55,051	1,467,870	1.00
2.00	00200		2,175,633	2,175,633	33,306	2,208,939	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	9,672,058	9,672,058	-425,626	9,246,432	4.00
5.00	00500	2,413,581	12,605,687	15,019,268	-56,569	14,962,699	5.00
6.00	00600	675,361	1,805,449	2,480,810	10,431	2,491,241	6.00
7.00	00700	0	1,006,782	1,006,782	0	1,006,782	7.00
8.00	00800	0	244,397	244,397	0	244,397	8.00
9.00	00900	574,281	223,229	797,510	8,866	806,376	9.00
10.00	01000	518,300	450,919	969,219	-512,541	456,678	10.00
11.00	01100	0	0	0	520,546	520,546	11.00
13.00	01300	918,305	58,251	976,556	-82,089	894,467	13.00
14.00	01400	129,659	-35,542	94,117	1,827	95,944	14.00
16.00	01600	554,729	36,950	591,679	8,563	600,242	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,991,248	688,417	4,679,665	560,629	5,240,294	30.00
31.00	03100	1,129,108	458,945	1,588,053	17,439	1,605,492	31.00
43.00	04300	0	0	0	239,265	239,265	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,491,702	3,589,870	5,081,572	-2,707,090	2,374,482	50.00
51.00	05100	983,135	86,734	1,069,869	15,185	1,085,054	51.00
52.00	05200	1,122,616	327,715	1,450,331	-728,640	721,691	52.00
53.00	05300	1,383,211	1,350,197	2,733,408	21,364	2,754,772	53.00
54.00	05400	1,173,003	241,595	1,414,598	-74,777	1,339,821	54.00
56.00	05600	181,224	273,791	455,015	2,799	457,814	56.00
57.00	05700	351,713	464,879	816,592	5,432	822,024	57.00
58.00	05800	244,052	349,906	593,958	3,769	597,727	58.00
60.00	06000	1,426,752	1,030,303	2,457,055	21,754	2,478,809	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	402,547	402,547	0	402,547	63.00
65.00	06500	560,086	129,349	689,435	-157,005	532,430	65.00
65.10	06501	274,352	15,169	289,521	4,237	293,758	65.10
65.20	06502	256,819	13,301	270,120	-232,216	37,904	65.20
66.00	06600	768,062	42,758	810,820	80,727	891,547	66.00
67.00	06700	169,896	-22,396	147,500	16,307	163,807	67.00
68.00	06800	136,728	682	137,410	15,330	152,740	68.00
69.00	06900	265	192	457	66,646	67,103	69.00
70.00	07000	77,727	21,124	98,851	1,201	100,052	70.00
71.00	07100	0	0	0	1,384,398	1,384,398	71.00
72.00	07200	0	0	0	1,421,461	1,421,461	72.00
73.00	07300	717,825	3,256,392	3,974,217	154,367	4,128,584	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	5,034,347	756,696	5,791,043	59,025	5,850,068	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		27,258,087	43,134,798	70,392,885	-246,628	70,146,257	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	46,405	63,687	110,092	716	110,808	190.00
192.00	19200	42,228	283,350	325,578	653	326,231	192.00
193.00	19300	0	2,746	2,746	0	2,746	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	446	446	0	446	194.10
194.20	07952	0	171,130	171,130	0	171,130	194.20
194.30	07953	0	512,742	512,742	0	512,742	194.30
194.40	07954	593,420	256,129	849,549	9,077	858,626	194.40
194.50	07955	0	143,073	143,073	0	143,073	194.50
194.70	07956	0	0	0	236,182	236,182	194.70
200.00		27,940,140	44,568,101	72,508,241	0	72,508,241	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	203,592	1,671,462	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	285,336	2,494,275	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-837,893	8,408,539	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,493,326	9,469,373	5.00
6.00	00600	MAINTENANCE & REPAIRS	-33,935	2,457,306	6.00
7.00	00700	OPERATION OF PLANT	0	1,006,782	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	244,397	8.00
9.00	00900	HOUSEKEEPING	0	806,376	9.00
10.00	01000	DIETARY	-7,332	449,346	10.00
11.00	01100	CAFETERIA	-191,610	328,936	11.00
13.00	01300	NURSING ADMINISTRATION	0	894,467	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	95,944	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-28,898	571,344	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,240,294	30.00
31.00	03100	INTENSIVE CARE UNIT	-38,978	1,566,514	31.00
43.00	04300	NURSERY	0	239,265	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,374,482	50.00
51.00	05100	RECOVERY ROOM	0	1,085,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	721,691	52.00
53.00	05300	ANESTHESIOLOGY	-2,535,025	219,747	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,900	1,336,921	54.00
56.00	05600	RADIOISOTOPE	-592	457,222	56.00
57.00	05700	CT SCAN	-2,193	819,831	57.00
58.00	05800	MRI	-2,146	595,581	58.00
60.00	06000	LABORATORY	-250	2,478,559	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	402,547	63.00
65.00	06500	RESPIRATORY THERAPY	-4,625	527,805	65.00
65.10	06501	CARDIAC STRESS LAB	-8,015	285,743	65.10
65.20	06502	CARDIAC REHAB	-10,733	27,171	65.20
66.00	06600	PHYSICAL THERAPY	-8,863	882,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	-150	163,657	67.00
68.00	06800	SPEECH PATHOLOGY	0	152,740	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	100,052	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,384,398	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,421,461	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-115,349	4,013,235	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-2,434,440	3,415,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,268,325	58,877,932	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	110,808	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	326,231	192.00
193.00	19300	NONPAID WORKERS	0	2,746	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	446	194.10
194.20	07952	FUND DEVELOPMENT	0	171,130	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	512,742	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	858,626	194.40
194.50	07955	FOUNDATION	0	143,073	194.50
194.70	07956	FITNESS CENTER	0	236,182	194.70
200.00		TOTAL (SUM OF LINES 118 through 199)	-11,268,325	61,239,916	200.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - PHONES SALARIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	42,824	1.00
	O		0	42,824	
B - PROPERTY INSURANCE RECLASS					
1.00	OTHER CAP REL COSTS	3.00	0	88,357	1.00
	O		0	88,357	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	276,087	240,195	1.00
	O		276,087	240,195	
D - PHYSICIAN BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,828	1.00
	O		0	4,828	
E - REHAB ADMIN RECLASS					
1.00	PHYSICAL THERAPY	66.00	60,815	7,110	1.00
2.00	OCCUPATIONAL THERAPY	67.00	12,531	1,465	2.00
3.00	SPEECH PATHOLOGY	68.00	11,673	1,365	3.00
	O		85,019	9,940	
F - EKG SALARY RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	65,629	0	1.00
	O		65,629	0	
G - IMPLANTABLE MEDICAL DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,421,461	1.00
2.00	O	0.00	0	0	2.00
				1,421,461	
H - MED/SURG SUP RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,384,398	1.00
2.00	O	0.00	0	0	2.00
3.00	O	0.00	0	0	3.00
4.00	O	0.00	0	0	4.00
5.00	O	0.00	0	0	5.00
6.00	O	0.00	0	0	6.00
				1,384,398	
I - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	143,280	1.00
2.00	O	0.00	0	0	2.00
3.00	O	0.00	0	0	3.00
				143,280	
J - DISABILITY RECLASS					
1.00	HOUSEKEEPING	9.00	0	282	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	569	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	334	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	13,634	4.00
5.00	OPERATING ROOM	50.00	0	292	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,762	6.00
7.00	LABORATORY	60.00	0	3,521	7.00
8.00	EMERGENCY	91.00	0	926	8.00
9.00	INDUSTRIAL MEDICINE	194.40	0	5,697	9.00
	O		0	27,017	
K - CARDIO PULMONARY REHAB					
1.00	FITNESS CENTER	194.70	224,610	11,572	1.00
	O		224,610	11,572	
N - ALTERNATIVE BIRTHING CENTER RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	386,382	112,813	1.00
2.00	NURSERY	43.00	185,194	54,071	2.00
	O		571,576	166,884	
O - VACATION RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	17,494	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	4,984	0	2.00
5.00	HOUSEKEEPING	9.00	4,236	0	5.00
6.00	DIETARY	10.00	1,787	0	6.00
7.00	CAFETERIA	11.00	2,037	0	7.00
9.00	NURSING ADMINISTRATION	13.00	6,149	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	953	0	10.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	4,091	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	29,351	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	8,332	0	14.00
16.00	OPERATING ROOM	50.00	11,005	0	16.00
17.00	RECOVERY ROOM	51.00	7,255	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	8,271	0	18.00
19.00	ANESTHESIOLOGY	53.00	10,207	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	8,656	0	20.00
21.00	RADIOISOTOPE	56.00	1,337	0	21.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00	CT SCAN	57.00	2,595	0	22.00
23.00	MRI	58.00	1,801	0	23.00
24.00	LABORATORY	60.00	10,502	0	24.00
25.00	RESPIRATORY THERAPY	65.00	3,649	0	25.00
26.00	CARDIAC STRESS LAB	65.10	2,024	0	26.00
27.00	CARDIAC REHAB	65.20	1,895	0	27.00
28.00	PHYSICAL THERAPY	66.00	6,116	0	28.00
29.00	OCCUPATIONAL THERAPY	67.00	1,346	0	29.00
30.00	SPEECH PATHOLOGY	68.00	1,095	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	486	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	574	0	32.00
33.00	DRUGS CHARGED TO PATIENTS	73.00	5,297	0	33.00
34.00	EMERGENCY	91.00	37,142	0	34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	342	0	35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	312	0	36.00
37.00	INDUSTRIAL MEDICINE	194.40	4,337	0	37.00
			205,658	0	
O - TEAM AWARDS					
1.00	ADMINISTRATIVE & GENERAL	5.00	19,122	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	5,447	0	2.00
3.00	HOUSEKEEPING	9.00	4,630	0	3.00
4.00	DIETARY	10.00	1,954	0	4.00
5.00	CAFETERIA	11.00	2,227	0	5.00
6.00	NURSING ADMINISTRATION	13.00	6,721	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	1,041	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	4,472	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	32,083	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	9,107	0	10.00
11.00	OPERATING ROOM	50.00	12,029	0	11.00
12.00	RECOVERY ROOM	51.00	7,930	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	9,041	0	13.00
14.00	ANESTHESIOLOGY	53.00	11,157	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	9,461	0	15.00
16.00	RADIOISOTOPE	56.00	1,462	0	16.00
17.00	CT SCAN	57.00	2,837	0	17.00
18.00	MRI	58.00	1,968	0	18.00
19.00	LABORATORY	60.00	11,479	0	19.00
20.00	RESPIRATORY THERAPY	65.00	3,988	0	20.00
21.00	CARDIAC STRESS LAB	65.10	2,213	0	21.00
22.00	CARDIAC REHAB	65.20	2,071	0	22.00
23.00	PHYSICAL THERAPY	66.00	6,686	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	1,471	0	24.00
25.00	SPEECH PATHOLOGY	68.00	1,197	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	531	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	627	0	27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	5,790	0	28.00
29.00	EMERGENCY	91.00	40,599	0	29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	374	0	30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	341	0	31.00
32.00	INDUSTRIAL MEDICINE	194.40	4,740	0	32.00
	TOTALS		224,796	0	
500.00	Grand Total: Increases		1,653,375	3,540,756	500.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PHONES SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	42,824	0	0		1.00
	O		42,824	0			
B - PROPERTY INSURANCE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	88,357	12		1.00
	O		0	88,357			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	276,087	240,195	0		1.00
	O		276,087	240,195			
D - PHYSICIAN BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,828	0		1.00
	O		0	4,828			
E - REHAB ADMIN RECLASS							
1.00	NURSING ADMINISTRATION	13.00	85,019	9,940	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		85,019	9,940			
F - EKG SALARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	65,629	0	0		1.00
	O		65,629	0			
G - IMPLANTABLE MEDICAL DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	1,421,294	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	167	0		2.00
	O		0	1,421,461			
H - MED/SURG SUP RECLASS							
1.00	OPERATING ROOM	50.00	0	1,173,914	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,492	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84,757	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	99,013	0		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	506	0		5.00
6.00	EMERGENCY	91.00	0	18,716	0		6.00
	O		0	1,384,398			
I - DRUGS CHARGED TO PATIENTS							
1.00	OPERATING ROOM	50.00	0	134,916	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,137	0		2.00
3.00	LABORATORY	60.00	0	227	0		3.00
	O		0	143,280			
J - DISABILITY RECLASS							
1.00	HOUSEKEEPING	9.00	282	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	569	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	334	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	13,634	0	0		4.00
5.00	OPERATING ROOM	50.00	292	0	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	1,762	0	0		6.00
7.00	LABORATORY	60.00	3,521	0	0		7.00
8.00	EMERGENCY	91.00	926	0	0		8.00
9.00	INDUSTRIAL MEDICINE	194.40	5,697	0	0		9.00
	O		27,017	0			
K - CARDIO PULMONARY REHAB							
1.00	CARDIAC REHAB	65.20	224,610	11,572	0		1.00
	O		224,610	11,572			
N - ALTERNATIVE BIRTHING CENTER RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	571,576	166,884	0		1.00
2.00		0.00	0	0	0		2.00
	O		571,576	166,884			
O - VACATION RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	205,658	0		1.00
2.00		0.00	0	0	0		2.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
0		0	205,658				
Q - TEAM AWARDS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	224,796	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
TOTALS			0	224,796			
500.00	Grand Total: Decreases		1,292,762	3,901,369		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	314,848	0	0	0	1.00
2.00	Land Improvements	890,110	0	0	0	2.00
3.00	Buildings and Fixtures	41,332,304	751,375	0	751,375	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	23,871,123	2,495,114	0	2,495,114	5.00
6.00	Movable Equipment	129,130	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	66,537,515	3,246,489	0	3,246,489	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	66,537,515	3,246,489	0	3,246,489	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	314,848	0			1.00
2.00	Land Improvements	890,110	0			2.00
3.00	Buildings and Fixtures	42,083,679	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	25,331,630	0			5.00
6.00	Movable Equipment	129,130	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	68,749,397	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	68,749,397	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part II
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,412,819	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,175,633	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,588,452	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,412,819				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,175,633				2.00
3.00	Total (sum of lines 1-2)	0	3,588,452				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-7
Part III
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	42,083,679	0	42,083,679	0.623052	55,051	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	25,460,760	0	25,460,760	0.376948	33,306	2.00
3.00	Total (sum of lines 1-2)	67,544,439	0	67,544,439	1.000000	88,357	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	55,051	1,616,411	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	33,306	2,460,969	0	2.00
3.00	Total (sum of lines 1-2)	0	0	88,357	4,077,380	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	55,051	0	0	1,671,462	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	33,306	0	0	2,494,275	2.00
3.00	Total (sum of lines 1-2)	0	88,357	0	0	4,165,737	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8

Date/Time Prepared:
2/23/2018 12:19 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-4,685		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)			0		0.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,605,920				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	-1,503,422				0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-191,610		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	B	-15,477		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-28,898		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines	B	-7,129		DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-116,768		ADMINISTRATIVE & GENERAL	5.00	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 - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
37.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	37.04
37.06 RADIOLOGY	B	-512	RADIOLOGY-DIAGNOSTIC	54.00		0	37.06
37.07 EB OFFSET TELEPHONE	A	-14,824	ADMINISTRATIVE & GENERAL	5.00		0	37.07
37.09 TELEPHONE SALARIES EXPENSE	A	-42,824	ADMINISTRATIVE & GENERAL	5.00		0	37.09
37.10 DPA PROVIDER TAX	A	-3,575,895	ADMINISTRATIVE & GENERAL	5.00		0	37.10
37.11 MARKETING & ADVERTISING	A	-264	ADMINISTRATIVE & GENERAL	5.00		0	37.11
37.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	37.12
37.13 COMMUNITY HEALTH EDUCATION	B	-7,827	ADMINISTRATIVE & GENERAL	5.00		0	37.13
37.14 PROPERTY TAX	A	-115,754	ADMINISTRATIVE & GENERAL	5.00		0	37.14
37.15 CRNA SALARIES	A	-1,379,690	ANESTHESIOLOGY	53.00		0	37.15
37.16 CRNA BENEFIT PART B OFFSET	A	-234,547	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	37.16
37.17 E.R. EMPLOYEE BENEFITS	A	-383,080	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	37.17
37.18 UNEMPLOYMENT CLAIMS	A	8,883	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	37.18
37.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	37.19
37.20 IHA, AHA, CHA DUES	A	-25,895	ADMINISTRATIVE & GENERAL	5.00		0	37.20
37.21 CLINICAL LABORATORY SVCS	B	-250	LABORATORY	60.00		0	37.21
37.22 PHYSICAL THERAPY	B	-8,464	PHYSICAL THERAPY	66.00		0	37.22
37.23 CHAPLAINCY SVCS	B	-942	ADMINISTRATIVE & GENERAL	5.00		0	37.23
38.00 DIETARY	B	-203	DIETARY	10.00		0	38.00
39.00 EMERGENCY SERVICES	B	0	CARDIAC STRESS LAB	65.10		0	39.00
40.00 PHARMACY	B	-150	OCCUPATIONAL THERAPY	67.00		0	40.00
45.00 CARDIAC REHAB	B	-10,733	CARDIAC REHAB	65.20		0	45.00
46.00 PERSONNEL	B	0	ADMINISTRATIVE & GENERAL	5.00		0	46.00
47.01 VENDING COMMISSIONS	B	-1,120	EMERGENCY	91.00		0	47.01
47.02 OTHER REVENUE - COMMUNITY HEALTH	B	-325	ADMINISTRATIVE & GENERAL	5.00		0	47.02
47.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	47.03
47.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	47.04
47.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	47.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,268,325					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0064

Period: From 10/01/2016 To 09/30/2017

Worksheet A-8-1

Date/Time Prepared: 2/23/2018 12:19 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES	203,592	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES**	1,230,346	945,010	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	973,530	1,202,679	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	6,743,669	8,330,992	4.00
4.01	6.00	MAINTENANCE & REPAIRS	CORP OFFICE CHARGES	144,173	178,108	4.01
4.02	73.00	DRUGS CHARGED TO PATIENTS	CORP OFFICE CHARGES - E-PHAR	424,302	524,174	4.02
4.04	0.00			0	0	4.04
4.05	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAINTENANCE	102,976	105,364	4.05
4.06	57.00	CT SCAN	SFI PURCH MAINTENANCE	94,540	96,733	4.06
4.07	58.00	MRI	SFI PURCH MAINTENANCE	92,527	94,673	4.07
4.08	66.00	PHYSICAL THERAPY	SFI PURCH MAINTENANCE	17,213	17,612	4.08
4.09	56.00	RADIOISOTOPE	SFI PURCHASE SERVICES	25,526	26,118	4.09
4.10	0.00		SFI PURCHASE SERVICES	0	0	4.10
4.11	0.00		SFI PURCHASE SERVICES	0	0	4.11
4.12	60.00	LABORATORY	SYSTEMS LAB	767,126	767,126	4.12
4.13	31.00	INTENSIVE CARE UNIT	EICU	145,949	180,302	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			10,965,469	12,468,891	5.00

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

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

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

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

6.00	B	OSF HEALTHCARE SYSTEMS	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-1

Date/Time Prepared:
2/23/2018 12:19 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	203,592	9		1.00
2.00	285,336	9		2.00
3.00	-229,149	0		3.00
4.00	-1,587,323	0		4.00
4.01	-33,935	0		4.01
4.02	-99,872	0		4.02
4.04	0	0		4.04
4.05	-2,388	0		4.05
4.06	-2,193	0		4.06
4.07	-2,146	0		4.07
4.08	-399	0		4.08
4.09	-592	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	-34,353	0		4.13
5.00	-1,503,422			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet A-8-2

Date/Time Prepared:
2/23/2018 12:19 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	31.00 INTENSIVE CARE UNIT	12,000	0	12,000	159,800	96
2.00	53.00 ANESTHESIOLOGY	1,159,200	1,152,848	6,352	167,500	48
3.00	65.00 RESPIRATORY THERAPY	12,000	0	12,000	159,800	96
4.00	65.10 CARDIAC STRESS LAB	20,000	0	20,000	159,800	156
5.00	91.00 EMERGENCY	2,461,285	2,379,975	81,310	159,800	364
6.00	0.00	0	0	0	0	0
7.00	0.00	0	0	0	0	0
8.00	0.00	0	0	0	0	0
9.00	0.00	0	0	0	0	0
10.00	0.00	0	0	0	0	0
200.00		3,664,485	3,532,823	131,662		760

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	31.00 INTENSIVE CARE UNIT	7,375	369	0	0	0
2.00	53.00 ANESTHESIOLOGY	3,865	193	0	0	0
3.00	65.00 RESPIRATORY THERAPY	7,375	369	0	0	0
4.00	65.10 CARDIAC STRESS LAB	11,985	599	0	0	0
5.00	91.00 EMERGENCY	27,965	1,398	0	0	0
6.00	0.00	0	0	0	0	0
7.00	0.00	0	0	0	0	0
8.00	0.00	0	0	0	0	0
9.00	0.00	0	0	0	0	0
10.00	0.00	0	0	0	0	0
200.00		58,565	2,928	0	0	0

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	31.00 INTENSIVE CARE UNIT	0	7,375	4,625	4,625
2.00	53.00 ANESTHESIOLOGY	0	3,865	2,487	1,155,335
3.00	65.00 RESPIRATORY THERAPY	0	7,375	4,625	4,625
4.00	65.10 CARDIAC STRESS LAB	0	11,985	8,015	8,015
5.00	91.00 EMERGENCY	0	27,965	53,345	2,433,320
6.00	0.00	0	0	0	0
7.00	0.00	0	0	0	0
8.00	0.00	0	0	0	0
9.00	0.00	0	0	0	0
10.00	0.00	0	0	0	0
200.00		0	58,565	73,097	3,605,920

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,671,462	1,671,462			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,494,275		2,494,275		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,408,539	0	8,408,539		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,469,373	334,206	785,911	811,584	11,401,074
6.00 00600	MAINTENANCE & REPAIRS	2,457,306	219,225	28,162	235,384	2,940,077
7.00 00700	OPERATION OF PLANT	1,006,782	98,830	131,661	0	1,237,273
8.00 00800	LAUNDRY & LINEN SERVICE	244,397	6,347	0	0	250,744
9.00 00900	HOUSEKEEPING	806,376	7,546	17,417	200,057	1,031,396
10.00 01000	DIETARY	449,346	53,374	16,301	84,419	603,440
11.00 01100	CAFETERIA	328,936	0	18,581	96,225	443,742
13.00 01300	NURSING ADMINISTRATION	894,467	5,356	335,856	290,426	1,526,105
14.00 01400	CENTRAL SERVICES & SUPPLY	95,944	21,990	52,051	44,992	214,977
16.00 01600	MEDICAL RECORDS & LIBRARY	571,344	7,978	4,093	193,224	776,639
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,240,294	208,125	20,757	1,518,943	6,988,119
31.00 03100	INTENSIVE CARE UNIT	1,566,514	43,742	65,985	393,529	2,069,770
43.00 04300	NURSERY	239,265	7,725	0	63,564	310,554
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,374,482	98,412	349,121	519,803	3,341,818
51.00 05100	RECOVERY ROOM	1,085,054	38,423	0	342,653	1,466,130
52.00 05200	DELIVERY ROOM & LABOR ROOM	721,691	32,136	64,860	194,471	1,013,158
53.00 05300	ANESTHESIOLOGY	219,747	477	22,233	8,541	250,998
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,336,921	61,687	202,220	408,828	2,009,656
56.00 05600	RADIOISOTOPE	457,222	4,105	0	63,162	524,489
57.00 05700	CT SCAN	819,831	7,613	3,927	122,583	953,954
58.00 05800	MRI	595,581	7,971	0	85,060	688,612
60.00 06000	LABORATORY	2,478,559	34,870	128,726	496,040	3,138,195
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	402,547	0	0	0	402,547
65.00 06500	RESPIRATORY THERAPY	527,805	8,939	58,686	172,334	767,764
65.10 06501	CARDIAC STRESS LAB	285,743	20,225	25,017	95,620	426,605
65.20 06502	CARDIAC REHAB	27,171	1,430	981	12,416	41,998
66.00 06600	PHYSICAL THERAPY	882,684	68,958	14,698	288,889	1,255,229
67.00 06700	OCCUPATIONAL THERAPY	163,657	20,024	2,167	63,581	249,429
68.00 06800	SPEECH PATHOLOGY	152,740	18,698	140	51,722	223,300
69.00 06900	ELECTROCARDIOLOGY	67,103	834	0	22,966	90,903
70.00 07000	ELECTROENCEPHALOGRAPHY	100,052	6,995	15,618	27,090	149,755
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,384,398	0	0	0	1,384,398
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,421,461	0	0	0	1,421,461
73.00 07300	DRUGS CHARGED TO PATIENTS	4,013,235	12,507	46,692	250,184	4,322,618
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,415,628	67,587	61,049	937,425	4,481,689
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	58,877,932	1,526,335	2,472,910	8,095,715	58,398,616
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,808	0	0	16,173	126,981
192.00 19200	PHYSICIANS' PRIVATE OFFICES	326,231	73,696	19,769	14,718	434,414
193.00 19300	NONPAID WORKERS	2,746	32,367	0	0	35,113
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	0
194.10 07951	MEDICAL TRANSPORTATION	446	0	0	0	446
194.20 07952	FUND DEVELOPMENT	171,130	2,570	30	0	173,730
194.30 07953	PUBLIC RELATIONS/MARKETING	512,742	1,080	0	0	513,822
194.40 07954	INDUSTRIAL MEDICINE	858,626	21,782	1,566	204,840	1,086,814
194.50 07955	FOUNDATION	143,073	0	0	0	143,073
194.70 07956	FITNESS CENTER	236,182	13,632	0	77,093	326,907
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	61,239,916	1,671,462	2,494,275	8,408,539	61,239,916

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/23/2018 12:19 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	11,401,074				5.00	
6.00	00600	MAINTENANCE & REPAIRS	672,569	3,612,646			6.00	
7.00	00700	OPERATION OF PLANT	283,037	319,343	1,839,653		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	57,360	20,508	11,456	340,068	8.00	
9.00	00900	HOUSEKEEPING	235,941	24,383	13,621	0	1,305,341	9.00
10.00	01000	DIETARY	138,042	172,465	96,340	0	69,303	10.00
11.00	01100	CAFETERIA	101,510	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	349,110	17,307	9,668	0	6,955	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,178	71,056	39,692	0	28,553	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177,663	25,780	14,401	0	10,359	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,598,587	672,506	375,660	151,284	270,240	30.00
31.00	03100	INTENSIVE CARE UNIT	473,479	141,342	78,954	35,164	56,797	31.00
43.00	04300	NURSERY	71,042	24,961	13,943	3,417	10,030	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	764,471	317,995	177,634	31,489	127,783	50.00
51.00	05100	RECOVERY ROOM	335,390	124,156	69,354	28,259	49,891	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	231,769	103,840	58,006	35,126	41,727	52.00
53.00	05300	ANESTHESIOLOGY	57,418	1,541	861	0	619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	459,727	199,328	111,345	13,806	80,098	54.00
56.00	05600	RADIOISOTOPE	119,982	13,263	7,409	0	5,330	56.00
57.00	05700	CT SCAN	218,226	24,600	13,742	0	9,885	57.00
58.00	05800	MRI	157,526	25,755	14,387	0	10,350	58.00
60.00	06000	LABORATORY	717,890	112,674	62,940	0	45,277	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	92,086	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	175,633	28,885	16,135	0	11,607	65.00
65.10	06501	CARDIAC STRESS LAB	97,590	65,351	36,506	0	26,261	65.10
65.20	06502	CARDIAC REHAB	9,607	4,622	2,582	0	1,857	65.20
66.00	06600	PHYSICAL THERAPY	287,145	222,821	124,469	10,848	89,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,059	64,702	36,143	0	26,000	67.00
68.00	06800	SPEECH PATHOLOGY	51,082	60,417	33,749	0	24,278	68.00
69.00	06900	ELECTROCARDIOLOGY	20,795	2,696	1,506	0	1,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	34,258	22,602	12,626	0	9,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	316,694	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	325,172	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	988,838	40,414	22,576	0	16,240	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,025,227	218,392	121,995	30,675	87,758	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,751,103	3,143,705	1,577,700	340,068	1,116,901	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,048	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	99,376	238,130	133,020	0	95,690	192.00
193.00	19300	NONPAID WORKERS	8,032	104,586	58,422	0	42,027	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	102	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	39,742	8,304	4,639	0	3,337	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	117,541	3,490	1,950	0	1,403	194.30
194.40	07954	INDUSTRIAL MEDICINE	248,618	70,382	39,316	0	28,282	194.40
194.50	07955	FOUNDATION	32,729	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	74,783	44,049	24,606	0	17,701	194.70
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,401,074	3,612,646	1,839,653	340,068	1,305,341	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/23/2018 12:19 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,079,590					10.00
11.00	01100	CAFETERIA	0	545,252				11.00
13.00	01300	NURSING ADMINISTRATION	0	13,137	1,922,282			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,799	52,148	462,403		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,603	0	0	1,027,445	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	908,597	118,941	912,275	30,542	62,103	30.00
31.00	03100	INTENSIVE CARE UNIT	122,485	27,097	207,835	9,135	11,297	31.00
43.00	04300	NURSERY	12,208	0	0	1,429	3,269	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	44,399	340,541	24,758	103,186	50.00
51.00	05100	RECOVERY ROOM	0	26,044	199,754	8,306	35,328	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,300	27,344	209,729	9,969	9,704	52.00
53.00	05300	ANESTHESIOLOGY	0	11,326	0	17,686	42,578	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,336	0	0	68,058	54.00
56.00	05600	RADIO SOTOPE	0	4,198	0	2,321	18,469	56.00
57.00	05700	CT SCAN	0	10,042	0	22,404	103,036	57.00
58.00	05800	MRI	0	5,959	0	8,674	34,654	58.00
60.00	06000	LABORATORY	0	49,996	0	5,835	190,194	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,082	5,544	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,993	0	0	27,155	65.00
65.10	06501	CARDIAC STRESS LAB	0	7,194	0	956	28,311	65.10
65.20	06502	CARDIAC REHAB	0	823	0	384	2,614	65.20
66.00	06600	PHYSICAL THERAPY	0	10,931	0	2,213	23,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,190	0	0	4,074	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,910	0	7	3,000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,893	0	35	8,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,696	0	875	3,595	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	262,780	47,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	26,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,172	100,860	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	77,917	0	35,920	64,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,079,590	519,768	1,922,282	451,483	1,027,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,646	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	988	0	7,608	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	16,232	0	3,312	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	0	6,618	0	0	0	194.70
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,079,590	545,252	1,922,282	462,403	1,027,445	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part I Date/Time Prepared: 2/23/2018 12:19 pm	
Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	12,088,854	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,233,355	31.00
43.00	04300	NURSERY	0	450,853	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,274,074	50.00
51.00	05100	RECOVERY ROOM	0	2,342,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,776,672	52.00
53.00	05300	ANESTHESIOLOGY	0	383,027	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,975,354	54.00
56.00	05600	RADIOISOTOPE	0	695,461	56.00
57.00	05700	CT SCAN	0	1,355,889	57.00
58.00	05800	MRI	0	945,917	58.00
60.00	06000	LABORATORY	0	4,323,001	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	501,259	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,041,172	65.00
65.10	06501	CARDIAC STRESS LAB	0	688,774	65.10
65.20	06502	CARDIAC REHAB	0	64,487	65.20
66.00	06600	PHYSICAL THERAPY	0	2,026,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	439,597	67.00
68.00	06800	SPEECH PATHOLOGY	0	397,743	68.00
69.00	06900	ELECTROCARDIOLOGY	0	127,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	234,489	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,011,212	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,773,005	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,497,718	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	6,144,510	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	56,792,907	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	157,675	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,009,226	192.00
193.00	19300	NONPAID WORKERS	0	248,180	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	548	194.10
194.20	07952	FUND DEVELOPMENT	0	229,752	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	638,206	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	1,492,956	194.40
194.50	07955	FOUNDATION	0	175,802	194.50
194.70	07956	FITNESS CENTER	0	494,664	194.70
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	61,239,916	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet B
Part II
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	206,660	334,206	785,911	5.00
6.00 00600	MAINTENANCE & REPAIRS	8,987	219,225	28,162	6.00
7.00 00700	OPERATION OF PLANT	0	98,830	131,661	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,347	0	8.00
9.00 00900	HOUSEKEEPING	0	7,546	17,417	9.00
10.00 01000	DIETARY	0	53,374	16,301	10.00
11.00 01100	CAFETERIA	0	0	18,581	11.00
13.00 01300	NURSING ADMINISTRATION	0	5,356	335,856	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	21,990	52,051	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	-389	7,978	4,093	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	24,482	208,125	20,757	30.00
31.00 03100	INTENSIVE CARE UNIT	3,557	43,742	65,985	31.00
43.00 04300	NURSERY	0	7,725	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	225,966	98,412	349,121	50.00
51.00 05100	RECOVERY ROOM	-68	38,423	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	32,136	64,860	52.00
53.00 05300	ANESTHESIOLOGY	0	477	22,233	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	142,319	61,687	202,220	54.00
56.00 05600	RADIOISOTOPE	0	4,105	0	56.00
57.00 05700	CT SCAN	93,000	7,613	3,927	57.00
58.00 05800	MRI	284,864	7,971	0	58.00
60.00 06000	LABORATORY	69,316	34,870	128,726	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,492	8,939	58,686	65.00
65.10 06501	CARDIAC STRESS LAB	0	20,225	25,017	65.10
65.20 06502	CARDIAC REHAB	0	1,430	981	65.20
66.00 06600	PHYSICAL THERAPY	5,305	68,958	14,698	66.00
67.00 06700	OCCUPATIONAL THERAPY	35	20,024	2,167	67.00
68.00 06800	SPEECH PATHOLOGY	0	18,698	140	68.00
69.00 06900	ELECTROCARDIOLOGY	0	834	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	989	6,995	15,618	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	86,600	12,507	46,692	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	-173	67,587	61,049	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,152,942	1,526,335	2,472,910	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	73,696	19,769	192.00
193.00 19300	NONPAID WORKERS	0	32,367	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	0	2,570	30	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	0	1,080	0	194.30
194.40 07954	INDUSTRIAL MEDICINE	-346	21,782	1,566	194.40
194.50 07955	FOUNDATION	0	0	0	194.50
194.70 07956	FITNESS CENTER	0	13,632	0	194.70
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,152,596	1,671,462	2,494,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 12:19 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,326,777			5.00		
6.00	00600	MAINTENANCE & REPAIRS	78,268	334,642		6.00		
7.00	00700	OPERATION OF PLANT	32,937	29,581	293,009	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	6,675	1,900	1,825	16,747	8.00	
9.00	00900	HOUSEKEEPING	27,457	2,259	2,169	0	56,848	9.00
10.00	01000	DIETARY	16,064	15,976	15,344	0	3,018	10.00
11.00	01100	CAFETERIA	11,813	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,626	1,603	1,540	0	303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,723	6,582	6,322	0	1,244	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,675	2,388	2,294	0	451	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,048	62,291	59,833	7,449	11,769	30.00
31.00	03100	INTENSIVE CARE UNIT	55,099	13,093	12,575	1,732	2,474	31.00
43.00	04300	NURSERY	8,267	2,312	2,221	168	437	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,963	29,456	28,292	1,551	5,565	50.00
51.00	05100	RECOVERY ROOM	39,030	11,501	11,046	1,392	2,173	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,971	9,619	9,239	1,730	1,817	52.00
53.00	05300	ANESTHESIOLOGY	6,682	143	137	0	27	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,499	18,464	17,734	680	3,488	54.00
56.00	05600	RADIOISOTOPE	13,962	1,229	1,180	0	232	56.00
57.00	05700	CT SCAN	25,395	2,279	2,189	0	431	57.00
58.00	05800	MRI	18,332	2,386	2,291	0	451	58.00
60.00	06000	LABORATORY	83,542	10,437	10,025	0	1,972	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,716	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	20,439	2,676	2,570	0	505	65.00
65.10	06501	CARDIAC STRESS LAB	11,357	6,054	5,814	0	1,144	65.10
65.20	06502	CARDIAC REHAB	1,118	428	411	0	81	65.20
66.00	06600	PHYSICAL THERAPY	33,415	20,640	19,825	534	3,899	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,640	5,993	5,757	0	1,132	67.00
68.00	06800	SPEECH PATHOLOGY	5,944	5,596	5,375	0	1,057	68.00
69.00	06900	ELECTROCARDIOLOGY	2,420	250	240	0	47	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,987	2,094	2,011	0	396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,854	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,841	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,072	3,744	3,596	0	707	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	119,307	20,230	19,431	1,511	3,822	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,251,138	291,204	251,286	16,747	48,642	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,380	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,565	22,058	21,187	0	4,167	192.00
193.00	19300	NONPAID WORKERS	935	9,688	9,305	0	1,830	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	12	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	4,625	769	739	0	145	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	13,678	323	311	0	61	194.30
194.40	07954	INDUSTRIAL MEDICINE	28,932	6,520	6,262	0	1,232	194.40
194.50	07955	FOUNDATION	3,809	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	8,703	4,080	3,919	0	771	194.70
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,326,777	334,642	293,009	16,747	56,848	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 12:19 pm
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY		
	10.00	11.00	13.00	14.00	16.00		
GENERAL SERVICE COST CENTERS							
1.00 00100						1.00	
2.00 00200						2.00	
4.00 00400						4.00	
5.00 00500						5.00	
6.00 00600						6.00	
7.00 00700						7.00	
8.00 00800						8.00	
9.00 00900						9.00	
10.00 01000	120,077					10.00	
11.00 01100	0	30,394				11.00	
13.00 01300	0	732	386,016			13.00	
14.00 01400	0	379	10,472	104,763		14.00	
16.00 01600	0	1,260	0	0	38,750	16.00	
17.00 01700	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	101,059	6,631	183,195	6,920	2,332	30.00	
31.00 03100	13,623	1,510	41,736	2,070	424	31.00	
43.00 04300	1,358	0	0	324	123	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	0	2,475	68,384	5,609	3,874	50.00	
51.00 05100	0	1,452	40,113	1,882	1,326	51.00	
52.00 05200	4,037	1,524	42,116	2,259	364	52.00	
53.00 05300	0	631	0	4,007	1,599	53.00	
54.00 05400	0	1,858	0	0	2,555	54.00	
56.00 05600	0	234	0	526	693	56.00	
57.00 05700	0	560	0	5,076	3,868	57.00	
58.00 05800	0	332	0	1,965	1,301	58.00	
60.00 06000	0	2,787	0	1,322	7,316	60.00	
62.30 06250	0	0	0	0	0	62.30	
63.00 06300	0	0	0	245	208	63.00	
65.00 06500	0	780	0	0	1,020	65.00	
65.10 06501	0	401	0	217	1,063	65.10	
65.20 06502	0	46	0	87	98	65.20	
66.00 06600	0	609	0	501	876	66.00	
67.00 06700	0	122	0	0	153	67.00	
68.00 06800	0	106	0	2	113	68.00	
69.00 06900	0	106	0	8	317	69.00	
70.00 07000	0	95	0	198	135	70.00	
71.00 07100	0	0	0	59,535	1,777	71.00	
72.00 07200	0	0	0	0	990	72.00	
73.00 07300	0	0	0	1,398	3,787	73.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	0	4,343	0	8,138	2,438	91.00	
92.00 09200						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1 through 117)						
	120,077	28,973	386,016	102,289	38,750	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000	0	92	0	0	0	190.00	
192.00 19200	0	55	0	1,724	0	192.00	
193.00 19300	0	0	0	0	0	193.00	
194.00 07950	0	0	0	0	0	194.00	
194.10 07951	0	0	0	0	0	194.10	
194.20 07952	0	0	0	0	0	194.20	
194.30 07953	0	0	0	0	0	194.30	
194.40 07954	0	905	0	750	0	194.40	
194.50 07955	0	0	0	0	0	194.50	
194.70 07956	0	369	0	0	0	194.70	
200.00						200.00	
201.00	0	0	0	0	0	201.00	
202.00						202.00	
	TOTAL (sum lines 118 through 201)						
	120,077	30,394	386,016	104,763	38,750	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 12:19 pm	
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	880,891	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	257,620	0	31.00
43.00	04300	NURSERY	0	22,935	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	907,668	0	50.00
51.00	05100	RECOVERY ROOM	0	148,270	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	196,672	0	52.00
53.00	05300	ANESTHESIOLOGY	0	35,936	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	504,504	0	54.00
56.00	05600	RADIOISOTOPE	0	22,161	0	56.00
57.00	05700	CT SCAN	0	144,338	0	57.00
58.00	05800	MRI	0	319,893	0	58.00
60.00	06000	LABORATORY	0	350,313	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,169	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	97,107	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	71,292	0	65.10
65.20	06502	CARDIAC REHAB	0	4,680	0	65.20
66.00	06600	PHYSICAL THERAPY	0	169,260	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	42,023	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	37,031	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,222	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,518	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,166	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	38,831	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	274,103	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	307,683	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,979,286	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,472	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	154,221	0	192.00
193.00	19300	NONPAID WORKERS	0	54,125	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	12	0	194.10
194.20	07952	FUND DEVELOPMENT	0	8,878	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	15,453	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	67,603	0	194.40
194.50	07955	FOUNDATION	0	3,809	0	194.50
194.70	07956	FITNESS CENTER	0	31,474	0	194.70
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,318,333	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	224,379				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,497,253			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	24,498,265		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	44,864	471,763	2,364,550	-11,401,074	5.00
6.00 00600	MAINTENANCE & REPAIRS	29,429	16,905	685,792	0	6.00
7.00 00700	OPERATION OF PLANT	13,267	79,033	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	852	0	0	0	8.00
9.00 00900	HOUSEKEEPING	1,013	10,455	582,865	0	9.00
10.00 01000	DIETARY	7,165	9,785	245,954	0	10.00
11.00 01100	CAFETERIA	0	11,154	280,351	0	11.00
13.00 01300	NURSING ADMINISTRATION	719	201,606	846,156	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,952	31,245	131,084	0	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,071	2,457	562,958	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27,939	12,460	4,425,430	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,872	39,609	1,146,547	0	31.00
43.00 04300	NURSERY	1,037	0	185,194	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,211	209,569	1,514,444	0	50.00
51.00 05100	RECOVERY ROOM	5,158	0	998,320	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,314	38,934	566,590	0	52.00
53.00 05300	ANESTHESIOLOGY	64	13,346	24,885	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,281	121,388	1,191,120	0	54.00
56.00 05600	RADIOISOTOPE	551	0	184,023	0	56.00
57.00 05700	CT SCAN	1,022	2,357	357,145	0	57.00
58.00 05800	MRI	1,070	0	247,821	0	58.00
60.00 06000	LABORATORY	4,681	77,271	1,445,212	0	60.00
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,200	35,228	502,094	0	65.00
65.10 06501	CARDIAC STRESS LAB	2,715	15,017	278,589	0	65.10
65.20 06502	CARDIAC REHAB	192	589	36,175	0	65.20
66.00 06600	PHYSICAL THERAPY	9,257	8,823	841,679	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,688	1,301	185,244	0	67.00
68.00 06800	SPEECH PATHOLOGY	2,510	84	150,693	0	68.00
69.00 06900	ELECTROCARDIOLOGY	112	0	66,911	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	939	9,375	78,928	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,679	28,028	728,912	0	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	9,073	36,646	2,731,187	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	204,897	1,484,428	23,586,853	-11,401,074	46,997,542
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	47,121	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	9,893	11,867	42,881	0	192.00
193.00 19300	NONPAID WORKERS	4,345	0	0	0	193.00
194.00 07950	PHYSICIAN PRACTICES	0	0	0	0	194.00
194.10 07951	MEDICAL TRANSPORTATION	0	0	0	0	194.10
194.20 07952	FUND DEVELOPMENT	345	18	0	0	194.20
194.30 07953	PUBLIC RELATIONS/MARKETING	145	0	0	0	194.30
194.40 07954	INDUSTRIAL MEDICINE	2,924	940	596,800	0	194.40
194.50 07955	FOUNDATION	0	0	0	0	194.50
194.70 07956	FITNESS CENTER	1,830	0	224,610	0	194.70
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)	1,671,462	2,494,275	8,408,539		11,401,074
203.00	Unit cost multiplier (Wkst. B, Part I)	7.449280	1.665901	0.343230		0.228759
204.00	Cost to be allocated (per Wkst. B, Part II)			0		1,326,777
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.026621

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1

Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	150,086					6.00
7.00	00700	13,267	136,819				7.00
8.00	00800	852	852	423,739			8.00
9.00	00900	1,013	1,013	0	134,954		9.00
10.00	01000	7,165	7,165	0	7,165	66,590	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	719	719	0	719	0	13.00
14.00	01400	2,952	2,952	0	2,952	0	14.00
16.00	01600	1,071	1,071	0	1,071	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	27,939	27,939	188,506	27,939	56,043	30.00
31.00	03100	5,872	5,872	43,816	5,872	7,555	31.00
43.00	04300	1,037	1,037	4,258	1,037	753	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	13,211	13,211	39,237	13,211	0	50.00
51.00	05100	5,158	5,158	35,212	5,158	0	51.00
52.00	05200	4,314	4,314	43,768	4,314	2,239	52.00
53.00	05300	64	64	0	64	0	53.00
54.00	05400	8,281	8,281	17,203	8,281	0	54.00
56.00	05600	551	551	0	551	0	56.00
57.00	05700	1,022	1,022	0	1,022	0	57.00
58.00	05800	1,070	1,070	0	1,070	0	58.00
60.00	06000	4,681	4,681	0	4,681	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
65.00	06500	1,200	1,200	0	1,200	0	65.00
65.10	06501	2,715	2,715	0	2,715	0	65.10
65.20	06502	192	192	0	192	0	65.20
66.00	06600	9,257	9,257	13,517	9,257	0	66.00
67.00	06700	2,688	2,688	0	2,688	0	67.00
68.00	06800	2,510	2,510	0	2,510	0	68.00
69.00	06900	112	112	0	112	0	69.00
70.00	07000	939	939	0	939	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,679	1,679	0	1,679	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	9,073	9,073	38,222	9,073	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		130,604	117,337	423,739	115,472	66,590	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	9,893	9,893	0	9,893	0	192.00
193.00	19300	4,345	4,345	0	4,345	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.10	07951	0	0	0	0	0	194.10
194.20	07952	345	345	0	345	0	194.20
194.30	07953	145	145	0	145	0	194.30
194.40	07954	2,924	2,924	0	2,924	0	194.40
194.50	07955	0	0	0	0	0	194.50
194.70	07956	1,830	1,830	0	1,830	0	194.70
200.00							200.00
201.00							201.00
202.00		3,612,646	1,839,653	340,068	1,305,341	1,079,590	202.00
203.00		24.070506	13.445888	0.802541	9.672488	16.212494	203.00
204.00		334,642	293,009	16,747	56,848	120,077	204.00
205.00		2.229668	2.141581	0.039522	0.421240	1.803229	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet B-1
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	33,121					11.00
13.00	01300	NURSING ADMINISTRATION	798	15,224				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	413	413	2,436,080			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,373	0	0	370,909,816		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,225	7,225	160,905	22,419,921	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,646	1,646	48,126	4,078,400	0	31.00
43.00	04300	NURSERY	0	0	7,529	1,179,997	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,697	2,697	130,435	37,251,223	0	50.00
51.00	05100	RECOVERY ROOM	1,582	1,582	43,758	12,753,683	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,661	1,661	52,520	3,503,098	0	52.00
53.00	05300	ANESTHESIOLOGY	688	0	93,174	15,371,286	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,025	0	0	24,569,777	0	54.00
56.00	05600	RADIOISOTOPE	255	0	12,230	6,667,644	0	56.00
57.00	05700	CT SCAN	610	0	118,029	37,197,062	0	57.00
58.00	05800	MRI	362	0	45,697	12,510,478	0	58.00
60.00	06000	LABORATORY	3,037	0	30,743	68,653,299	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	5,699	2,001,592	0	63.00
65.00	06500	RESPIRATORY THERAPY	850	0	0	9,803,239	0	65.00
65.10	06501	CARDIAC STRESS LAB	437	0	5,036	10,220,463	0	65.10
65.20	06502	CARDIAC REHAB	50	0	2,024	943,510	0	65.20
66.00	06600	PHYSICAL THERAPY	664	0	11,657	8,418,736	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	133	0	0	1,470,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	116	0	36	1,082,878	0	68.00
69.00	06900	ELECTROCARDIOLOGY	115	0	184	3,049,490	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103	0	4,611	1,297,956	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,384,399	17,090,290	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,520,606	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	32,518	36,411,483	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,733	0	189,240	23,443,017	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,573	15,224	2,378,550	370,909,816	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	60	0	40,079	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.10	07951	MEDICAL TRANSPORTATION	0	0	0	0	0	194.10
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	986	0	17,451	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	402	0	0	0	0	194.70
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)	545,252	1,922,282	462,403	1,027,445	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.462426	126.266553	0.189814	0.002770	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	30,394	386,016	104,763	38,750	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.917666	25.355754	0.043005	0.000104	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

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	12,088,854		12,088,854	0	12,088,854	30.00
31.00	03100 INTENSIVE CARE UNIT	3,233,355		3,233,355	4,625	3,237,980	31.00
43.00	04300 NURSERY	450,853		450,853	0	450,853	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,274,074		5,274,074	0	5,274,074	50.00
51.00	05100 RECOVERY ROOM	2,342,612		2,342,612	0	2,342,612	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,776,672		1,776,672	0	1,776,672	52.00
53.00	05300 ANESTHESIOLOGY	383,027		383,027	2,487	385,514	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,975,354		2,975,354	0	2,975,354	54.00
56.00	05600 RADIOISOTOPE	695,461		695,461	0	695,461	56.00
57.00	05700 CT SCAN	1,355,889		1,355,889	0	1,355,889	57.00
58.00	05800 MRI	945,917		945,917	0	945,917	58.00
60.00	06000 LABORATORY	4,323,001		4,323,001	0	4,323,001	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	501,259		501,259	0	501,259	63.00
65.00	06500 RESPIRATORY THERAPY	1,041,172	0	1,041,172	4,625	1,045,797	65.00
65.10	06501 CARDIAC STRESS LAB	688,774	0	688,774	8,015	696,789	65.10
65.20	06502 CARDIAC REHAB	64,487	0	64,487	0	64,487	65.20
66.00	06600 PHYSICAL THERAPY	2,026,514	0	2,026,514	0	2,026,514	66.00
67.00	06700 OCCUPATIONAL THERAPY	439,597	0	439,597	0	439,597	67.00
68.00	06800 SPEECH PATHOLOGY	397,743	0	397,743	0	397,743	68.00
69.00	06900 ELECTROCARDIOLOGY	127,358		127,358	0	127,358	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,489		234,489	0	234,489	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,011,212		2,011,212	0	2,011,212	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,773,005		1,773,005	0	1,773,005	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,497,718		5,497,718	0	5,497,718	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	6,144,510		6,144,510	53,345	6,197,855	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,258,216		1,258,216		1,258,216	92.00
200.00	Subtotal (see instructions)	58,051,123	0	58,051,123	73,097	58,124,220	200.00
201.00	Less Observation Beds	1,258,216		1,258,216		1,258,216	201.00
202.00	Total (see instructions)	56,792,907	0	56,792,907	73,097	56,866,004	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 12:19 pm
Title XVIII			Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,360,015		20,360,015	30.00
31.00	03100	INTENSIVE CARE UNIT	4,078,400		4,078,400	31.00
43.00	04300	NURSERY	1,179,997		1,179,997	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,271,836	27,979,387	37,251,223	50.00
51.00	05100	RECOVERY ROOM	1,733,283	11,020,400	12,753,683	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,391,723	1,111,375	3,503,098	52.00
53.00	05300	ANESTHESIOLOGY	3,391,847	11,979,439	15,371,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,835,455	21,734,322	24,569,777	54.00
56.00	05600	RADIOISOTOPE	239,500	6,428,144	6,667,644	56.00
57.00	05700	CT SCAN	5,492,455	31,704,607	37,197,062	57.00
58.00	05800	MRI	694,156	11,816,322	12,510,478	58.00
60.00	06000	LABORATORY	15,276,664	53,376,635	68,653,299	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,117,405	884,187	2,001,592	63.00
65.00	06500	RESPIRATORY THERAPY	7,873,367	1,929,872	9,803,239	65.00
65.10	06501	CARDIAC STRESS LAB	2,028,148	8,192,315	10,220,463	65.10
65.20	06502	CARDIAC REHAB	264	943,246	943,510	65.20
66.00	06600	PHYSICAL THERAPY	1,352,636	7,066,100	8,418,736	66.00
67.00	06700	OCCUPATIONAL THERAPY	694,700	775,988	1,470,688	67.00
68.00	06800	SPEECH PATHOLOGY	402,353	680,525	1,082,878	68.00
69.00	06900	ELECTROCARDIOLOGY	916,851	2,132,639	3,049,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,125	1,291,831	1,297,956	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,826,145	8,264,145	17,090,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,394,216	3,126,390	9,520,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,020,955	18,390,528	36,411,483	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,823,109	19,619,908	23,443,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	696,992	1,362,914	2,059,906	92.00
200.00		Subtotal (see instructions)	119,098,597	251,811,219	370,909,816	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	119,098,597	251,811,219	370,909,816	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 12:19 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.141581		50.00
51.00	05100 RECOVERY ROOM	0.183681		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.507172		52.00
53.00	05300 ANESTHESIOLOGY	0.025080		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121098		54.00
56.00	05600 RADIOISOTOPE	0.104304		56.00
57.00	05700 CT SCAN	0.036452		57.00
58.00	05800 MRI	0.075610		58.00
60.00	06000 LABORATORY	0.062969		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.250430		63.00
65.00	06500 RESPIRATORY THERAPY	0.106679		65.00
65.10	06501 CARDIAC STRESS LAB	0.068176		65.10
65.20	06502 CARDIAC REHAB	0.068348		65.20
66.00	06600 PHYSICAL THERAPY	0.240715		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.298906		67.00
68.00	06800 SPEECH PATHOLOGY	0.367302		68.00
69.00	06900 ELECTROCARDIOLOGY	0.041764		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180660		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.117682		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.186228		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150989		73.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.264380		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.610812		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet C
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

		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	12,088,854		12,088,854	0	12,088,854	30.00
31.00	03100 INTENSIVE CARE UNIT	3,233,355		3,233,355	4,625	3,237,980	31.00
43.00	04300 NURSERY	450,853		450,853	0	450,853	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,274,074		5,274,074	0	5,274,074	50.00
51.00	05100 RECOVERY ROOM	2,342,612		2,342,612	0	2,342,612	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,776,672		1,776,672	0	1,776,672	52.00
53.00	05300 ANESTHESIOLOGY	383,027		383,027	2,487	385,514	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,975,354		2,975,354	0	2,975,354	54.00
56.00	05600 RADIOISOTOPE	695,461		695,461	0	695,461	56.00
57.00	05700 CT SCAN	1,355,889		1,355,889	0	1,355,889	57.00
58.00	05800 MRI	945,917		945,917	0	945,917	58.00
60.00	06000 LABORATORY	4,323,001		4,323,001	0	4,323,001	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	501,259		501,259	0	501,259	63.00
65.00	06500 RESPIRATORY THERAPY	1,041,172	0	1,041,172	4,625	1,045,797	65.00
65.10	06501 CARDIAC STRESS LAB	688,774	0	688,774	8,015	696,789	65.10
65.20	06502 CARDIAC REHAB	64,487	0	64,487	0	64,487	65.20
66.00	06600 PHYSICAL THERAPY	2,026,514	0	2,026,514	0	2,026,514	66.00
67.00	06700 OCCUPATIONAL THERAPY	439,597	0	439,597	0	439,597	67.00
68.00	06800 SPEECH PATHOLOGY	397,743	0	397,743	0	397,743	68.00
69.00	06900 ELECTROCARDIOLOGY	127,358		127,358	0	127,358	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	234,489		234,489	0	234,489	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,011,212		2,011,212	0	2,011,212	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,773,005		1,773,005	0	1,773,005	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,497,718		5,497,718	0	5,497,718	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	6,144,510		6,144,510	53,345	6,197,855	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,258,216		1,258,216		1,258,216	92.00
200.00	Subtotal (see instructions)	58,051,123	0	58,051,123	73,097	58,124,220	200.00
201.00	Less Observation Beds	1,258,216		1,258,216		1,258,216	201.00
202.00	Total (see instructions)	56,792,907	0	56,792,907	73,097	56,866,004	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 12:19 pm
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
Title XIX Hospital Cost								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,360,015		20,360,015			30.00
31.00	03100	INTENSIVE CARE UNIT	4,078,400		4,078,400			31.00
43.00	04300	NURSERY	1,179,997		1,179,997			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,271,836	27,979,387	37,251,223	0.141581	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,733,283	11,020,400	12,753,683	0.183681	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,391,723	1,111,375	3,503,098	0.507172	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,391,847	11,979,439	15,371,286	0.024918	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,835,455	21,734,322	24,569,777	0.121098	0.000000	54.00
56.00	05600	RADIOISOTOPE	239,500	6,428,144	6,667,644	0.104304	0.000000	56.00
57.00	05700	CT SCAN	5,492,455	31,704,607	37,197,062	0.036452	0.000000	57.00
58.00	05800	MRI	694,156	11,816,322	12,510,478	0.075610	0.000000	58.00
60.00	06000	LABORATORY	15,276,664	53,376,635	68,653,299	0.062969	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,117,405	884,187	2,001,592	0.250430	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	7,873,367	1,929,872	9,803,239	0.106207	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	2,028,148	8,192,315	10,220,463	0.067392	0.000000	65.10
65.20	06502	CARDIAC REHAB	264	943,246	943,510	0.068348	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,352,636	7,066,100	8,418,736	0.240715	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	694,700	775,988	1,470,688	0.298906	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	402,353	680,525	1,082,878	0.367302	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	916,851	2,132,639	3,049,490	0.041764	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,125	1,291,831	1,297,956	0.180660	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,826,145	8,264,145	17,090,290	0.117682	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,394,216	3,126,390	9,520,606	0.186228	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,020,955	18,390,528	36,411,483	0.150989	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,823,109	19,619,908	23,443,017	0.262104	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	696,992	1,362,914	2,059,906	0.610812	0.000000	92.00
200.00		Subtotal (see instructions)	119,098,597	251,811,219	370,909,816			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	119,098,597	251,811,219	370,909,816			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 12:19 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.10	06501 CARDIAC STRESS LAB	0.000000		65.10
65.20	06502 CARDIAC REHAB	0.000000		65.20
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part I Date/Time Prepared: 2/23/2018 12:19 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
Title XVIII		Hospital PPS					
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	880,891	0	880,891	11,568	76.15	30.00
31.00	INTENSIVE CARE UNIT	257,620		257,620	1,367	188.46	31.00
43.00	NURSERY	22,935		22,935	703	32.62	43.00
200.00	Total (lines 30 through 199)	1,161,446		1,161,446	13,638		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	4,833	368,033				
31.00	INTENSIVE CARE UNIT	602	113,453				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	5,435	481,486				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/23/2018 12:19 pm
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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	907,668	37,251,223	0.024366	3,792,291	92,403	50.00
51.00	05100 RECOVERY ROOM	148,270	12,753,683	0.011626	773,241	8,990	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	196,672	3,503,098	0.056142	69,776	3,917	52.00
53.00	05300 ANESTHESIOLOGY	35,936	15,371,286	0.002338	1,262,498	2,952	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	504,504	24,569,777	0.020534	1,409,345	28,939	54.00
56.00	05600 RADIOISOTOPE	22,161	6,667,644	0.003324	100,181	333	56.00
57.00	05700 CT SCAN	144,338	37,197,062	0.003880	2,418,276	9,383	57.00
58.00	05800 MRI	319,893	12,510,478	0.025570	288,808	7,385	58.00
60.00	06000 LABORATORY	350,313	68,653,299	0.005103	6,874,795	35,082	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	11,169	2,001,592	0.005580	562,039	3,136	63.00
65.00	06500 RESPIRATORY THERAPY	97,107	9,803,239	0.009906	4,018,171	39,804	65.00
65.10	06501 CARDIAC STRESS LAB	71,292	10,220,463	0.006975	1,137,200	7,932	65.10
65.20	06502 CARDIAC REHAB	4,680	943,510	0.004960	0	0	65.20
66.00	06600 PHYSICAL THERAPY	169,260	8,418,736	0.020105	703,839	14,151	66.00
67.00	06700 OCCUPATIONAL THERAPY	42,023	1,470,688	0.028574	358,898	10,255	67.00
68.00	06800 SPEECH PATHOLOGY	37,031	1,082,878	0.034197	257,689	8,812	68.00
69.00	06900 ELECTROCARDIOLOGY	4,222	3,049,490	0.001384	490,412	679	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	32,518	1,297,956	0.025053	4,375	110	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	98,166	17,090,290	0.005744	4,126,372	23,702	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,831	9,520,606	0.004079	2,776,052	11,324	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	274,103	36,411,483	0.007528	7,858,197	59,157	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	307,683	23,443,017	0.013125	1,893,352	24,850	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	91,684	2,059,906	0.044509	387,962	17,268	92.00
200.00	Total (lines 50 through 199)	3,909,524	345,291,404		41,563,769	410,564	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/23/2018 12:19 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	11,568	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,367	0.00	31.00	
43.00	04300	NURSERY	0	0	703	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	13,638	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet D
Part IV
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 12:19 pm
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Cost Center Description	Title XVIII			Hospital	PPS			
	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	37,251,223	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	12,753,683	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,503,098	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,371,286	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	24,569,777	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,667,644	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	37,197,062	0.000000	57.00
58.00	05800	MRI	0	0	0	12,510,478	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	68,653,299	0.000000	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,001,592	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	9,803,239	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	10,220,463	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	0	0	943,510	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	8,418,736	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,470,688	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,082,878	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,049,490	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,297,956	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,090,290	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,520,606	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,411,483	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	23,443,017	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,059,906	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	345,291,404		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 12:19 pm
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Cost Center Description			Title XVIII				Hospital	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	3,792,291	0	8,379,435	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	773,241	0	3,386,458	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	69,776	0	31,373	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,262,498	0	2,477,996	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,409,345	0	5,004,087	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	100,181	0	2,335,414	0	56.00
57.00	05700	CT SCAN	0.000000	2,418,276	0	9,696,368	0	57.00
58.00	05800	MRI	0.000000	288,808	0	3,278,939	0	58.00
60.00	06000	LABORATORY	0.000000	6,874,795	0	6,385,587	0	60.00
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	562,039	0	298,583	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	4,018,171	0	564,353	0	65.00
65.10	06501	CARDIAC STRESS LAB	0.000000	1,137,200	0	3,452,277	0	65.10
65.20	06502	CARDIAC REHAB	0.000000	0	0	585,741	0	65.20
66.00	06600	PHYSICAL THERAPY	0.000000	703,839	0	18,543	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	358,898	0	15,016	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	257,689	0	13,541	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	490,412	0	694,782	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,375	0	214,142	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,126,372	0	2,586,152	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,776,052	0	1,610,974	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	7,858,197	0	7,052,388	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	1,893,352	0	4,844,621	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	387,962	0	397,859	0	92.00
200.00		Total (lines 50 through 199)		41,563,769	0	63,324,629	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/23/2018 12:19 pm
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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	0.141581	8,379,435	0	0	1,186,369	50.00
51.00	05100 RECOVERY ROOM	0.183681	3,386,458	0	0	622,028	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.507172	31,373	0	0	15,912	52.00
53.00	05300 ANESTHESIOLOGY	0.024918	2,477,996	0	0	61,747	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121098	5,004,087	0	0	605,985	54.00
56.00	05600 RADIOISOTOPE	0.104304	2,335,414	0	0	243,593	56.00
57.00	05700 CT SCAN	0.036452	9,696,368	0	0	353,452	57.00
58.00	05800 MRI	0.075610	3,278,939	0	0	247,921	58.00
60.00	06000 LABORATORY	0.062969	6,385,587	3,500	0	402,094	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.250430	298,583	0	0	74,774	63.00
65.00	06500 RESPIRATORY THERAPY	0.106207	564,353	0	0	59,938	65.00
65.10	06501 CARDIAC STRESS LAB	0.067392	3,452,277	0	0	232,656	65.10
65.20	06502 CARDIAC REHAB	0.068348	585,741	0	0	40,034	65.20
66.00	06600 PHYSICAL THERAPY	0.240715	18,543	0	0	4,464	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.298906	15,016	0	0	4,488	67.00
68.00	06800 SPEECH PATHOLOGY	0.367302	13,541	0	0	4,974	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041764	694,782	0	0	29,017	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180660	214,142	0	0	38,687	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.117682	2,586,152	0	0	304,344	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.186228	1,610,974	0	0	300,008	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150989	7,052,388	0	76,008	1,064,833	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.262104	4,844,621	0	0	1,269,795	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.610812	397,859	0	0	243,017	92.00
200.00	Subtotal (see instructions)		63,324,629	3,500	76,008	7,410,130	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		63,324,629	3,500	76,008	7,410,130	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/23/2018 12:19 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	220	0		60.00
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.10 06501 CARDIAC STRESS LAB	0	0		65.10
65.20 06502 CARDIAC REHAB	0	0		65.20
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,476		73.00
OUTPATIENT SERVICE COST CENTERS				
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)	220	11,476		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	220	11,476		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/23/2018 12:19 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,568	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,568	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)		10,364	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)		4,833	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)		12,088,854	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)		12,088,854	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)		12,088,854	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,045.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,050,630	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)		5,050,630	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,237,980	1,367	2,368.68	602	1,425,945	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)					5,436,177	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,912,752	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)					481,486	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					410,564	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					892,050	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,020,702	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)					1,204	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,045.03	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,258,216	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 12:19 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	880,891	12,088,854	0.072868	1,258,216	91,684	90.00
91.00	Nursing School cost	0	12,088,854	0.000000	1,258,216	0	91.00
92.00	Allied health cost	0	12,088,854	0.000000	1,258,216	0	92.00
93.00	All other Medical Education	0	12,088,854	0.000000	1,258,216	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/23/2018 12:19 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		8,371,658		30.00
31.00	03100 INTENSIVE CARE UNIT		1,813,438		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.141581	3,792,291	536,916	50.00
51.00	05100 RECOVERY ROOM	0.183681	773,241	142,030	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.507172	69,776	35,388	52.00
53.00	05300 ANESTHESIOLOGY	0.025080	1,262,498	31,663	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.121098	1,409,345	170,669	54.00
56.00	05600 RADIOISOTOPE	0.104304	100,181	10,449	56.00
57.00	05700 CT SCAN	0.036452	2,418,276	88,151	57.00
58.00	05800 MRI	0.075610	288,808	21,837	58.00
60.00	06000 LABORATORY	0.062969	6,874,795	432,899	60.00
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.250430	562,039	140,751	63.00
65.00	06500 RESPIRATORY THERAPY	0.106679	4,018,171	428,654	65.00
65.10	06501 CARDIAC STRESS LAB	0.068176	1,137,200	77,530	65.10
65.20	06502 CARDIAC REHAB	0.068348	0	0	65.20
66.00	06600 PHYSICAL THERAPY	0.240715	703,839	169,425	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.298906	358,898	107,277	67.00
68.00	06800 SPEECH PATHOLOGY	0.367302	257,689	94,650	68.00
69.00	06900 ELECTROCARDIOLOGY	0.041764	490,412	20,482	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.180660	4,375	790	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.117682	4,126,372	485,600	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.186228	2,776,052	516,979	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.150989	7,858,197	1,186,501	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.264380	1,893,352	500,564	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.610812	387,962	236,972	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		41,563,769	5,436,177	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)		41,563,769		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 12:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,071,018	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)		64,028	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		3,920,549	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		77.70	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.45	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.37	31.00
32.00	Sum of lines 30 and 31		22.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.04	33.00
34.00	Disproportionate share adjustment (see instructions)		182,328	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 12:19 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000053762	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	321,362	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	321,362	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		321,362		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)		9,638,736		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		15,603,701		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			14,112,460	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			733,751	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			14,846,211	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			14,846,211	61.00
62.00	Deductibles billed to program beneficiaries			1,274,084	62.00
63.00	Coinurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			222,120	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			144,378	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			167,267	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,716,505	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			-12,067	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			-21,474	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 12:19 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,682,964	71.00
71.01	Sequestration adjustment (see instructions)		273,659	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		13,367,318	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		41,987	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		196,716	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)		4,473,724	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.9973027390	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		-12,067	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9952	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-21,474	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (line 209 plus line 210) (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/23/2018 12:19 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,696	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,410,130	2.00
3.00	OPPS payments		7,597,045	3.00
4.00	Outlier payment (see instructions)		5,384	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,696	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79,508	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)		79,508	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)		79,508	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		67,812	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) (see instructions)		11,696	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		7,602,429	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)		1,532,347	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)		6,081,778	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)		6,081,778	30.00
31.00	Primary payer payments		345	31.00
32.00	Subtotal (line 30 minus line 31)		6,081,433	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)		191,040	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		124,176	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		147,893	36.00
37.00	Subtotal (see instructions)		6,205,609	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
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,205,609	40.00
40.01	Sequestration adjustment (see instructions)		124,112	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,083,242	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1,745	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet E-1
Part I
Date/Time Prepared:
2/23/2018 12:19 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,367,318		6,083,242	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)		13,367,318		6,083,242	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		41,987		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1,745	6.02	
7.00	Total Medicare program liability (see instructions)		13,409,305		6,081,497	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

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

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet G
Date/Time Prepared:
2/23/2018 12:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	900,163	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	92,005,958	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-74,581,912	0	0	0	6.00
7.00	Inventory	1,349,894	0	0	0	7.00
8.00	Prepaid expenses	75,223	0	0	0	8.00
9.00	Other current assets	1,113,490	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)	20,862,816	0	0	0	11.00
FIXED ASSETS						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	890,110	0	0	0	13.00
14.00	Accumulated depreciation	-654,187	0	0	0	14.00
15.00	Buildings	42,083,679	0	0	0	15.00
16.00	Accumulated depreciation	-26,896,673	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	25,460,760	0	0	0	23.00
24.00	Accumulated depreciation	-18,304,383	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	8,076,405	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	30,970,559	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	145,796,202	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	178,159	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	145,974,361	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	197,807,736	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,678,789	0	0	0	37.00
38.00	Salaries, wages, and fees payable	26,936	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	9,861	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	77,086	0	0	0	43.00
44.00	Other current liabilities	7,623,507	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,416,179	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	195,318	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	195,318	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	9,611,497	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	188,196,239	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	188,196,239	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	197,807,736	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-1

Date/Time Prepared:
2/23/2018 12:19 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		177,411,905		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,631,332			2.00
3.00	Total (sum of line 1 and line 2)		202,043,237		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	INCREASE IN RESTRICTED ASSETS	31,836		0		5.00
6.00	INCREASE IN TEMP RESTRICTED ASSETS	854,352		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)		886,188		0	10.00
11.00	Subtotal (line 3 plus line 10)		202,929,425		0	11.00
12.00	DECREASE IN UN-RESTRICTED ASSETS	382,688		0		12.00
13.00	EQUITY TRANSFER	14,350,498		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)		14,733,186		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		188,196,239		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	INCREASE IN RESTRICTED ASSETS		0			5.00
6.00	INCREASE IN TEMP RESTRICTED ASSETS		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DECREASE IN UN-RESTRICTED ASSETS		0			12.00
13.00	EQUITY TRANSFER		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: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/23/2018 12:19 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,360,015		20,360,015	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	20,360,015		20,360,015	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,258,397		5,258,397	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,258,397		5,258,397	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	25,618,412		25,618,412	17.00
18.00	Ancillary services	88,079,108	231,245,363	319,324,471	18.00
19.00	Outpatient services	5,401,077	21,119,114	26,520,191	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	5,509,732	20,456,645	25,966,377	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	124,608,329	272,821,122	397,429,451	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		72,508,241		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)		72,508,241		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2016
To 09/30/2017

Worksheet G-3

Date/Time Prepared:
2/23/2018 12:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	397,429,451	1.00
2.00	Less contractual allowances and discounts on patients' accounts	309,997,662	2.00
3.00	Net patient revenues (line 1 minus line 2)	87,431,789	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	72,508,241	4.00
5.00	Net income from service to patients (line 3 minus line 4)	14,923,548	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	585,238	6.00
7.00	Income from investments	8,459,288	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	191,610	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.)	7,827	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	8,249	21.00
22.00	Rental of hospital space	3,546	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	451,803	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	223	24.01
25.00	Total other income (sum of lines 6-24)	9,707,784	25.00
26.00	Total (line 5 plus line 25)	24,631,332	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)	24,631,332	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0064	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/23/2018 12:19 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		729,055	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		4,696	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)		32.47	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		733,751	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