

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: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet 5 Parts I-III Date/Time Prepared: 5/29/2018 9:29 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2018	Time: 9:29 am
	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.		
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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL (14-0065) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information

ECR: Date: 5/29/2018 Time: 9:29 am
qMxN1CnURYXVNTXS3NHBDAdua0EJr0
KSOTk0WjTcaZd1pw1.z6snoYgd6gOz
ftc11MRTNj0JpuG1
PI: Date: 5/29/2018 Time: 9:29 am
5a9:GJzp4h1hkybp1NN3GVI1211u00
3wI.Z0.wwn:uIivkuCQ.zfszGcZLkx
6GT40ou3bv08E8Cr

(Signed)

Rebecca Mathis
Officer or Administrator of Provider(s)

CFO/VP

Title

5/29/18

Date

	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	-150,083	-891	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-10,459	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	-160,542	-891	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: 14-0065

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2018 9:25 am

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5101 S. WILLOW SPRINGS ROAD	PO Box:		Zip Code: 60525-		County: COOK			1.00		
2.00	City: LAGRANGE	State: IL							2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		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	ADVENTIST LAGRANGE MEMORIAL HOSPITAL		140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF	ADVENTIST LA GRANGE REHAB SUBPROV.		14T065	16974	5	01/01/2015	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HMA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017			20.00
21.00	Type of Control (see instructions)						1				21.00
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N	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)						N	N			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.	499	303	4	6	2,269	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	14	0	0	62			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:25 am		
		Urban/Rural S 1.00	Date of Geogr 2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 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 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N 1.00	Worksheet A Line # 2.00	Pass-Through Qualification Criterion Code 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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 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)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0065

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2018 9:25 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:25 am	
	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)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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)	FAMILY PRACTICE	1350	0.44	18.86	0.022798	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)			N	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.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0		76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:25 am			
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00	
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N	87.00	
			V	XIX			
			1.00	2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	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.				Y	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.				Y	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.				Y	Y	98.06
Rural Providers							
105.00	Does this hospital qualify as a CAH?				N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(C). Enter "Y" for yes or "N" for no.				N		108.00
			Physical	Occupational	Speech	Respiratory	
			1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
			1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	worksheet S-2 Part I Date/Time Prepared: 5/29/2018 9:25 am		
				1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				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.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,113,293	0	0		
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	Y				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the worksheet A line number where these taxes are included.	N				122.00
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		HF8013		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0065

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

Worksheet 5-2
Part I
Date/Time Prepared:
5/29/2018 9:25 am

1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00	
142.00	Street: 900 HOPE WAY	PO Box:		Zip Code: 32714		142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL				143.00	
144.00 Are provider based physicians' costs included in worksheet A?							
						1.00	144.00
						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	145.00
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
						N	146.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						N	147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						N	148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
165.00 Multicampus							
Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
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.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99
						1.00	169.00
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2016		09/30/2017		170.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
						N	171.00

		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	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
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.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		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
		1.00	2.00	3.00
				Date
				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	04/03/2018	N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2018	Y
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
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

		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 relifed 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 amendmets 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?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYTEM SUNBELT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.THOMPSON3@AHSS.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0065

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2018 9:25 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	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

Provider CCN: 14-0065

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

worksheet S-2
Part V
Date/Time Prepared:
5/29/2018 9:25 am

1.00

Cost Report Preparer Contact Information

1.00	First Name	MIKE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM	4.00
5.00	Phone Number	SUNBELT (407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00

Officer or Administrator of Provider Contact Information

13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

Provider CCN: 14-0065

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

Worksheet S-2
Part IX
Date/Time Prepared:
5/29/2018 9:25 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

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	133	48,545	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)		133	48,545	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	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)		160	58,400	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176			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)		5	1,825			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

Component	I/P Days / O/P visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,661	222	30,202			1.00
2.00 HMO and other (see instructions)	4,918	2,582				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	139	76				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,661	222	30,202			7.00
8.00 INTENSIVE CARE UNIT	1,508	94	3,208			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		181	1,077			13.00
14.00 Total (see instructions)	17,169	497	34,487	19.06	1,035.74	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,253	0	4,990	0.00	43.01	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	1	0	282			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						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)				19.06	1,078.75	27.00
28.00 Observation Bed Days		23	1,958			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	2	76			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			262			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: 14-0065

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,625	153	7,976	1.00	
2.00 HMO and other (see instructions)			1,024	598		2.00	
3.00 HMO IPF Subprovider				0		3.00	
4.00 HMO IRF Subprovider				9		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	3,625	153	7,976	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	0.00	0	323	2	506	17.00	
18.00 SUBPROVIDER	0.00	0		0	0	18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY	0.00					20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	0.00					22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	0.00					25.10	
26.00 RURAL HEALTH CLINIC						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	

	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	58,707,243	15,000	58,722,243	2,345,321.00	25.04
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,607,603	0	1,607,603	17,019.00	94.46
4.01	Physicians - Part A - Teaching		92,674	0	92,674	643.00	144.13
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,205,515	15,000	1,220,515	46,160.00	26.44
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		467,045	0	467,045	8,037.00	58.11
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,749,092	0	2,749,092	136,103.00	20.20
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		625,817	0	625,817	13,138.00	47.63
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		339,544	0	339,544	2,082.00	163.09
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		5,519,436	0	5,519,436	94,977.00	58.11
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		31,747	0	31,747	295.00	107.62
WAGE-RELATED COSTS							
17.00	wage-related costs (core) (see instructions)		9,211,465	0	9,211,465		
18.00	wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		521,098	0	521,098		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		94,601	0	94,601		
22.01	Physician Part A - Teaching		9,458	0	9,458		
23.00	Physician Part B		0	0	0		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		107,632	0	107,632		
25.50	Home office wage-related (core)		1,489,371	0	1,489,371		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,576,742	0	2,576,742	6,307.00	408.55
27.00	Administrative & General	5.00	4,908,541	-198,487	4,710,054	85,269.00	55.24

Provider CCN: 14-0065

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2018 9:25 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	38,272	0	38,272	219.00	174.76	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 1,707,419	0	1,707,419	91,997.00	18.56	30.00
31.00	Laundry & Linen Service	8.00 0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00 0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,322,618	0	2,322,618	140,424.00	16.54	33.00
34.00	Dietary	10.00 0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	1,848,806	0	1,848,806	81,302.00	22.74	35.00
36.00	Cafeteria	11.00 0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 1,506,471	198,487	1,704,958	45,008.00	37.88	38.00
39.00	Central Services and Supply	14.00 592,537	0	592,537	40,631.00	14.58	39.00
40.00	Pharmacy	15.00 2,335,526	0	2,335,526	83,149.00	28.09	40.00
41.00	Medical Records & Medical Records Library	16.00 536,178	0	536,178	33,484.00	16.01	41.00
42.00	Social Service	17.00 1,302,059	0	1,302,059	35,609.00	36.57	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	61,151,705	0	61,151,705	2,512,426.00	24.34	1.00
2.00	Excluded area salaries (see instructions)	2,749,092	0	2,749,092	136,103.00	20.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,402,613	0	58,402,613	2,376,323.00	24.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,484,797	0	6,484,797	110,197.00	58.85	4.00
5.00	Subtotal wage-related costs (see inst.)	10,795,437	0	10,795,437	0.00	18.48	5.00
6.00	Total (sum of lines 3 thru 5)	75,682,847	0	75,682,847	2,486,520.00	30.44	6.00
7.00	Total overhead cost (see instructions)	19,675,169	0	19,675,169	643,399.00	30.58	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,300,489	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	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)	4,118,990	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	43,998	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	482,789	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106, Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,815,499	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	66,508	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	115,982	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,944,255	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: 14-0065

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	625,817	9,944,255	1.00
2.00	Hospital	625,817	9,944,255	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

				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)		0.232333		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		8,776,635		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		56,748,943		6.00	
7.00	Medicaid cost (line 1 times line 6)		13,184,652		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,408,017		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		47,074		18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,408,017		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)	5,807,505	900,495	6,708,000	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,349,275	900,495	2,249,770	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	13,128	0	13,128	22.00	
23.00	Cost of charity care (line 21 minus line 22)	1,336,147	900,495	2,236,642	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)		5,219,900		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		290,383		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		446,743		27.01	
28.00	Non-Medicare bad debt expense (see instructions)		4,773,157		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,265,322		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,501,964		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,909,981		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

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

Worksheet A

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0		9,573,348	9,573,348	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		4,388,403	4,388,403	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,576,742	3,635,581	6,212,323	0	6,212,323	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,908,541	32,796,260	37,704,801	3,356,615	41,061,416	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,707,419	4,982,471	6,689,890	-5,816	6,684,074	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	339,683	339,683	8.00
9.00	00900	HOUSEKEEPING	0	3,178,192	3,178,192	-342,164	2,836,028	9.00
10.00	01000	DIETARY	0	2,892,135	2,892,135	-1,726,793	1,165,342	10.00
11.00	01100	CAFETERIA	0	0	0	1,717,058	1,717,058	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,506,471	475,391	1,981,862	110,731	2,092,593	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	592,537	84,644	677,181	-248,886	428,295	14.00
15.00	01500	PHARMACY	2,335,526	5,666,244	8,001,770	-5,399,662	2,602,108	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	536,178	179,157	715,335	-133	715,202	16.00
17.00	01700	SOCIAL SERVICE	1,302,059	270,402	1,572,461	39,917	1,612,378	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,205,515	147,221	1,352,736	-14,764	1,337,972	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,803,972	793,185	2,597,157	-4,080	2,593,077	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,089,301	2,245,179	15,334,480	-1,256,824	14,077,656	30.00
31.00	03100	INTENSIVE CARE UNIT	2,708,283	1,128,003	3,836,286	-244,113	3,592,173	31.00
41.00	04100	SUBPROVIDER - IRF	1,873,577	707,467	2,581,044	-47,205	2,533,839	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	316,634	316,634	2,554	319,188	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,538,891	6,168,133	10,707,024	-2,645,966	8,061,058	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	609,169	87,639	696,808	-30,514	666,294	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	843,751	843,751	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,499,242	698,171	3,197,413	-588,645	2,608,768	54.00
54.01	05401	NUCLEAR MEDICINE	245,279	23,154	268,433	22,236	290,669	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	574,622	151,793	726,415	175,592	902,007	57.00
58.00	05800	MRI	328,311	40,813	369,124	69,687	438,811	58.00
59.00	05900	CARDIAC CATHETERIZATION	556,455	923,224	1,479,679	-751,582	728,097	59.00
60.00	06000	LABORATORY	2,342,237	3,352,231	5,694,468	-1,536,260	4,158,208	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,177,990	487,756	1,665,746	-228,361	1,437,385	65.00
66.00	06600	PHYSICAL THERAPY	1,313,257	2,390,354	3,703,611	-263,856	3,439,755	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	860,695	67,039	927,734	-27	927,707	67.00
68.00	06800	SPEECH PATHOLOGY	193,435	18,669	212,104	-100	212,004	68.00
69.00	06900	ELECTROCARDIOLOGY	855,162	479,776	1,334,938	-24,370	1,310,568	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	467,283	52,953	520,236	-3,710	516,526	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	24,889	325,668	350,557	-2,110	348,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,827	2,655,058	2,661,885	5,946,775	8,608,660	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,590	6,650,758	6,652,348	880,865	7,533,213	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,145,435	5,145,435	73.00
76.00	03020	HEMODIALYSIS	0	615,614	615,614	0	615,614	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	552,648	380,876	933,524	-306,214	627,310	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	197,918	20,336	218,254	-455	217,799	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,322,324	1,313,082	4,635,406	-344,236	4,291,170	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

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

Worksheet A

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,017,383	172,411	1,189,794	-241,477	948,317	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		15,266,038	15,266,038	-16,354,327	-1,088,289	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	57,831,728	101,839,712	159,671,440	0	159,671,440	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,368	74,878	193,246	0	193,246	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	603,723	603,723	0	603,723	192.00
192.01	19201 CFPC CLINIC	570,351	381,513	951,864	0	951,864	192.01
194.00	07950 OFFICE BUILDINGS	2,099	875,596	877,695	0	877,695	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	184,697	44,326	229,023	0	229,023	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)	58,707,243	103,819,748	162,526,991	0	162,526,991	200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	-488,383	9,084,965	1.00
2.00	00200	337,443	4,725,846	2.00
4.00	00400	-729,964	5,482,359	4.00
5.00	00500	-8,631,809	32,429,607	5.00
6.00	00600	0	0	6.00
7.00	00700	-71,866	6,612,208	7.00
8.00	00800	0	339,683	8.00
9.00	00900	-300	2,835,728	9.00
10.00	01000	-698,504	466,838	10.00
11.00	01100	0	1,717,058	11.00
12.00	01200	0	0	12.00
13.00	01300	-2,207	2,090,386	13.00
14.00	01400	-928	427,367	14.00
15.00	01500	-770	2,601,338	15.00
16.00	01600	251,436	966,638	16.00
17.00	01700	-112,190	1,500,188	17.00
20.00	02000	0	0	20.00
21.00	02100	0	1,337,972	21.00
22.00	02200	-621,525	1,971,552	22.00
23.00	02300	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-481,032	13,596,624	30.00
31.00	03100	-4,427	3,587,746	31.00
41.00	04100	-89	2,533,750	41.00
42.00	04200	0	0	42.00
43.00	04300	-300,300	18,888	43.00
45.00	04500	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	-1,232,548	6,828,510	50.00
50.01	05001	0	0	50.01
50.02	05002	0	0	50.02
51.00	05100	0	666,294	51.00
52.00	05200	0	843,751	52.00
54.00	05400	-10,803	2,597,965	54.00
54.01	05401	0	290,669	54.01
54.02	05402	0	0	54.02
54.03	05403	0	0	54.03
54.04	05406	0	0	54.04
54.05	05407	0	0	54.05
55.00	05500	0	0	55.00
57.00	05700	-100	901,907	57.00
58.00	05800	0	438,811	58.00
59.00	05900	-9	728,088	59.00
60.00	06000	-457	4,157,751	60.00
60.01	06001	0	0	60.01
65.00	06500	-6,861	1,430,524	65.00
66.00	06600	-64,688	3,375,067	66.00
66.01	06601	0	0	66.01
66.02	06602	0	0	66.02
66.03	06603	0	0	66.03
67.00	06700	0	927,707	67.00
68.00	06800	-70	211,934	68.00
69.00	06900	-325,953	984,615	69.00
69.01	06901	0	0	69.01
69.02	06902	-70,918	445,608	69.02
70.00	07000	0	348,447	70.00
71.00	07100	0	8,608,660	71.00
72.00	07200	-5,450	7,527,763	72.00
73.00	07300	-126,589	5,018,846	73.00
76.00	03020	-750	614,864	76.00
76.01	03952	0	0	76.01
76.02	03950	0	627,310	76.02
76.98	07698	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	0	0	89.00
90.00	09000	0	217,799	90.00
90.01	09001	0	0	90.01
91.00	09100	-787,339	3,503,831	91.00
91.01	09101	0	0	91.01
91.02	09102	0	0	91.02
92.00	09200	0	0	92.00
92.01	09201	-1,871	946,446	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

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

Worksheet A

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	1,088,289	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,101,532	146,569,908	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	193,246	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	603,723	192.00
192.01	19201	CFPC CLINIC	0	951,864	192.01
194.00	07950	OFFICE BUILDINGS	0	877,695	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	229,023	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,101,532	149,425,459	200.00

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
45.00	NURSING FACILITY	04500		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	ENDOSCOPY	05001		50.01
50.02	DAY SURGERY	05002		50.02
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE	05401		54.01
54.02	ULTRASOUND	05402		54.02
54.03	GRANT SQUARE IMAGING	05405		54.03
54.04	WINDSOR MEDICAL RADIOLOGY	05406		54.04
54.05	PET SCAN	05407		54.05
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	FAIRVIEW REHAB CTR	06601		66.01
66.02	WESTCHESTER REHAB CTR	06602		66.02
66.03	LAGRANGE REHAB CTR	06603		66.03
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	VASCULAR LAB	06901		69.01
69.02	CARDIAC REHAB	06902		69.02
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	HEMODIALYSIS	03020	ACUPUNCTURE	76.00
76.01	LITHOTRIPSY	03952		76.01
76.02	WOUND CARE	03950		76.02
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	PAIN MGMT CLINIC	09001		90.01
91.00	EMERGENCY	09100		91.00
91.01	OP DEPARTMENT	09101		91.01
91.02	MEDICAL ONCOLOGY	09102		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	CFPC CLINIC	19201		192.01
194.00	OFFICE BUILDINGS	07950		194.00
194.01	MARKETING	07951		194.01
194.02	FOUNDATION	07952		194.02
194.03	OTHER NONREIMBURSABLE HINSDALE HHA	07953		194.03
194.04	HHA TRANSITIONAL CARE	07954		194.04
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
A - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	228,671	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	929,998	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	1,158,669	
B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	210,842	1.00
2.00		0.00	0	0	2.00
0			0	210,842	
C - MEDICAL SUPPLIES					
1.00	PHARMACY	15.00	0	369	1.00
2.00	SOCIAL SERVICE	17.00	0	39,957	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,059,166	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
0			0	6,099,492	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,145,435	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00

		Increases			
Cost Center		Line #	Salary	other	
2.00		3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
0			0	5,145,435	
E - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,859,513	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,018,437	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
0			0	10,877,950	
F - RECRUITMENT					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	15,000	0	1.00
0			15,000	0	
G - NURSING ADMINISTRATION					
1.00	NURSING ADMINISTRATION	13.00	198,487	82,174	1.00
0			198,487	82,174	
H - RADIOLOGY SALARIES					
1.00	OPERATING ROOM	50.00	36,131	20,672	1.00
2.00	NUCLEAR MEDICINE	54.01	15,412	8,818	2.00
3.00	CT SCAN	57.00	168,200	96,232	3.00
4.00	MRI	58.00	48,913	27,985	4.00
0			268,656	153,707	
I - NURSERY					
1.00	NURSERY	43.00	230,393	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	591,622	252,129	2.00
0			822,015	252,129	
J - CAFETERIA					
1.00	CAFETERIA	11.00	0	1,717,058	1.00
0			0	1,717,058	
K - OBSERV TO RTN CARE					
1.00	ADULTS & PEDIATRICS	30.00	165,549	28,055	1.00
0			165,549	28,055	
L - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,274,322	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	439,968	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,653,274	3.00
0			0	5,367,564	
N - LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	339,683	1.00
0			0	339,683	
O - IMPLANTIBLES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	226,800	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,045,135	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
0			0	1,271,935	
500.00	Grand Total: Increases		1,469,707	32,704,693	500.00

Decreases						
Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - RENT AND LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	656	10	1.00
2.00	OPERATION OF PLANT	7.00	0	5,816	10	2.00
3.00	HOUSEKEEPING	9.00	0	2,250	0	3.00
4.00	DIETARY	10.00	0	570	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	169,930	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,369	0	6.00
7.00	PHARMACY	15.00	0	335,963	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	110	0	8.00
9.00	SOCIAL SERVICE	17.00	0	40	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,080	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	21,508	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	2,126	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	2,244	0	13.00
14.00	OPERATING ROOM	50.00	0	123,351	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,845	0	15.00
16.00	NUCLEAR MEDICINE	54.01	0	131	0	16.00
17.00	CT SCAN	57.00	0	4,770	0	17.00
18.00	MRI	58.00	0	60	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,310	0	19.00
20.00	LABORATORY	60.00	0	167,608	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	71,015	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	208,031	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	100	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,641	0	24.00
25.00	CARDIAC REHAB	69.02	0	330	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	110	0	26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,486	0	27.00
28.00	EMERGENCY	91.00	0	3,219	0	28.00
0			0	1,158,669		
B - PROPERTY TAXES						
1.00	INTEREST EXPENSE	113.00	0	156,001	13	1.00
2.00	PHYSICAL THERAPY	66.00	0	54,841	0	2.00
0			0	210,842		
C - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	468,174	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	23	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	14,708	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	569,756	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	240,772	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	44,705	0	6.00
7.00	NURSERY	43.00	0	9,299	0	7.00
8.00	OPERATING ROOM	50.00	0	1,750,774	0	8.00
9.00	RECOVERY ROOM	51.00	0	30,480	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	144,161	0	10.00
11.00	NUCLEAR MEDICINE	54.01	0	1,848	0	11.00
12.00	CT SCAN	57.00	0	83,858	0	12.00
13.00	MRI	58.00	0	7,151	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	548,996	0	14.00
15.00	LABORATORY	60.00	0	1,363,617	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	157,346	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	918	0	17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	27	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	13,231	0	19.00
20.00	CARDIAC REHAB	69.02	0	3,380	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,000	0	21.00
22.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	164,267	0	22.00
23.00	WOUND CARE	76.02	0	96,911	0	23.00
24.00	CLINIC	90.00	0	455	0	24.00
25.00	EMERGENCY	91.00	0	335,096	0	25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	47,539	0	26.00
0			0	6,099,492		
D - DRUGS CHARGED TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,143	0	1.00
2.00	PHARMACY	15.00	0	5,064,068	0	2.00
3.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	56	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	2,711	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	517	0	5.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	SUBPROVIDER - IRF	41.00	0	230	0		6.00
7.00	NURSERY	43.00	0	91	0		7.00
8.00	OPERATING ROOM	50.00	0	66,116	0		8.00
9.00	RECOVERY ROOM	51.00	0	34	0		9.00
10.00	NUCLEAR MEDICINE	54.01	0	15	0		10.00
11.00	CT SCAN	57.00	0	212	0		11.00
12.00	LABORATORY	60.00	0	3,750	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	66	0		13.00
14.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3	0		14.00
15.00	WOUND CARE	76.02	0	1,715	0		15.00
16.00	EMERGENCY	91.00	0	4,439	0		16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	269	0		17.00
	0		0	5,145,435			
E - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,342	9		1.00
2.00	HOUSEKEEPING	9.00	0	231	9		2.00
3.00	DIETARY	10.00	0	9,165	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	11,667	0		4.00
5.00	LABORATORY	60.00	0	1,285	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	9,498	0		6.00
7.00	INTEREST EXPENSE	113.00	0	10,830,762	0		7.00
	0		0	10,877,950			
F - RECRUITMENT							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	15,000	0		1.00
	0		0	15,000			
G - NURSING ADMINISTRATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	198,487	82,174	0		1.00
	0		198,487	82,174			
H - RADIOLOGY SALARIES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	268,656	153,707	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
	0		268,656	153,707			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	822,015	33,680	0		1.00
2.00	NURSERY	43.00	0	218,449	0		2.00
	0		822,015	252,129			
J - CAFETERIA							
1.00	DIETARY	10.00	0	1,717,058	0		1.00
	0		0	1,717,058			
K - OBSERV TO RTN CARE							
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	165,549	28,055	0		1.00
	0		165,549	28,055			
L - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,367,564	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	0		0	5,367,564			
N - LAUNDRY SERVICES							
1.00	HOUSEKEEPING	9.00	0	339,683	0		1.00
	0		0	339,683			
O - IMPLANTIBLES							
1.00	ADULTS & PEDIATRICS	30.00	0	758	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	698	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	26	0		3.00
4.00	OPERATING ROOM	50.00	0	762,528	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,276	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	188,609	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	107,905	0		7.00
8.00	WOUND CARE	76.02	0	207,588	0		8.00
9.00	EMERGENCY	91.00	0	1,482	0		9.00
10.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	65	0		10.00
	TOTALS		0	1,271,935			
500.00	Grand Total: Decreases		1,454,707	32,719,693			500.00

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - RENT AND LEASES									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	228,671	ADMINISTRATIVE & GENERAL	5.00	0	656	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	929,998	OPERATION OF PLANT	7.00	0	5,816	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	2,250	3.00
4.00		0.00	0	0	DIETARY	10.00	0	570	4.00
5.00		0.00	0	0	NURSING	13.00	0	169,930	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	6,369	6.00
8.00		0.00	0	0	PHARMACY	15.00	0	335,963	7.00
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	110	8.00
10.00		0.00	0	0	SOCIAL SERVICE	17.00	0	40	9.00
11.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	4,080	10.00
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	21,508	11.00
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	2,126	12.00
14.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	2,244	13.00
15.00		0.00	0	0	OPERATING ROOM	50.00	0	123,351	14.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	19,845	15.00
17.00		0.00	0	0	NUCLEAR MEDICINE	54.01	0	131	16.00
18.00		0.00	0	0	CT SCAN	57.00	0	4,770	17.00
19.00		0.00	0	0	MRI	58.00	0	60	18.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,310	19.00
21.00		0.00	0	0	LABORATORY	60.00	0	167,608	20.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	71,015	21.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	208,031	22.00
24.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	100	23.00
25.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	1,641	24.00
26.00		0.00	0	0	CARDIAC REHAB	69.02	0	330	25.00
27.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	110	26.00
28.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,486	27.00
28.00		0.00	0	0	EMERGENCY	91.00	0	3,219	28.00
0			0	1,158,669	0		0	1,158,669	
B - PROPERTY TAXES									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	210,842	INTEREST EXPENSE	113.00	0	156,001	1.00
2.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	54,841	2.00
0			0	210,842	0		0	210,842	
C - MEDICAL SUPPLIES									
1.00	PHARMACY	15.00	0	369	CENTRAL SERVICES & SUPPLY	14.00	0	468,174	1.00
2.00	SOCIAL SERVICE	17.00	0	39,957	MEDICAL RECORDS & LIBRARY	16.00	0	23	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,059,166	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	14,708	3.00
4.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	569,756	4.00
5.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	240,772	5.00
6.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	44,705	6.00
7.00		0.00	0	0	NURSERY	43.00	0	9,299	7.00
8.00		0.00	0	0	OPERATING ROOM	50.00	0	1,750,774	8.00
9.00		0.00	0	0	RECOVERY ROOM	51.00	0	30,480	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	144,161	10.00
11.00		0.00	0	0	NUCLEAR MEDICINE	54.01	0	1,848	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	83,858	12.00
13.00		0.00	0	0	MRI	58.00	0	7,151	13.00
14.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	548,996	14.00
15.00		0.00	0	0	LABORATORY	60.00	0	1,363,617	15.00
16.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	157,346	16.00
17.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	918	17.00
18.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	27	18.00
19.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	13,231	19.00
20.00		0.00	0	0	CARDIAC REHAB	69.02	0	3,380	20.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	2,000	21.00
22.00		0.00	0	0	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	164,267	22.00
23.00		0.00	0	0	WOUND CARE	76.02	0	96,911	23.00
24.00		0.00	0	0	CLINIC	90.00	0	455	24.00

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
25.00	0.00	0	0	EMERGENCY	91.00	0	335,096	25.00	
26.00	0.00	0	0	OBSERVATION BEDS (DISTINCT PART)	92.01	0	47,539	26.00	
0		0	6,099,492	0		0	6,099,492		
D - DRUGS CHARGED TO PATIENTS									
1.00	73.00	0	5,145,435	CENTRAL SERVICES & SUPPLY	14.00	0	1,143	1.00	
2.00	0.00	0	0	PHARMACY	15.00	0	5,064,068	2.00	
3.00	0.00	0	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	56	3.00	
4.00	0.00	0	0	ADULTS & PEDIATRICS	30.00	0	2,711	4.00	
5.00	0.00	0	0	INTENSIVE CARE UNIT	31.00	0	517	5.00	
6.00	0.00	0	0	SUBPROVIDER - IRF	41.00	0	230	6.00	
7.00	0.00	0	0	NURSERY	43.00	0	91	7.00	
8.00	0.00	0	0	OPERATING ROOM	50.00	0	66,116	8.00	
9.00	0.00	0	0	RECOVERY ROOM	51.00	0	34	9.00	
10.00	0.00	0	0	NUCLEAR MEDICINE	54.01	0	15	10.00	
11.00	0.00	0	0	CT SCAN	57.00	0	212	11.00	
12.00	0.00	0	0	LABORATORY	60.00	0	3,750	12.00	
13.00	0.00	0	0	PHYSICAL THERAPY	66.00	0	66	13.00	
14.00	0.00	0	0	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3	14.00	
15.00	0.00	0	0	WOUND CARE	76.02	0	1,715	15.00	
16.00	0.00	0	0	EMERGENCY	91.00	0	4,439	16.00	
17.00	0.00	0	0	OBSERVATION BEDS (DISTINCT PART)	92.01	0	269	17.00	
0		0	5,145,435	0		0	5,145,435		
E - DEPRECIATION									
1.00	1.00	0	7,859,513	ADMINISTRATIVE & GENERAL	5.00	0	15,342	1.00	
2.00	2.00	0	3,018,437	HOUSEKEEPING	9.00	0	231	2.00	
3.00	0.00	0	0	DIETARY	10.00	0	9,165	3.00	
4.00	0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	11,667	4.00	
5.00	0.00	0	0	LABORATORY	60.00	0	1,285	5.00	
6.00	0.00	0	0	ELECTROCARDIOLOGY	69.00	0	9,498	6.00	
7.00	0.00	0	0	INTEREST EXPENSE	113.00	0	10,830,762	7.00	
0		0	10,877,950	0		0	10,877,950		
F - RECRUITMENT									
1.00	21.00	15,000	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	15,000	1.00	
0		15,000	0	0		0	15,000		
G - NURSING ADMINISTRATION									
1.00	13.00	198,487	82,174	ADMINISTRATIVE & GENERAL	5.00	198,487	82,174	1.00	
0		198,487	82,174	0		198,487	82,174		
H - RADIOLOGY SALARIES									
1.00	50.00	36,131	20,672	RADIOLOGY-DIAGNOSTIC	54.00	268,656	153,707	1.00	
2.00	54.01	15,412	8,818		0.00	0	0	2.00	
3.00	57.00	168,200	96,232		0.00	0	0	3.00	
4.00	58.00	48,913	27,985		0.00	0	0	4.00	
0		268,656	153,707	0		268,656	153,707		
I - NURSERY									
1.00	43.00	230,393	0	ADULTS & PEDIATRICS	30.00	822,015	33,680	1.00	
2.00	52.00	591,622	252,129	NURSERY	43.00	0	218,449	2.00	
0		822,015	252,129	0		822,015	252,129		
J - CAFETERIA									
1.00	11.00	0	1,717,058	DIETARY	10.00	0	1,717,058	1.00	
0		0	1,717,058	0		0	1,717,058		
K - OBSERV TO RTN CARE									
1.00	30.00	165,549	28,055	OBSERVATION BEDS (DISTINCT PART)	92.01	165,549	28,055	1.00	
0		165,549	28,055	0		165,549	28,055		
L - INTEREST									
1.00	1.00	0	1,274,322	INTEREST EXPENSE	113.00	0	5,367,564	1.00	
2.00	2.00	0	439,968		0.00	0	0	2.00	
3.00	5.00	0	3,653,274		0.00	0	0	3.00	
0		0	5,367,564	0		0	5,367,564		

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
N - LAUNDRY SERVICES									
1.00	LAUNDRY & LINEN SERVICE	8.00	0	339,683	HOUSEKEEPING	9.00	0	339,683	1.00
			0	339,683	0		0	339,683	
O - IMPLANTIBLES									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	226,800	ADULTS & PEDIATRICS	30.00	0	758	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,045,135	INTENSIVE CARE UNIT	31.00	0	698	2.00
3.00		0.00	0	0	SUBPROVIDER - IRF	41.00	0	26	3.00
4.00		0.00	0	0	OPERATING ROOM	50.00	0	762,528	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	2,276	5.00
6.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	188,609	6.00
7.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	107,905	7.00
8.00		0.00	0	0	WOUND CARE	76.02	0	207,588	8.00
9.00		0.00	0	0	EMERGENCY	91.00	0	1,482	9.00
10.00		0.00	0	0	OBSERVATION BEDS (DISTINCT PART)	92.01	0	65	10.00
	TOTALS		0	1,271,935	TOTALS		0	1,271,935	
500.00	Grand Total: Increases		1,469,707	32,704,693	Grand Total: Decreases		1,454,707	32,719,693	500.00

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0	0	0	0	1.00
2.00	Land Improvements	6,671,495	141,621	0	141,621	0	2.00
3.00	Buildings and Fixtures	211,001,965	6,148,511	0	6,148,511	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	30,689,668	2,208,550	0	2,208,550	0	5.00
6.00	Movable Equipment	58,264,232	0	0	0	1,298,525	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	316,406,789	8,498,682	0	8,498,682	1,298,525	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	316,406,789	8,498,682	0	8,498,682	1,298,525	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0				1.00
2.00	Land Improvements	6,813,116	0				2.00
3.00	Buildings and Fixtures	217,150,476	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	32,898,218	0				5.00
6.00	Movable Equipment	56,965,707	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	323,606,946	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	323,606,946	0				10.00

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	266,641,239	0	266,641,239	0.823966	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,965,707	0	56,965,707	0.176034	0	2.00
3.00	Total (sum of lines 1-2)	323,606,946	0	323,606,946	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,024,080	228,671	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,528,367	929,998	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,552,447	1,158,669	3.00
Cost Center Description		SUMMARY OF CAPITAL			SUMMARY OF CAPITAL		
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	777,373	0	54,841	0	9,084,965	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	268,393	0	0	-912	4,725,846	2.00
3.00	Total (sum of lines 1-2)	1,045,766	0	54,841	-912	13,810,811	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	wkst. A-7 Ref.	
			Cost Center				
			1.00	2.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-496,949	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-171,575	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)	B	-1,424,672	ADMINISTRATIVE & GENERAL		5.00	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	-56,113	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-47,200	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-240,052				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	2,471,419				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	0	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	0	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
19.01 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.01
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - 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

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted			Ref.
			Cost Center	Line #	wkst. A-7	
			3.00	4.00	5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00	
33.00 AMBULANCE	A	-227	INTENSIVE CARE UNIT	31.00	0 33.00	
33.01 AMBULANCE	A	-668	EMERGENCY	91.00	0 33.01	
33.02 COMMUNITY BENEFIT	A	-34,940	SOCIAL SERVICE	17.00	0 33.02	
33.03 ENTERTAINMENT	A	-927	ADMINISTRATIVE & GENERAL	5.00	0 33.03	
33.04 ENTERTAINMENT	A	-839	NURSING ADMINISTRATION	13.00	0 33.04	
33.05 ENTERTAINMENT	A	-603	PHARMACY	15.00	0 33.05	
33.06 ENTERTAINMENT	A	-1,260	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.06	
33.08 ENTERTAINMENT	A	-481	ADULTS & PEDIATRICS	30.00	0 33.08	
33.09 ENTERTAINMENT	A	-89	SUBPROVIDER - IRF	41.00	0 33.09	
36.00 ENTERTAINMENT	A	-986	OPERATING ROOM	50.00	0 36.00	
37.00 ENTERTAINMENT	A	-9	CARDIAC CATHETERIZATION	59.00	0 37.00	
38.00 ENTERTAINMENT	A	-157	ELECTROCARDIOLOGY	69.00	0 38.00	
38.01 ENTERTAINMENT	A	-308	EMERGENCY	91.00	0 38.01	
41.00 ENTERTAINMENT	A	-386	OBSERVATION BEDS (DISTINCT PART)	92.01	0 41.00	
42.00 COLLECTION FEES	A	-11,854	ADMINISTRATIVE & GENERAL	5.00	0 42.00	
43.00 OTHER OPERATING REVENUE	B	-912	CAP REL COSTS-MVBLE EQUIP	2.00	14 43.00	
43.01 OTHER OPERATING REVENUE	B	-303,094	ADMINISTRATIVE & GENERAL	5.00	0 43.01	
43.02 OTHER OPERATING REVENUE	B	-24,657	OPERATION OF PLANT	7.00	0 43.02	
44.00 OTHER OPERATING REVENUE	B	-300	HOUSEKEEPING	9.00	0 44.00	
44.01 OTHER OPERATING REVENUE	B	-698,504	DIETARY	10.00	0 44.01	
44.02 OTHER OPERATING REVENUE	B	-928	CENTRAL SERVICES & SUPPLY	14.00	0 44.02	
44.03 OTHER OPERATING REVENUE	B	-18,930	MEDICAL RECORDS & LIBRARY	16.00	0 44.03	
44.04 OTHER OPERATING REVENUE	B	-8,600	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 44.04	
44.07 OTHER OPERATING REVENUE	B	-10,440	ADULTS & PEDIATRICS	30.00	0 44.07	
44.08 OTHER OPERATING REVENUE	B	-3,081	INTENSIVE CARE UNIT	31.00	0 44.08	
44.09 OTHER OPERATING REVENUE	B	-10,803	RADIOLOGY-DIAGNOSTIC	54.00	0 44.09	
45.00 OTHER OPERATING REVENUE	B	-90	LABORATORY	60.00	0 45.00	
45.01 OTHER OPERATING REVENUE	B	-1,319	RESPIRATORY THERAPY	65.00	0 45.01	
45.02 OTHER OPERATING REVENUE	B	-9,847	PHYSICAL THERAPY	66.00	0 45.02	
45.03 OTHER OPERATING REVENUE	B	-2,660	ELECTROCARDIOLOGY	69.00	0 45.03	
45.04 OTHER OPERATING REVENUE	B	-70,918	CARDIAC REHAB	69.02	0 45.04	
45.05 OTHER OPERATING REVENUE	B	-5,450	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 45.05	
45.06 OTHER OPERATING REVENUE	B	-96,288	DRUGS CHARGED TO PATIENTS	73.00	0 45.06	
45.07 OTHER OPERATING REVENUE	B	-750	HEMODIALYSIS	76.00	0 45.07	
45.08 OTHER OPERATING REVENUE	B	-261,750	EMERGENCY	91.00	0 45.08	
45.09 PROPERTY TAX	A	-54,841	PHYSICAL THERAPY	66.00	0 45.09	
45.10 PROPERTY TAX	A	-156,001	CAP REL COSTS-BLDG & FIXT	1.00	13 45.10	
45.11 NON ALLOW PHYS FEES	A	-65,274	ADMINISTRATIVE & GENERAL	5.00	0 45.11	
45.12 NON ALLOW PHYS FEES	A	-77,250	SOCIAL SERVICE	17.00	0 45.12	
45.13 NON ALLOW PHYS FEES	A	-35,671	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 45.13	
45.14 NON ALLOW PHYS FEES	A	-154,756	ADULTS & PEDIATRICS	30.00	0 45.14	
45.15 NON ALLOW PHYS FEES	A	-300,300	NURSERY	43.00	0 45.15	
45.16 NON ALLOW PHYS FEES	A	-1,236,562	OPERATING ROOM	50.00	0 45.16	
45.17 NON ALLOW PHYS FEES	A	-322,306	ELECTROCARDIOLOGY	69.00	0 45.17	
45.18 NON ALLOW PHYS FEES	A	-524,316	EMERGENCY	91.00	0 45.18	
45.19 NON ALLOW GAINS/LOSS	A	3,225	ADMINISTRATIVE & GENERAL	5.00	0 45.19	
45.20 NON ALLOW GAINS/LOSS	A	5,000	OPERATING ROOM	50.00	0 45.20	
45.21 NON ALLOW GAINS/LOSS	A	-186,172	INTEREST EXPENSE	113.00	0 45.21	
45.22 LOBBYING	A	-27,508	ADMINISTRATIVE & GENERAL	5.00	0 45.22	
45.23 LOBBYING	A	-9	OPERATION OF PLANT	7.00	0 45.23	
45.24 LOBBYING	A	-1,368	NURSING ADMINISTRATION	13.00	0 45.24	
45.25 LOBBYING	A	-167	PHARMACY	15.00	0 45.25	
45.26 LOBBYING	A	-201	MEDICAL RECORDS & LIBRARY	16.00	0 45.26	
45.27 LOBBYING	A	-10,674	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 45.27	
45.28 LOBBYING	A	-74	LABORATORY	60.00	0 45.28	
45.29 LOBBYING	A	-644	ELECTROCARDIOLOGY	69.00	0 45.29	
45.30 MALPRACTICE	A	-811,026	ADMINISTRATIVE & GENERAL	5.00	0 45.30	
45.31 MALPRACTICE	A	-325,268	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 45.31	
45.32 PROVIDER TAX	A	-5,926,990	ADMINISTRATIVE & GENERAL	5.00	0 45.32	
45.33 HOSPICE	A	-64	LABORATORY	60.00	0 45.33	

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	
45.34 HOSPICE	A	-5,542	RESPIRATORY THERAPY	65.00	0	45.34
45.35 HOSPICE	A	-70	SPEECH PATHOLOGY	68.00	0	45.35
45.36 HOSPICE	A	-29,546	DRUGS CHARGED TO PATIENTS	73.00	0	45.36
45.37 HOSPICE	A	-100	CT SCAN	57.00	0	45.37
45.38 HOSPICE	A	-229	LABORATORY	60.00	0	45.38
45.39 HOSPICE	A	-755	DRUGS CHARGED TO PATIENTS	73.00	0	45.39
45.40 HOSPICE	A	-297	EMERGENCY	91.00	0	45.40
45.41 HOSPICE	A	-1,485	OBSERVATION BEDS (DISTINCT PART)	92.01	0	45.41
45.42 HOSPICE	A	-314,560	ADULTS & PEDIATRICS	30.00	0	45.42
45.43 HOSPICE	A	-1,119	INTENSIVE CARE UNIT	31.00	0	45.43
45.44 ADVERTISING & MARKETING	A	-63,080	ADMINISTRATIVE & GENERAL	5.00	0	45.44
45.45 ADVERTISING & MARKETING	A	-795	ADULTS & PEDIATRICS	30.00	0	45.45
45.46 ADVERTISING & MARKETING	A	-186	ELECTROCARDIOLOGY	69.00	0	45.46
45.47 SELF INSURED	A	-926,354	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.47
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-13,101,532				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: 14-0065

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2018 9:25 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	164,567	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	509,930	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	232,187	35,797
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	7,958,361	7,902,857
4.00	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	270,567	0
4.01	113.00	INTEREST EXPENSE	HOME OFFICE	5,367,564	4,093,103
4.02	0.00			0	0
4.03	0.00			0	0
4.04	0.00			0	0
4.05	0.00			0	0
4.06	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			14,503,176	12,031,757

* 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	0.00	HINSDALE HEALTH SYSTEM	100.00	6.00
7.00	B	0.00	ADVENTIST HEALTH SYSTEM	100.00	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: 14-0065

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2018 9:25 am

	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	164,567	9	1.00
2.00	509,930	9	2.00
3.00	196,390	0	3.00
3.01	55,504	0	3.01
4.00	270,567	0	4.00
4.01	1,274,461	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
5.00	2,471,419		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	HLTHCARE MANAGEMENT	6.00
7.00	HLTHCARE MANAGEMENT	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.

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	DR. A	7,304	0	7,304	179,000	1	1.00
2.00	22.00	DR. B	347	0	347	179,000	1	2.00
3.00	22.00	DR. C	1,092	0	1,092	179,000	9	3.00
4.00	22.00	DR. D	72,503	0	72,503	179,000	560	4.00
5.00	22.00	DR. E	45,914	0	45,914	179,000	560	5.00
6.00	22.00	DR. F	7,996	0	7,996	179,000	92	6.00
7.00	22.00	DR. G	27,367	0	27,367	179,000	244	7.00
8.00	22.00	DR. H	28,530	0	28,530	179,000	280	8.00
9.00	22.00	DR. I	2,700	0	2,700	179,000	36	9.00
10.00	22.00	DR. J	750	0	750	179,000	1	10.00
11.00	22.00	DR. K	42,233	0	42,233	179,000	560	11.00
12.00	22.00	DR. L	56,425	0	56,425	179,000	560	12.00
13.00	22.00	DR. M	53,525	0	53,525	179,000	560	13.00
14.00	22.00	DR. N	3,821	0	3,821	179,000	53	14.00
15.00	22.00	DR. O	2,460	0	2,460	179,000	31	15.00
16.00	22.00	DR. P	42,810	0	42,810	179,000	560	16.00
17.00	22.00	DR. Q	349	0	349	179,000	1	17.00
18.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	666,497	0	666,497	179,000	8,072	18.00
19.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	588,100	0	588,100	179,000	5,064	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	4,700	0	4,700	179,000	56	20.00
21.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	61,849	0	61,849	179,000	367	21.00
200.00			1,717,272	0	1,717,272		17,668	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	22.00	DR. A	86	4	0	0	0	1.00
2.00	22.00	DR. B	86	4	0	0	0	2.00
3.00	22.00	DR. C	775	39	0	0	0	3.00
4.00	22.00	DR. D	48,192	2,410	0	0	0	4.00
5.00	22.00	DR. E	48,192	2,410	0	0	0	5.00
6.00	22.00	DR. F	7,917	396	0	0	0	6.00
7.00	22.00	DR. G	20,998	1,050	0	0	0	7.00
8.00	22.00	DR. H	24,096	1,205	0	0	0	8.00
9.00	22.00	DR. I	3,098	155	0	0	0	9.00
10.00	22.00	DR. J	86	4	0	0	0	10.00
11.00	22.00	DR. K	48,192	2,410	0	0	0	11.00
12.00	22.00	DR. L	48,192	2,410	0	0	0	12.00
13.00	22.00	DR. M	48,192	2,410	0	0	0	13.00
14.00	22.00	DR. N	4,561	228	0	0	0	14.00
15.00	22.00	DR. O	2,668	133	0	0	0	15.00
16.00	22.00	DR. P	48,192	2,410	0	0	0	16.00
17.00	22.00	DR. Q	86	4	0	0	0	17.00
18.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	694,658	34,733	0	0	0	18.00
19.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	435,796	21,790	0	0	0	19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	4,819	241	0	0	0	20.00
21.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	31,583	1,579	0	0	0	21.00
200.00			1,520,465	76,025	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	22.00	DR. A	0	86	7,218	7,218	1.00	
2.00	22.00	DR. B	0	86	261	261	2.00	
3.00	22.00	DR. C	0	775	317	317	3.00	
4.00	22.00	DR. D	0	48,192	24,311	24,311	4.00	
5.00	22.00	DR. E	0	48,192	0	0	5.00	
6.00	22.00	DR. F	0	7,917	79	79	6.00	
7.00	22.00	DR. G	0	20,998	6,369	6,369	7.00	
8.00	22.00	DR. H	0	24,096	4,434	4,434	8.00	
9.00	22.00	DR. I	0	3,098	0	0	9.00	
10.00	22.00	DR. J	0	86	664	664	10.00	
11.00	22.00	DR. K	0	48,192	0	0	11.00	

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
12.00	22.00	DR. L	0	48,192	8,233	8,233		12.00
13.00	22.00	DR. M	0	48,192	5,333	5,333		13.00
14.00	22.00	DR. N	0	4,561	0	0		14.00
15.00	22.00	DR. O	0	2,668	0	0		15.00
16.00	22.00	DR. P	0	48,192	0	0		16.00
17.00	22.00	DR. Q	0	86	263	263		17.00
18.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	694,658	0	0		18.00
19.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	435,796	152,304	152,304		19.00
20.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	4,819	0	0		20.00
21.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	31,583	30,266	30,266		21.00
200.00			0	1,520,465	240,052	240,052		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,084,965	9,084,965			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,725,846	4,725,846			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,482,359	0	5,482,359		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,429,607	506,129	266,221	459,918	33,661,875
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,612,208	2,415,135	1,332,426	166,723	10,526,492
8.00 00800	LAUNDRY & LINEN SERVICE	339,683	0	0	0	339,683
9.00 00900	HOUSEKEEPING	2,835,728	164,996	86,787	0	3,087,511
10.00 01000	DIETARY	466,838	46,476	24,446	0	537,760
11.00 01100	CAFETERIA	1,717,058	118,018	0	0	1,835,076
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,090,386	0	0	166,482	2,256,868
14.00 01400	CENTRAL SERVICES & SUPPLY	427,367	207,284	109,030	57,859	801,540
15.00 01500	PHARMACY	2,601,338	262,149	137,889	228,055	3,229,431
16.00 01600	MEDICAL RECORDS & LIBRARY	966,638	2,796	1,471	52,356	1,023,261
17.00 01700	SOCIAL SERVICE	1,500,188	37,944	19,958	127,141	1,685,231
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,337,972	0	0	119,178	1,457,150
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,971,552	538,308	283,147	176,151	2,969,158
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,596,624	1,113,440	585,664	1,213,992	16,509,720
31.00 03100	INTENSIVE CARE UNIT	3,587,746	191,195	100,567	264,453	4,143,961
41.00 04100	SUBPROVIDER - IRF	2,533,750	184,455	97,022	182,947	2,998,174
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	18,888	0	0	22,497	41,385
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,828,510	855,966	450,234	446,733	8,581,443
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	666,294	43,020	22,628	59,483	791,425
52.00 05200	DELIVERY ROOM & LABOR ROOM	843,751	0	0	57,770	901,521
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,597,965	67,068	35,277	217,808	2,918,118
54.01 05401	NUCLEAR MEDICINE	290,669	34,416	18,103	25,455	368,643
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05407	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00 05700	CT SCAN	901,907	19,416	10,213	72,534	1,004,070
58.00 05800	MRI	438,811	21,223	11,163	36,834	508,031
59.00 05900	CARDIAC CATHETERIZATION	728,088	125,718	66,127	54,336	974,269
60.00 06000	LABORATORY	4,157,751	162,214	85,324	228,710	4,633,999
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,430,524	246,289	129,547	115,026	1,921,386
66.00 06600	PHYSICAL THERAPY	3,375,067	74,654	39,268	128,234	3,617,223
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	927,707	11,873	6,245	84,043	1,029,868
68.00 06800	SPEECH PATHOLOGY	211,934	0	0	18,888	230,822
69.00 06900	ELECTROCARDIOLOGY	984,615	382,045	200,954	83,503	1,651,117
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	445,608	41,428	21,791	45,628	554,455
70.00 07000	ELECTROENCEPHALOGRAPHY	348,447	245,930	129,358	2,430	726,165
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,608,660	0	0	667	8,609,327
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,527,763	0	0	155	7,527,918
73.00 07300	DRUGS CHARGED TO PATIENTS	5,018,846	0	0	0	5,018,846
76.00 03020	HEMODIALYSIS	614,864	0	0	0	614,864
76.01 03952	LITHOTRIPSY	0	0	0	0	0
76.02 03950	WOUND CARE	627,310	0	0	53,964	681,274
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	217,799	0	0	19,326	237,125
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	3,503,831	484,518	254,854	324,412	4,567,615

Provider CCN: 14-0065

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

worksheet B
 Part I
 Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
91.01 09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	946,446	122,965	64,679	83,178	1,217,268	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	146,569,908	8,727,068	4,590,393	5,396,869	145,991,068	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	193,246	0	0	11,558	204,804	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	603,723	0	0	0	603,723	192.00
192.01 19201 CFPC CLINIC	951,864	186,764	98,237	55,692	1,292,557	192.01
194.00 07950 OFFICE BUILDINGS	877,695	31,132	16,375	205	925,407	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	229,023	39,621	20,841	18,035	307,520	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	100,380	0	0	100,380	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	149,425,459	9,084,965	4,725,846	5,482,359	149,425,459	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:25 am

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	33,661,875				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	3,063,567		13,590,059		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	98,859			438,542	8.00
9.00	00900	HOUSEKEEPING	898,571		377,155		4,363,237
10.00	01000	DIETARY	156,506		106,237		35,082
11.00	01100	CAFETERIA	534,070		0		0
12.00	01200	MAINTENANCE OF PERSONNEL	0		0		0
13.00	01300	NURSING ADMINISTRATION	656,825		0		0
14.00	01400	CENTRAL SERVICES & SUPPLY	233,275		473,820		156,467
15.00	01500	PHARMACY	939,874		599,232		197,882
16.00	01600	MEDICAL RECORDS & LIBRARY	297,804		6,392		2,111
17.00	01700	SOCIAL SERVICE	490,460		86,733		28,641
20.00	02000	NURSING SCHOOL	0		0		0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	424,080		0		0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	864,126		1,230,489		406,339
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0		0		0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,804,839	0	2,545,154	319,654	840,475
31.00	03100	INTENSIVE CARE UNIT	1,206,034	0	437,042	33,953	144,322
41.00	04100	SUBPROVIDER - IRF	872,571	0	421,636	52,813	139,235
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	12,044	0	0	11,399	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,497,492	0	1,956,609	0	646,122
50.01	05001	ENDOSCOPY	0	0	0	0	0
50.02	05002	DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	230,332	0	98,337	0	32,473
52.00	05200	DELIVERY ROOM & LABOR ROOM	262,373	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	849,272	0	153,307	0	50,626
54.01	05401	NUCLEAR MEDICINE	107,288	0	78,670	0	25,979
54.02	05402	ULTRASOUND	0	0	0	0	0
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	05407	PET SCAN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	292,219	0	44,383	0	14,656
58.00	05800	MRI	147,854	0	48,513	0	16,020
59.00	05900	CARDIAC CATHETERIZATION	283,545	0	287,373	0	94,898
60.00	06000	LABORATORY	1,348,651	0	370,796	0	122,446
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	559,189	0	562,979	0	185,910
66.00	06600	PHYSICAL THERAPY	1,052,735	0	170,647	0	56,352
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	299,727	0	27,141	0	8,963
68.00	06800	SPEECH PATHOLOGY	67,177	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	480,531	0	873,297	0	288,385
69.01	06901	VASCULAR LAB	0	0	0	0	0
69.02	06902	CARDIAC REHAB	161,365	0	94,698	0	31,272
70.00	07000	ELECTROENCEPHALOGRAPHY	211,339	0	562,159	0	185,639
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,505,607	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,190,880	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,460,655	0	0	0	0
76.00	03020	HEMODIALYSIS	178,946	0	0	0	0
76.01	03952	LITHOTRIPSY	0	0	0	0	0
76.02	03950	WOUND CARE	198,274	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	69,011	0	0	0	0
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	1,329,331	0	1,107,536	0	365,736
91.01	09101	OP DEPARTMENT	0	0	0	0	0
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	354,266	0	281,080	20,723	92,820

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	32,691,564	0	13,001,415	438,542	4,168,851	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,605	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	175,704	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	376,178	0	426,913	0	140,978	192.01
194.00	07950 OFFICE BUILDINGS	269,325	0	71,163	0	23,500	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	89,499	0	90,568	0	29,908	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	33,661,875	0	13,590,059	438,542	4,363,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

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Part I
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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	835,585					10.00
11.00	01100		2,369,146				11.00
12.00	01200			0			12.00
13.00	01300		81,228	0	2,994,921		13.00
14.00	01400		28,230	0	0	1,693,332	14.00
15.00	01500		111,269	0	0	1,471	15.00
16.00	01600		25,545	0	0	3	16.00
17.00	01700		62,033	0	0	0	17.00
20.00	02000		0	0	0	0	20.00
21.00	02100		58,148	0	0	1,784	21.00
22.00	02200		85,945	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	609,059	592,326	0	2,183,000	85,517	30.00
31.00	03100	64,693	129,028	0	231,874	36,316	31.00
41.00	04100	100,629	89,261	0	360,677	8,407	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	21,719	10,976	0	77,846	1,320	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	217,963	0	0	346,133	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	29,022	0	0	4,518	51.00
52.00	05200	0	28,186	0	0	0	52.00
54.00	05400	0	106,270	0	0	34,594	54.00
54.01	05401	0	12,420	0	0	251	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	35,390	0	0	4,515	57.00
58.00	05800	0	17,972	0	0	960	58.00
59.00	05900	0	26,511	0	0	55,155	59.00
60.00	06000	0	111,589	0	0	1,324	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	56,122	0	0	19,927	65.00
66.00	06600	0	62,566	0	0	597	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	41,005	0	0	154	67.00
68.00	06800	0	9,216	0	0	12	68.00
69.00	06900	0	40,742	0	0	2,011	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	22,262	0	0	515	69.02
70.00	07000	0	1,186	0	0	255	70.00
71.00	07100	0	325	0	0	180,787	71.00
72.00	07200	0	76	0	0	812,352	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	26,329	0	0	39,143	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	9,429	0	0	31	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	158,282	0	0	47,165	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	39,485	40,583	0	141,524	8,115	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

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Part I
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	835,585	2,327,435	0	2,994,921	1,693,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,639	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	27,173	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	100	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	8,799	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	835,585	2,369,146	0	2,994,921	1,693,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
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						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	5,079,159					15.00
16.00	01600	0	1,355,116				16.00
17.00	01700	0	0	2,353,098			17.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0		1,941,162	21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	96,786	1,715,174	0	1,332,721	30.00
31.00	03100	0	16,736	182,183	0	0	31.00
41.00	04100	0	15,617	283,383	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	2,531	61,163	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	38,767	185,255	0	0	179,397	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	16,379	0	0	0	51.00
52.00	05200	0	6,499	0	0	0	52.00
54.00	05400	0	84,250	0	0	15,889	54.00
54.01	05401	0	13,028	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	142,178	0	0	0	57.00
58.00	05800	0	41,348	0	0	0	58.00
59.00	05900	0	26,686	0	0	0	59.00
60.00	06000	0	165,062	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	42,320	0	0	0	65.00
66.00	06600	0	30,707	0	0	15,323	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	8,435	0	0	0	67.00
68.00	06800	0	2,865	0	0	0	68.00
69.00	06900	0	42,376	0	0	152,617	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,569	0	0	19,802	69.02
70.00	07000	0	6,092	0	0	0	70.00
71.00	07100	0	45,419	0	0	0	71.00
72.00	07200	0	64,892	0	0	0	72.00
73.00	07300	4,866,414	106,441	0	0	0	73.00
76.00	03020	0	4,077	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	14,012	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	508	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	2,971	158,995	0	0	130,269	91.00
91.01	09101	0	0	0	0	89,298	91.01
91.02	09102	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

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Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS	
							SERVICES-SALARY & FRINGES APPRV	
			15.00	16.00	17.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	12,053	111,195	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,908,152	1,355,116	2,353,098	0	1,935,316	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	171,007	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	5,846	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,079,159	1,355,116	2,353,098	0	1,941,162	202.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00					
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	5,556,057	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,814,561	0	35,448,986	-5,147,282	30,301,704	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	6,626,142	0	6,626,142	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	5,342,403	0	5,342,403	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	240,383	0	240,383	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	513,475	0	15,162,656	-692,872	14,469,784	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	1,202,486	0	1,202,486	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,198,579	0	1,198,579	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	45,477	0	4,257,803	-61,366	4,196,437	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	606,279	0	606,279	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	1,537,411	0	1,537,411	57.00
58.00 05800 MRI	0	0	780,698	0	780,698	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,748,437	0	1,748,437	59.00
60.00 06000 LABORATORY	0	0	6,753,867	0	6,753,867	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	3,347,833	0	3,347,833	65.00
66.00 06600 PHYSICAL THERAPY	43,858	0	5,050,008	-59,181	4,990,827	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,415,293	0	1,415,293	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	310,092	0	310,092	68.00
69.00 06900 ELECTROCARDIOLOGY	436,825	0	3,967,901	-589,442	3,378,459	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	56,678	0	944,616	-76,480	868,136	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,692,835	0	1,692,835	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,341,465	0	11,341,465	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	10,596,118	0	10,596,118	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	11,452,356	0	11,452,356	73.00
76.00 03020 HEMODIALYSIS	0	0	797,887	0	797,887	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	0	0	959,032	0	959,032	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	316,104	0	316,104	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	372,860	0	8,240,760	-503,129	7,737,631	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B
Part I
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	23.00	24.00	25.00	26.00	
91.01	09101 OP DEPARTMENT	255,590	0	344,888	-344,888	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	2,319,112	0	2,319,112	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,539,324	0	144,002,430	-7,474,640	136,527,790	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	270,048	0	270,048	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	779,427	0	779,427	192.00
192.01	19201 CFPC CLINIC	0	0	2,434,806	0	2,434,806	192.01
194.00	07950 OFFICE BUILDINGS	0	0	1,289,495	0	1,289,495	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	526,294	0	526,294	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	16,733	0	122,959	-22,579	100,380	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,556,057	0	149,425,459	-7,497,219	141,928,240	202.00

Provider CCN: 14-0065

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

Worksheet Non-CMS W
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7	SQ FT	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIE	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	2	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	7	SQ FT	7.00
8.00	LAUNDRY & LINEN SERVICE	3	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	7	SQ FT	9.00
10.00	DIETARY	3	PATIENT DAYS	10.00
11.00	CAFETERIA	5	GROSS SALARIE	11.00
12.00	MAINTENANCE OF PERSONNEL	4	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	3	PATIENT DAYS	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	3	PATIENT DAYS	17.00
20.00	NURSING SCHOOL	8	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	9	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	9	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	10	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
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	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	506,129	266,221	772,350	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	2,415,135	1,332,426	3,747,561	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	164,996	86,787	251,783	9.00
10.00 01000	DIETARY	0	46,476	24,446	70,922	10.00
11.00 01100	CAFETERIA	0	118,018	0	118,018	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	207,284	109,030	316,314	14.00
15.00 01500	PHARMACY	0	262,149	137,889	400,038	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	2,796	1,471	4,267	16.00
17.00 01700	SOCIAL SERVICE	0	37,944	19,958	57,902	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	538,308	283,147	821,455	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,113,440	585,664	1,699,104	30.00
31.00 03100	INTENSIVE CARE UNIT	0	191,195	100,567	291,762	31.00
41.00 04100	SUBPROVIDER - IRF	0	184,455	97,022	281,477	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	855,966	450,234	1,306,200	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	43,020	22,628	65,648	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	67,068	35,277	102,345	54.00
54.01 05401	NUCLEAR MEDICINE	0	34,416	18,103	52,519	54.01
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	19,416	10,213	29,629	57.00
58.00 05800	MRI	0	21,223	11,163	32,386	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	125,718	66,127	191,845	59.00
60.00 06000	LABORATORY	0	162,214	85,324	247,538	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	246,289	129,547	375,836	65.00
66.00 06600	PHYSICAL THERAPY	0	74,654	39,268	113,922	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	0	11,873	6,245	18,118	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	382,045	200,954	582,999	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	0	41,428	21,791	63,219	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	245,930	129,358	375,288	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	0	0	0	0	73.00
76.00 03020	HEMODIALYSIS	0	0	0	0	76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	0	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	484,518	254,854	739,372	91.00
91.01 09101	OP DEPARTMENT	0	0	0	0	91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	122,965	64,679	187,644	0	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	8,727,068	4,590,393	13,317,461	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 CFPC CLINIC	0	186,764	98,237	285,001	0	192.01
194.00 07950 OFFICE BUILDINGS	0	31,132	16,375	47,507	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	39,621	20,841	60,462	0	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	100,380	0	100,380	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	9,084,965	4,725,846	13,810,811	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	772,350					5.00
6.00	00600	0	0				6.00
7.00	00700	70,296	0	3,817,857			7.00
8.00	00800	2,268	0	0	2,268		8.00
9.00	00900	20,618	0	105,954	0	378,355	9.00
10.00	01000	3,591	0	29,845	0	3,042	10.00
11.00	01100	12,255	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	15,071	0	0	0	0	13.00
14.00	01400	5,353	0	133,110	0	13,568	14.00
15.00	01500	21,566	0	168,342	0	17,159	15.00
16.00	01600	6,833	0	1,796	0	183	16.00
17.00	01700	11,254	0	24,366	0	2,484	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	9,731	0	0	0	0	21.00
22.00	02200	19,828	0	345,682	0	35,235	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	110,203	0	715,010	1,653	72,879	30.00
31.00	03100	27,673	0	122,778	176	12,515	31.00
41.00	04100	20,022	0	118,450	273	12,074	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	276	0	0	59	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	57,307	0	549,670	0	56,028	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	5,285	0	27,626	0	2,816	51.00
52.00	05200	6,020	0	0	0	0	52.00
54.00	05400	19,487	0	43,069	0	4,390	54.00
54.01	05401	2,462	0	22,101	0	2,253	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	6,705	0	12,468	0	1,271	57.00
58.00	05800	3,393	0	13,629	0	1,389	58.00
59.00	05900	6,506	0	80,732	0	8,229	59.00
60.00	06000	30,946	0	104,168	0	10,618	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	12,831	0	158,158	0	16,121	65.00
66.00	06600	24,156	0	47,940	0	4,887	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	6,877	0	7,625	0	777	67.00
68.00	06800	1,541	0	0	0	0	68.00
69.00	06900	11,026	0	245,335	0	25,007	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	3,703	0	26,604	0	2,712	69.02
70.00	07000	4,849	0	157,927	0	16,098	70.00
71.00	07100	57,493	0	0	0	0	71.00
72.00	07200	50,271	0	0	0	0	72.00
73.00	07300	33,516	0	0	0	0	73.00
76.00	03020	4,106	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	4,550	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,584	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	30,503	0	311,140	0	31,715	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200						92.00
92.01	09201	8,129	0	78,964	107	8,049	92.01

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	750,084	0	3,652,489	2,268	361,499	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,368	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,032	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	8,632	0	119,933	0	12,225	192.01
194.00	07950 OFFICE BUILDINGS	6,180	0	19,992	0	2,038	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	2,054	0	25,443	0	2,593	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	772,350	0	3,817,857	2,268	378,355	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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	107,400					10.00
11.00	01100		130,273				11.00
12.00	01200			0			12.00
13.00	01300		4,467	0	19,538		13.00
14.00	01400		1,552	0		469,897	14.00
15.00	01500		6,119	0	0	408	15.00
16.00	01600		1,405	0	0	1	16.00
17.00	01700		3,411	0	0	0	17.00
20.00	02000		0	0	0	0	20.00
21.00	02100		3,198	0	0	495	21.00
22.00	02200		4,726	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	78,284	32,560	0	14,241	23,731	30.00
31.00	03100	8,315	7,096	0	1,513	10,078	31.00
41.00	04100	12,934	4,909	0	2,353	2,333	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,792	604	0	508	366	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,987	0	0	96,052	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	1,596	0	0	1,254	51.00
52.00	05200	0	1,550	0	0	0	52.00
54.00	05400	0	5,844	0	0	9,600	54.00
54.01	05401	0	683	0	0	70	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	1,946	0	0	1,253	57.00
58.00	05800	0	988	0	0	266	58.00
59.00	05900	0	1,458	0	0	15,306	59.00
60.00	06000	0	6,137	0	0	367	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,086	0	0	5,530	65.00
66.00	06600	0	3,441	0	0	166	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	2,255	0	0	43	67.00
68.00	06800	0	507	0	0	3	68.00
69.00	06900	0	2,241	0	0	558	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	1,224	0	0	143	69.02
70.00	07000	0	65	0	0	71	70.00
71.00	07100	0	18	0	0	50,168	71.00
72.00	07200	0	4	0	0	225,424	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	1,448	0	0	10,862	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	519	0	0	9	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	8,704	0	0	13,088	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	5,075	2,232	0	923	2,252	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	107,400	127,980	0	19,538	469,897	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	310	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	1,494	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	5	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	484	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	107,400	130,273	0	19,538	469,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
	15.00	16.00	17.00	20.00	21.00	
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	613,632					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	14,485				16.00
17.00 01700 SOCIAL SERVICE	0	0	99,417			17.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		13,424	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	1,049	72,465			30.00
31.00 03100 INTENSIVE CARE UNIT	0	181	7,697			31.00
41.00 04100 SUBPROVIDER - IRF	0	169	11,973			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
43.00 04300 NURSERY	0	27	2,584			43.00
45.00 04500 NURSING FACILITY	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,684	1,805	0			50.00
50.01 05001 ENDOSCOPY	0	0	0			50.01
50.02 05002 DAY SURGERY	0	0	0			50.02
51.00 05100 RECOVERY ROOM	0	178	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	70	0			52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	913	0			54.00
54.01 05401 NUCLEAR MEDICINE	0	141	0			54.01
54.02 05402 ULTRASOUND	0	0	0			54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0			54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0			54.04
54.05 05407 PET SCAN	0	0	0			54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0			55.00
57.00 05700 CT SCAN	0	1,541	0			57.00
58.00 05800 MRI	0	448	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	289	0			59.00
60.00 06000 LABORATORY	0	1,789	0			60.00
60.01 06001 BLOOD LABORATORY	0	0	0			60.01
65.00 06500 RESPIRATORY THERAPY	0	459	0			65.00
66.00 06600 PHYSICAL THERAPY	0	333	0			66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0			66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0			66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0			66.03
67.00 06700 OCCUPATIONAL THERAPY	0	91	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	31	0			68.00
69.00 06900 ELECTROCARDIOLOGY	0	459	0			69.00
69.01 06901 VASCULAR LAB	0	0	0			69.01
69.02 06902 CARDIAC REHAB	0	39	0			69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	66	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	492	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	704	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	587,929	1,154	0			73.00
76.00 03020 HEMODIALYSIS	0	44	0			76.00
76.01 03952 LITHOTRIPSY	0	0	0			76.01
76.02 03950 WOUND CARE	0	152	0			76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	6	0			90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0			90.01
91.00 09100 EMERGENCY	359	1,724	0			91.00
91.01 09101 OP DEPARTMENT	0	0	0			91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0			91.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	131	4,698			92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0			99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	592,972	14,485	99,417	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201 CFPC CLINIC	20,660	0	0			192.01
194.00	07950 OFFICE BUILDINGS	0	0	0			194.00
194.01	07951 MARKETING	0	0	0			194.01
194.02	07952 FOUNDATION	0	0	0			194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0			194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0			194.04
200.00	Cross Foot Adjustments				0	13,424	200.00
201.00	Negative Cost Centers				0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	613,632	14,485	99,417	0	13,424	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00	23.00	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
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,226,926	0		22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		2,821,179	0	30.00
31.00 03100	INTENSIVE CARE UNIT		489,784	0	31.00
41.00 04100	SUBPROVIDER - IRF		466,967	0	41.00
42.00 04200	SUBPROVIDER		0	0	42.00
43.00 04300	NURSERY		7,216	0	43.00
45.00 04500	NURSING FACILITY		0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		2,083,733	0	50.00
50.01 05001	ENDOSCOPY		0	0	50.01
50.02 05002	DAY SURGERY		0	0	50.02
51.00 05100	RECOVERY ROOM		104,403	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		7,640	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		185,648	0	54.00
54.01 05401	NUCLEAR MEDICINE		80,229	0	54.01
54.02 05402	ULTRASOUND		0	0	54.02
54.03 05405	GRANT SQUARE IMAGING		0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY		0	0	54.04
54.05 05407	PET SCAN		0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC		0	0	55.00
57.00 05700	CT SCAN		54,813	0	57.00
58.00 05800	MRI		52,499	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		304,365	0	59.00
60.00 06000	LABORATORY		401,563	0	60.00
60.01 06001	BLOOD LABORATORY		0	0	60.01
65.00 06500	RESPIRATORY THERAPY		572,021	0	65.00
66.00 06600	PHYSICAL THERAPY		194,845	0	66.00
66.01 06601	FAIRVIEW REHAB CTR		0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR		0	0	66.02
66.03 06603	LAGRANGE REHAB CTR		0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY		35,786	0	67.00
68.00 06800	SPEECH PATHOLOGY		2,082	0	68.00
69.00 06900	ELECTROCARDIOLOGY		867,625	0	69.00
69.01 06901	VASCULAR LAB		0	0	69.01
69.02 06902	CARDIAC REHAB		97,644	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY		554,364	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		108,171	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		276,403	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		622,599	0	73.00
76.00 03020	HEMODIALYSIS		4,150	0	76.00
76.01 03952	LITHOTRIPSY		0	0	76.01
76.02 03950	WOUND CARE		17,012	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY		0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	89.00
90.00 09000	CLINIC		2,118	0	90.00
90.01 09001	PAIN MGMT CLINIC		0	0	90.01
91.00 09100	EMERGENCY		1,136,605	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHER PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
91.01	09101	OP DEPARTMENT			0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY			0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			298,204	0	298,204	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	11,849,668	0	11,849,668	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,678	0	1,678	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			4,032	0	4,032	192.00
192.01	19201	CFPC CLINIC			447,945	0	447,945	192.01
194.00	07950	OFFICE BUILDINGS			75,722	0	75,722	194.00
194.01	07951	MARKETING			0	0	0	194.01
194.02	07952	FOUNDATION			91,036	0	91,036	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA			100,380	0	100,380	194.03
194.04	07954	HHA TRANSITIONAL CARE			0	0	0	194.04
200.00		Cross Foot Adjustments	1,226,926	0	1,240,350	0	1,240,350	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,226,926	0	13,810,811	0	13,810,811	202.00

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQ FT)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	633,542					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		626,542				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	56,145,501			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,295	35,295	4,710,054	-33,661,875	115,663,204	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	168,420	176,650	1,707,419	0	10,526,492	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	339,683	8.00
9.00 00900	HOUSEKEEPING	11,506	11,506	0	0	3,087,511	9.00
10.00 01000	DIETARY	3,241	3,241	0	0	537,760	10.00
11.00 01100	CAFETERIA	8,230	0	0	0	1,835,076	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	1,704,958	0	2,256,868	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,455	14,455	592,537	0	801,540	14.00
15.00 01500	PHARMACY	18,281	18,281	2,335,526	0	3,229,431	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	195	195	536,178	0	1,023,261	16.00
17.00 01700	SOCIAL SERVICE	2,646	2,646	1,302,059	0	1,685,231	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,220,515	0	1,457,150	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,539	37,539	1,803,972	0	2,969,158	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	77,646	77,646	12,432,835	0	16,509,720	30.00
31.00 03100	INTENSIVE CARE UNIT	13,333	13,333	2,708,283	0	4,143,961	31.00
41.00 04100	SUBPROVIDER - IRF	12,863	12,863	1,873,577	0	2,998,174	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	230,393	0	41,385	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	59,691	59,691	4,575,022	0	8,581,443	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	3,000	3,000	609,169	0	791,425	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	591,622	0	901,521	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,677	4,677	2,230,586	0	2,918,118	54.00
54.01 05401	NUCLEAR MEDICINE	2,400	2,400	260,691	0	368,643	54.01
54.02 05402	ULTRASOUND	0	0	0	0	0	54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700	CT SCAN	1,354	1,354	742,822	0	1,004,070	57.00
58.00 05800	MRI	1,480	1,480	377,224	0	508,031	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,767	8,767	556,455	0	974,269	59.00
60.00 06000	LABORATORY	11,312	11,312	2,342,237	0	4,633,999	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	17,175	17,175	1,177,990	0	1,921,386	65.00
66.00 06600	PHYSICAL THERAPY	5,206	5,206	1,313,257	0	3,617,223	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	828	828	860,695	0	1,029,868	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	193,435	0	230,822	68.00
69.00 06900	ELECTROCARDIOLOGY	26,642	26,642	855,162	0	1,651,117	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	2,889	2,889	467,283	0	554,455	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	17,150	17,150	24,889	0	726,165	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,827	0	8,609,327	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,590	0	7,527,918	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,018,846	73.00
76.00 03020	HEMODIALYSIS	0	0	0	0	614,864	76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	552,648	0	681,274	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	197,918	0	237,125	90.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100	EMERGENCY	33,788	33,788	3,322,324	0	4,567,615	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQ FT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)			
		1.00	2.00	4.00			
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,575	8,575	851,834	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	608,584	608,584	55,269,986	-33,661,875	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118,368	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	13,024	13,024	570,351	0	192.01
194.00	07950	OFFICE BUILDINGS	2,171	2,171	2,099	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	2,763	2,763	184,697	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	0	0	-100,380	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	9,084,965	4,725,846	5,482,359	33,661,875	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	14.339957	7.542744	0.097646	0.291034	203.00
204.00		Cost to be allocated (per wkst. B, Part II)			0	772,350	204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.000000	0.006678	205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)					207.00

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ. FT)	DIETARY (PATIENT DAYS)	
		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	0					6.00
7.00	00700		414,597				7.00
8.00	00800		0	41,435			8.00
9.00	00900		11,506	0	403,091		9.00
10.00	01000		3,241	0	3,241	41,435	10.00
11.00	01100		0	0	0	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		0	0	0	0	13.00
14.00	01400		14,455	0	14,455	0	14.00
15.00	01500		18,281	0	18,281	0	15.00
16.00	01600		195	0	195	0	16.00
17.00	01700		2,646	0	2,646	0	17.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		37,539	0	37,539	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	77,646	30,202	77,646	30,202	30.00
31.00	03100	0	13,333	3,208	13,333	3,208	31.00
41.00	04100	0	12,863	4,990	12,863	4,990	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	1,077	0	1,077	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	59,691	0	59,691	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	3,000	0	3,000	0	51.00
52.00	05200	0	0	0	0	0	52.00
54.00	05400	0	4,677	0	4,677	0	54.00
54.01	05401	0	2,400	0	2,400	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	1,354	0	1,354	0	57.00
58.00	05800	0	1,480	0	1,480	0	58.00
59.00	05900	0	8,767	0	8,767	0	59.00
60.00	06000	0	11,312	0	11,312	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	17,175	0	17,175	0	65.00
66.00	06600	0	5,206	0	5,206	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	828	0	828	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	26,642	0	26,642	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	2,889	0	2,889	0	69.02
70.00	07000	0	17,150	0	17,150	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	33,788	0	33,788	0	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	8,575	1,958	8,575	1,958	92.01

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	396,639	41,435	385,133	41,435	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	13,024	0	13,024	0	192.01
194.00	07950 OFFICE BUILDINGS	0	2,171	0	2,171	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	2,763	0	2,763	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	13,590,059	438,542	4,363,237	835,585	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	32.778961	10.583854	10.824447	20.166164	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	3,817,857	2,268	378,355	107,400	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	9.208598	0.054736	0.938634	2.592012	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
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						10.00
11.00	01100	49,728,028					11.00
12.00	01200	0	0				12.00
13.00	01300	1,704,958	0	41,435			13.00
14.00	01400	592,537	0	0	13,602,498		14.00
15.00	01500	2,335,526	0	0	11,820	5,370,377	15.00
16.00	01600	536,178	0	0	23	0	16.00
17.00	01700	1,302,059	0	0	0	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,220,515	0	0	14,334	0	21.00
22.00	02200	1,803,972	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,432,835	0	30,202	686,952	0	30.00
31.00	03100	2,708,283	0	3,208	291,723	0	31.00
41.00	04100	1,873,577	0	4,990	67,531	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	230,393	0	1,077	10,605	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,575,022	0	0	2,780,476	40,990	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	609,169	0	0	36,293	0	51.00
52.00	05200	591,622	0	0	0	0	52.00
54.00	05400	2,230,586	0	0	277,894	0	54.00
54.01	05401	260,691	0	0	2,014	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	742,822	0	0	36,269	0	57.00
58.00	05800	377,224	0	0	7,711	0	58.00
59.00	05900	556,455	0	0	443,062	0	59.00
60.00	06000	2,342,237	0	0	10,636	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,177,990	0	0	160,076	0	65.00
66.00	06600	1,313,257	0	0	4,799	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	860,695	0	0	1,238	0	67.00
68.00	06800	193,435	0	0	98	0	68.00
69.00	06900	855,162	0	0	16,153	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	467,283	0	0	4,139	0	69.02
70.00	07000	24,889	0	0	2,049	0	70.00
71.00	07100	6,827	0	0	1,452,260	0	71.00
72.00	07200	1,590	0	0	6,525,598	0	72.00
73.00	07300	0	0	0	0	5,145,434	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	552,648	0	0	314,436	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	197,918	0	0	247	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	3,322,324	0	0	378,875	3,141	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	851,834	0	1,958	65,187	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,852,513	0	41,435	13,602,498	5,189,565
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,368	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	570,351	0	0	180,812	192.01
194.00	07950	OFFICE BUILDINGS	2,099	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	184,697	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	2,369,146	0	2,994,921	1,693,332	5,079,159
203.00		Unit cost multiplier (wkst. B, Part I)	0.047642	0.000000	72.279981	0.124487	0.945773
204.00		Cost to be allocated (per wkst. B, Part II)	130,273	0	19,538	469,897	613,632
205.00		Unit cost multiplier (wkst. B, Part II)	0.002620	0.000000	0.471534	0.034545	0.114262
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)					207.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)
	16.00	17.00	20.00	21.00	22.00
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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	587,639,251				16.00
17.00 01700 SOCIAL SERVICE	0	41,435			17.00
20.00 02000 NURSING SCHOOL	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		41,172	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	41,971,215	30,202	0	28,267	30.00
31.00 03100 INTENSIVE CARE UNIT	7,257,503	3,208	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	6,772,482	4,990	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	1,097,600	1,077	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	80,328,510	0	0	3,805	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	7,102,880	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,818,510	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	36,535,234	0	0	337	54.00
54.01 05401 NUCLEAR MEDICINE	5,649,800	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700 CT SCAN	61,655,701	0	0	0	57.00
58.00 05800 MRI	17,930,650	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,572,300	0	0	0	59.00
60.00 06000 LABORATORY	71,579,413	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	18,352,080	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	13,316,333	0	0	325	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	3,657,998	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,242,276	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	18,376,234	0	0	3,237	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	1,547,487	0	0	420	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	2,641,597	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19,695,874	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28,140,365	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46,158,180	0	0	0	73.00
76.00 03020 HEMODIALYSIS	1,767,800	0	0	0	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	76.01
76.02 03950 WOUND CARE	6,076,200	0	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	220,080	0	0	0	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100 EMERGENCY	68,948,352	0	0	2,763	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	20.00	21.00	22.00	
91.01	09101	OP DEPARTMENT	0	0	0	1,894	1,894	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,226,597	1,958	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	587,639,251	41,435	0	41,048	41,048	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	124	124	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per wkst. B, Part I)	1,355,116	2,353,098	0	1,941,162	5,556,057	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.002306	56.790105	0.000000	47.147625	134.947464	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	14,485	99,417	0	13,424	1,226,926	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	0.000025	2.399348	0.000000	0.326047	29.800010	205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)			0			206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)			0.000000			207.00

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME) 23.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
50.02	05002	DAY SURGERY	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	54.01
54.02	05402	ULTRASOUND	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407	PET SCAN	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	VASCULAR LAB	0	69.01
69.02	06902	CARDIAC REHAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	HEMODIALYSIS	0	76.00
76.01	03952	LITHOTRIPSY	0	76.01
76.02	03950	WOUND CARE	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00
91.01	09101	OP DEPARTMENT	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 CFPC CLINIC	0	192.01
194.00	07950 OFFICE BUILDINGS	0	194.00
194.01	07951 MARKETING	0	194.01
194.02	07952 FOUNDATION	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	194.04
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,301,704		30,301,704	0	30,301,704	30.00
31.00	03100	INTENSIVE CARE UNIT	6,626,142		6,626,142	0	6,626,142	31.00
41.00	04100	SUBPROVIDER - IRF	5,342,403		5,342,403	0	5,342,403	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	240,383		240,383	0	240,383	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,469,784		14,469,784	0	14,469,784	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,202,486		1,202,486	0	1,202,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,198,579		1,198,579	0	1,198,579	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,196,437		4,196,437	0	4,196,437	54.00
54.01	05401	NUCLEAR MEDICINE	606,279		606,279	0	606,279	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,537,411		1,537,411	0	1,537,411	57.00
58.00	05800	MRI	780,698		780,698	0	780,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,748,437		1,748,437	0	1,748,437	59.00
60.00	06000	LABORATORY	6,753,867		6,753,867	0	6,753,867	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,347,833	0	3,347,833	0	3,347,833	65.00
66.00	06600	PHYSICAL THERAPY	4,990,827	0	4,990,827	0	4,990,827	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,415,293	0	1,415,293	0	1,415,293	67.00
68.00	06800	SPEECH PATHOLOGY	310,092	0	310,092	0	310,092	68.00
69.00	06900	ELECTROCARDIOLOGY	3,378,459	0	3,378,459	0	3,378,459	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	868,136		868,136	0	868,136	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,692,835		1,692,835	0	1,692,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,341,465		11,341,465	0	11,341,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,596,118		10,596,118	0	10,596,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,452,356		11,452,356	0	11,452,356	73.00
76.00	03020	HEMODIALYSIS	797,887		797,887	0	797,887	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	959,032		959,032	0	959,032	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	316,104		316,104	0	316,104	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	7,737,631		7,737,631	0	7,737,631	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,844,867		1,844,867	0	1,844,867	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,319,112		2,319,112	0	2,319,112	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	138,372,657	0	138,372,657	0	138,372,657	200.00
201.00		Less Observation Beds	1,844,867		1,844,867		1,844,867	201.00
202.00		Total (see instructions)	136,527,790	0	136,527,790	0	136,527,790	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,673,128		37,673,128	30.00
31.00	03100	INTENSIVE CARE UNIT	7,257,503		7,257,503	31.00
41.00	04100	SUBPROVIDER - IRF	6,772,482		6,772,482	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	1,097,600		1,097,600	43.00
45.00	04500	NURSING FACILITY	0		0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,908,925	44,419,585	80,328,510	0.180133 50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000 50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000 50.02
51.00	05100	RECOVERY ROOM	3,065,615	4,037,265	7,102,880	0.169296 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,372,205	446,305	2,818,510	0.425253 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,543,673	25,991,561	36,535,234	0.114860 54.00
54.01	05401	NUCLEAR MEDICINE	2,188,550	3,461,250	5,649,800	0.107310 54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000 54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000 54.04
54.05	05407	PET SCAN	0	0	0	0.000000 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000 55.00
57.00	05700	CT SCAN	19,907,490	41,748,211	61,655,701	0.024935 57.00
58.00	05800	MRI	5,218,000	12,712,650	17,930,650	0.043540 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,897,950	4,674,350	11,572,300	0.151088 59.00
60.00	06000	LABORATORY	41,998,389	29,581,024	71,579,413	0.094355 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000 60.01
65.00	06500	RESPIRATORY THERAPY	17,320,606	1,031,474	18,352,080	0.182423 65.00
66.00	06600	PHYSICAL THERAPY	5,373,787	7,942,546	13,316,333	0.374790 66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000 66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000 66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000 66.03
67.00	06700	OCCUPATIONAL THERAPY	3,521,225	136,773	3,657,998	0.386904 67.00
68.00	06800	SPEECH PATHOLOGY	1,205,788	36,488	1,242,276	0.249616 68.00
69.00	06900	ELECTROCARDIOLOGY	9,102,360	9,273,874	18,376,234	0.183849 69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000 69.01
69.02	06902	CARDIAC REHAB	64,532	1,482,955	1,547,487	0.560997 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	288,322	2,353,275	2,641,597	0.640838 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,588,090	10,107,784	19,695,874	0.575829 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,888,813	10,251,552	28,140,365	0.376545 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,435,412	8,722,768	46,158,180	0.248111 73.00
76.00	03020	HEMODIALYSIS	1,767,800	0	1,767,800	0.451345 76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000 76.01
76.02	03950	WOUND CARE	21,585	6,054,615	6,076,200	0.157834 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000 76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	740	219,340	220,080	1.436314 90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000 90.01
91.00	09100	EMERGENCY	20,580,154	48,368,198	68,948,352	0.112224 91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000 91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	841,230	3,456,857	4,298,087	0.429230 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,077,880	4,148,717	5,226,597	0.443714 92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
200.00		Subtotal (see instructions)	306,979,834	280,659,417	587,639,251	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	306,979,834	280,659,417	587,639,251	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.180133	50.00
50.01	05001	ENDOSCOPY	0.000000	50.01
50.02	05002	DAY SURGERY	0.000000	50.02
51.00	05100	RECOVERY ROOM	0.169296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425253	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114860	54.00
54.01	05401	NUCLEAR MEDICINE	0.107310	54.01
54.02	05402	ULTRASOUND	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	54.04
54.05	05407	PET SCAN	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.024935	57.00
58.00	05800	MRI	0.043540	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151088	59.00
60.00	06000	LABORATORY	0.094355	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.182423	65.00
66.00	06600	PHYSICAL THERAPY	0.374790	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.386904	67.00
68.00	06800	SPEECH PATHOLOGY	0.249616	68.00
69.00	06900	ELECTROCARDIOLOGY	0.183849	69.00
69.01	06901	VASCULAR LAB	0.000000	69.01
69.02	06902	CARDIAC REHAB	0.560997	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.640838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248111	73.00
76.00	03020	HEMODIALYSIS	0.451345	76.00
76.01	03952	LITHOTRIPSY	0.000000	76.01
76.02	03950	WOUND CARE	0.157834	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	1.436314	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	90.01
91.00	09100	EMERGENCY	0.112224	91.00
91.01	09101	OP DEPARTMENT	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.429230	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.443714	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:25 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	30,301,704		30,301,704	0	30,301,704	30.00
31.00	03100	INTENSIVE CARE UNIT	6,626,142		6,626,142	0	6,626,142	31.00
41.00	04100	SUBPROVIDER - IRF	5,342,403		5,342,403	0	5,342,403	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	240,383		240,383	0	240,383	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,469,784		14,469,784	0	14,469,784	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,202,486		1,202,486	0	1,202,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,198,579		1,198,579	0	1,198,579	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,196,437		4,196,437	0	4,196,437	54.00
54.01	05401	NUCLEAR MEDICINE	606,279		606,279	0	606,279	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,537,411		1,537,411	0	1,537,411	57.00
58.00	05800	MRI	780,698		780,698	0	780,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,748,437		1,748,437	0	1,748,437	59.00
60.00	06000	LABORATORY	6,753,867		6,753,867	0	6,753,867	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,347,833	0	3,347,833	0	3,347,833	65.00
66.00	06600	PHYSICAL THERAPY	4,990,827	0	4,990,827	0	4,990,827	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,415,293	0	1,415,293	0	1,415,293	67.00
68.00	06800	SPEECH PATHOLOGY	310,092	0	310,092	0	310,092	68.00
69.00	06900	ELECTROCARDIOLOGY	3,378,459	0	3,378,459	0	3,378,459	69.00
69.01	06901	VASCULAR LAB	0		0	0	0	69.01
69.02	06902	CARDIAC REHAB	868,136		868,136	0	868,136	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,692,835		1,692,835	0	1,692,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,341,465		11,341,465	0	11,341,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,596,118		10,596,118	0	10,596,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,452,356		11,452,356	0	11,452,356	73.00
76.00	03020	HEMODIALYSIS	797,887		797,887	0	797,887	76.00
76.01	03952	LITHOTRIPSY	0		0	0	0	76.01
76.02	03950	WOUND CARE	959,032		959,032	0	959,032	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	316,104		316,104	0	316,104	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	7,737,631		7,737,631	0	7,737,631	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,844,867		1,844,867	0	1,844,867	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,319,112		2,319,112	0	2,319,112	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	138,372,657	0	138,372,657	0	138,372,657	200.00
201.00		Less Observation Beds	1,844,867		1,844,867		1,844,867	201.00
202.00		Total (see instructions)	136,527,790	0	136,527,790	0	136,527,790	202.00

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
				9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,673,128		37,673,128		30.00
31.00	03100	INTENSIVE CARE UNIT	7,257,503		7,257,503		31.00
41.00	04100	SUBPROVIDER - IRF	6,772,482		6,772,482		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,097,600		1,097,600		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,908,925	44,419,585	80,328,510	0.180133	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,065,615	4,037,265	7,102,880	0.169296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,372,205	446,305	2,818,510	0.425253	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,543,673	25,991,561	36,535,234	0.114860	54.00
54.01	05401	NUCLEAR MEDICINE	2,188,550	3,461,250	5,649,800	0.107310	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	19,907,490	41,748,211	61,655,701	0.024935	57.00
58.00	05800	MRI	5,218,000	12,712,650	17,930,650	0.043540	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,897,950	4,674,350	11,572,300	0.151088	59.00
60.00	06000	LABORATORY	41,998,389	29,581,024	71,579,413	0.094355	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	17,320,606	1,031,474	18,352,080	0.182423	65.00
66.00	06600	PHYSICAL THERAPY	5,373,787	7,942,546	13,316,333	0.374790	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,521,225	136,773	3,657,998	0.386904	67.00
68.00	06800	SPEECH PATHOLOGY	1,205,788	36,488	1,242,276	0.249616	68.00
69.00	06900	ELECTROCARDIOLOGY	9,102,360	9,273,874	18,376,234	0.183849	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	64,532	1,482,955	1,547,487	0.560997	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	288,322	2,353,275	2,641,597	0.640838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,588,090	10,107,784	19,695,874	0.575829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,888,813	10,251,552	28,140,365	0.376545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,435,412	8,722,768	46,158,180	0.248111	73.00
76.00	03020	HEMODIALYSIS	1,767,800	0	1,767,800	0.451345	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	21,585	6,054,615	6,076,200	0.157834	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	740	219,340	220,080	1.436314	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	20,580,154	48,368,198	68,948,352	0.112224	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	841,230	3,456,857	4,298,087	0.429230	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,077,880	4,148,717	5,226,597	0.443714	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	306,979,834	280,659,417	587,639,251		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	306,979,834	280,659,417	587,639,251		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
50.02	05002	DAY SURGERY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	NUCLEAR MEDICINE	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407	PET SCAN	0.000000			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000			66.03
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
69.01	06901	VASCULAR LAB	0.000000			69.01
69.02	06902	CARDIAC REHAB	0.000000			69.02
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
76.00	03020	HEMODIALYSIS	0.000000			76.00
76.01	03952	LITHOTRIPSY	0.000000			76.01
76.02	03950	WOUND CARE	0.000000			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PAIN MGMT CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	OP DEPARTMENT	0.000000			91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0065

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,821,179	0	2,821,179	32,160	87.72	30.00
31.00	INTENSIVE CARE UNIT	489,784		489,784	3,208	152.68	31.00
41.00	SUBPROVIDER - IRF	466,967	0	466,967	4,990	93.58	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	7,216		7,216	1,077	6.70	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	3,785,146		3,785,146	41,435		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,661	1,373,783				
31.00	INTENSIVE CARE UNIT	1,508	230,241				
41.00	SUBPROVIDER - IRF	3,253	304,416				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	20,422	1,908,440				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/29/2018 9:25 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,083,733	80,328,510	0.025940	17,868,825	463,517	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	104,403	7,102,880	0.014699	1,432,078	21,050	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,640	2,818,510	0.002711	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	185,648	36,535,234	0.005081	5,532,121	28,109	54.00
54.01	05401 NUCLEAR MEDICINE	80,229	5,649,800	0.014200	1,254,636	17,816	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	54,813	61,655,701	0.000889	9,718,631	8,640	57.00
58.00	05800 MRI	52,499	17,930,650	0.002928	2,307,762	6,757	58.00
59.00	05900 CARDIAC CATHETERIZATION	304,365	11,572,300	0.026301	2,773,317	72,941	59.00
60.00	06000 LABORATORY	401,563	71,579,413	0.005610	20,679,199	116,010	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	572,021	18,352,080	0.031169	9,437,832	294,168	65.00
66.00	06600 PHYSICAL THERAPY	194,845	13,316,333	0.014632	1,995,677	29,201	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	35,786	3,657,998	0.009783	904,388	8,848	67.00
68.00	06800 SPEECH PATHOLOGY	2,082	1,242,276	0.001676	365,436	612	68.00
69.00	06900 ELECTROCARDIOLOGY	867,625	18,376,234	0.047215	4,863,497	229,630	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	97,644	1,547,487	0.063098	24,453	1,543	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	554,364	2,641,597	0.209859	135,014	28,334	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	108,171	19,695,874	0.005492	4,641,314	25,490	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	276,403	28,140,365	0.009822	9,656,691	94,848	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	622,599	46,158,180	0.013488	17,682,703	238,504	73.00
76.00	03020 HEMODIALYSIS	4,150	1,767,800	0.002348	791,333	1,858	76.00
76.01	03952 LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950 WOUND CARE	17,012	6,076,200	0.002800	16,099	45	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	2,118	220,080	0.009624	740	7	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	1,136,605	68,948,352	0.016485	10,295,527	169,722	91.00
91.01	09101 OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	171,763	4,298,087	0.039963	446,972	17,862	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	298,204	5,226,597	0.057055	474,043	27,047	92.01
200.00	Total (lines 50 through 199)	8,236,285	534,838,538		123,298,288	1,902,559	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part III Date/Time Prepared: 5/29/2018 9:25 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	32,160	0.00	15,661	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,208	0.00	1,508	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,990	0.00	3,253	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	1,077	0.00	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	41,435	0.00	20,422	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
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
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
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
76.00 03020 HEMODIALYSIS	0	0	0	0	0	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	0	0	0	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0065

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:25 am

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	80,328,510	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	7,102,880	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,818,510	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	36,535,234	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	5,649,800	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	61,655,701	0.000000	57.00
58.00	05800	MRI	0	0	0	17,930,650	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,572,300	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,579,413	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,352,080	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,316,333	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,657,998	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,242,276	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,376,234	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,547,487	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,641,597	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,695,874	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,140,365	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,158,180	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	1,767,800	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	6,076,200	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	220,080	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	68,948,352	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,298,087	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,226,597	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	534,838,538		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII		Hospital		
			Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	17,868,825	0	15,295,874	0	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	1,432,078	0	947,240	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	3,499	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,532,121	0	6,846,745	0	54.00
54.01	05401 NUCLEAR MEDICINE	0.000000	1,254,636	0	1,710,875	0	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	9,718,631	0	13,745,207	0	57.00
58.00	05800 MRI	0.000000	2,307,762	0	4,133,177	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,773,317	0	2,539,801	0	59.00
60.00	06000 LABORATORY	0.000000	20,679,199	0	1,448,064	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.000000	9,437,832	0	381,162	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,995,677	0	156,110	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.000000	904,388	0	57,490	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	365,436	0	3,300	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,863,497	0	3,259,051	0	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0.000000	24,453	0	771,923	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	135,014	0	834,057	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	4,641,314	0	4,072,538	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,656,691	0	5,022,028	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,682,703	0	3,180,701	0	73.00
76.00	03020 HEMODIALYSIS	0.000000	791,333	0	0	0	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950 WOUND CARE	0.000000	16,099	0	3,475,981	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	740	0	141,000	0	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	10,295,527	0	10,304,196	0	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	446,972	0	1,244,330	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	474,043	0	1,415,890	0	92.01
200.00	Total (lines 50 through 199)		123,298,288	0	80,990,239	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		21.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
50.02	05002	DAY SURGERY	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	0		54.01
54.02	05402	ULTRASOUND	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05	05407	PET SCAN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0		66.03
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
69.01	06901	VASCULAR LAB	0	0		69.01
69.02	06902	CARDIAC REHAB	0	0		69.02
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	0		73.00
76.00	03020	HEMODIALYSIS	0	0		76.00
76.01	03952	LITHOTRIPSY	0	0		76.01
76.02	03950	WOUND CARE	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PAIN MGMT CLINIC	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	OP DEPARTMENT	0	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0065

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII			Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.180133	15,295,874	0	0	2,755,292	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.169296	947,240	0	0	160,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425253	3,499	0	0	1,488	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114860	6,846,745	0	0	786,417	54.00
54.01	05401	NUCLEAR MEDICINE	0.107310	1,710,875	0	0	183,594	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.024935	13,745,207	0	0	342,737	57.00
58.00	05800	MRI	0.043540	4,133,177	0	0	179,959	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.151088	2,539,801	0	0	383,733	59.00
60.00	06000	LABORATORY	0.094355	1,448,064	0	0	136,632	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.182423	381,162	0	0	69,533	65.00
66.00	06600	PHYSICAL THERAPY	0.374790	156,110	0	0	58,508	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.386904	57,490	0	0	22,243	67.00
68.00	06800	SPEECH PATHOLOGY	0.249616	3,300	0	0	824	68.00
69.00	06900	ELECTROCARDIOLOGY	0.183849	3,259,051	0	0	599,173	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.560997	771,923	0	0	433,046	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.640838	834,057	0	0	534,495	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575829	4,072,538	0	0	2,345,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376545	5,022,028	0	0	1,891,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248111	3,180,701	82,562	133,157	789,167	73.00
76.00	03020	HEMODIALYSIS	0.451345	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.157834	3,475,981	0	0	548,628	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	1.436314	141,000	0	0	202,520	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.112224	10,304,196	0	0	1,156,378	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.429230	1,244,330	0	0	534,104	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.443714	1,415,890	0	0	628,250	92.01
200.00		Subtotal (see instructions)		80,990,239	82,562	133,157	14,743,190	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		80,990,239	82,562	133,157	14,743,190	202.00

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
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
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	69.02
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	20,485	33,038	73.00
76.00	03020	HEMODIALYSIS	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	20,485	33,038	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	20,485	33,038	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 5/29/2018 9:25 am				
		Component CCN: 14-T065	Title XVIII	Subprovider - IRF				
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	2,083,733	80,328,510	0.025940	31,508	817	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	104,403	7,102,880	0.014699	1,413	21	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,640	2,818,510	0.002711	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	185,648	36,535,234	0.005081	126,927	645	54.00
54.01	05401	NUCLEAR MEDICINE	80,229	5,649,800	0.014200	5,749	82	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	54,813	61,655,701	0.000889	134,292	119	57.00
58.00	05800	MRI	52,499	17,930,650	0.002928	23,790	70	58.00
59.00	05900	CARDIAC CATHETERIZATION	304,365	11,572,300	0.026301	0	0	59.00
60.00	06000	LABORATORY	401,563	71,579,413	0.005610	819,784	4,599	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	572,021	18,352,080	0.031169	359,220	11,197	65.00
66.00	06600	PHYSICAL THERAPY	194,845	13,316,333	0.014632	1,385,829	20,277	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	35,786	3,657,998	0.009783	1,344,304	13,151	67.00
68.00	06800	SPEECH PATHOLOGY	2,082	1,242,276	0.001676	355,569	596	68.00
69.00	06900	ELECTROCARDIOLOGY	867,625	18,376,234	0.047215	32,445	1,532	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	97,644	1,547,487	0.063098	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	554,364	2,641,597	0.209859	3,569	749	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	108,171	19,695,874	0.005492	17,933	98	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,403	28,140,365	0.009822	352	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	622,599	46,158,180	0.013488	1,151,982	15,538	73.00
76.00	03020	HEMODIALYSIS	4,150	1,767,800	0.002348	79,599	187	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	17,012	6,076,200	0.002800	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	2,118	220,080	0.009624	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	1,136,605	68,948,352	0.016485	2,581	43	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,298,087	0.000000	8,730	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	298,204	5,226,597	0.057055	0	0	92.01
200.00		Total (lines 50 through 199)	8,064,522	534,838,538		5,885,576	69,724	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065
Component CCN: 14-T065

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407 PET SCAN	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
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
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
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
76.00	03020 HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952 LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950 WOUND CARE	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 14-0065
Component CCN: 14-T065

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. c. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	80,328,510	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	7,102,880	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,818,510	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	36,535,234	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	5,649,800	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	61,655,701	0.000000	57.00
58.00	05800	MRI	0	0	0	17,930,650	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,572,300	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	71,579,413	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	18,352,080	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,316,333	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,657,998	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,242,276	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	18,376,234	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,547,487	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,641,597	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,695,874	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,140,365	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	46,158,180	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	1,767,800	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	6,076,200	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	220,080	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	68,948,352	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,298,087	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,226,597	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	534,838,538		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065
Component CCN: 14-T065

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	31,508	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.000000	1,413	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	126,927	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	5,749	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	134,292	0	0	0	57.00
58.00	05800	MRI	0.000000	23,790	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	819,784	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	359,220	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,385,829	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,344,304	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	355,569	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	32,445	0	0	0	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,569	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	17,933	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	352	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,151,982	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0.000000	79,599	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	2,581	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,730	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		5,885,576	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065
Component CCN: 14-T065

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
50.02	05002 DAY SURGERY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	54.01
54.02	05402 ULTRASOUND	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407 PET SCAN	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	66.03
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
69.01	06901 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	69.02
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	0	73.00
76.00	03020 HEMODIALYSIS	0	0	76.00
76.01	03952 LITHOTRIPSY	0	0	76.01
76.02	03950 WOUND CARE	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

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

Worksheet D-1

Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,160 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,160 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)		30,202 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)		15,661 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)		30,301,704 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)		30,301,704 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)		30,301,704 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)		942.22 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,756,107 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		14,756,107 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

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

Worksheet D-1

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,626,142	3,208	2,065.51	1,508	3,114,789	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)					23,463,858	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,334,754	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)					1,604,024	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,902,559	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,506,583	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,828,171	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)					1,958	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.22	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,844,867	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

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

Worksheet D-1

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,821,179	30,301,704	0.093103	1,844,867	171,763	90.00
91.00 Nursing School cost	0	30,301,704	0.000000	1,844,867	0	91.00
92.00 Allied health cost	0	30,301,704	0.000000	1,844,867	0	92.00
93.00 All other Medical Education	0	30,301,704	0.000000	1,844,867	0	93.00

Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
Component CCN: 14-T065		Date/Time Prepared: 5/29/2018 9:25 am
Title XVIII	Subprovider - IRF	PPS

Cost Center Description	1.00	
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PART I - ALL PROVIDER COMPONENTS		
INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,990 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,990 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,990 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,253 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)	5,342,403 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)	5,342,403 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)	5,342,403 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)	1,070.62 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,482,727 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)	3,482,727 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 14-T065				Date/Time Prepared: 5/29/2018 9:25 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						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)				1,641,139		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,123,866		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)				304,416		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				69,724		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				374,140		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				4,749,726		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/29/2018 9:25 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	466,967	5,342,403	0.087408	0	0	90.00
91.00	Nursing School cost	0	5,342,403	0.000000	0	0	91.00
92.00	Allied health cost	0	5,342,403	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,342,403	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0065

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

Worksheet D-3

Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		18,013,133		30.00
31.00	03100 INTENSIVE CARE UNIT		3,211,852		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.180133	17,868,825	3,218,765	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.169296	1,432,078	242,445	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.425253	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114860	5,532,121	635,419	54.00
54.01	05401 NUCLEAR MEDICINE	0.107310	1,254,636	134,635	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
57.00	05700 CT SCAN	0.024935	9,718,631	242,334	57.00
58.00	05800 MRI	0.043540	2,307,762	100,480	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.151088	2,773,317	419,015	59.00
60.00	06000 LABORATORY	0.094355	20,679,199	1,951,186	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.182423	9,437,832	1,721,678	65.00
66.00	06600 PHYSICAL THERAPY	0.374790	1,995,677	747,960	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.386904	904,388	349,911	67.00
68.00	06800 SPEECH PATHOLOGY	0.249616	365,436	91,219	68.00
69.00	06900 ELECTROCARDIOLOGY	0.183849	4,863,497	894,149	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	0.560997	24,453	13,718	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.640838	135,014	86,522	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.575829	4,641,314	2,672,603	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.376545	9,656,691	3,636,179	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.248111	17,682,703	4,387,273	73.00
76.00	03020 HEMODIALYSIS	0.451345	791,333	357,164	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	76.01
76.02	03950 WOUND CARE	0.157834	16,099	2,541	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	1.436314	740	1,063	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.112224	10,295,527	1,155,405	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.429230	446,972	191,854	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.443714	474,043	210,340	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		123,298,288	23,463,858	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		123,298,288		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		Component CCN: 14-T065		Date/Time Prepared: 5/29/2018 9:25 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		4,425,481	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.180133	31,508	5,676
50.01	05001	ENDOSCOPY	0.000000	0	0
50.02	05002	DAY SURGERY	0.000000	0	0
51.00	05100	RECOVERY ROOM	0.169296	1,413	239
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.425253	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114860	126,927	14,579
54.01	05401	NUCLEAR MEDICINE	0.107310	5,749	617
54.02	05402	ULTRASOUND	0.000000	0	0
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0
54.05	05407	PET SCAN	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0
57.00	05700	CT SCAN	0.024935	134,292	3,349
58.00	05800	MRI	0.043540	23,790	1,036
59.00	05900	CARDIAC CATHETERIZATION	0.151088	0	0
60.00	06000	LABORATORY	0.094355	819,784	77,351
60.01	06001	BLOOD LABORATORY	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.182423	359,220	65,530
66.00	06600	PHYSICAL THERAPY	0.374790	1,385,829	519,395
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.386904	1,344,304	520,117
68.00	06800	SPEECH PATHOLOGY	0.249616	355,569	88,756
69.00	06900	ELECTROCARDIOLOGY	0.183849	32,445	5,965
69.01	06901	VASCULAR LAB	0.000000	0	0
69.02	06902	CARDIAC REHAB	0.560997	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.640838	3,569	2,287
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.575829	17,933	10,326
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.376545	352	133
73.00	07300	DRUGS CHARGED TO PATIENTS	0.248111	1,151,982	285,819
76.00	03020	HEMODIALYSIS	0.451345	79,599	35,927
76.01	03952	LITHOTRIPSY	0.000000	0	0
76.02	03950	WOUND CARE	0.157834	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0
90.00	09000	CLINIC	1.436314	0	0
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0
91.00	09100	EMERGENCY	0.112224	2,581	290
91.01	09101	OP DEPARTMENT	0.000000	0	0
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.429230	8,730	3,747
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.443714	0	0
200.00	Total (sum of lines 50 through 94 and 96 through 98)			5,885,576	1,641,139
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	0
202.00	Net charges (line 200 minus line 201)			5,885,576	202.00

		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)			24,092,493 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,286,557 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)			510,156 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			8,432,620 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			158.15 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)			19.00 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)			0.35 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)			18.65 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			19.06 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)			18.65 12.00
13.00	Total allowable FTE count for the prior year.			18.65 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.			18.65 14.00
15.00	Sum of lines 12 through 14 divided by 3.			18.65 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			18.65 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.117926 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.115437 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.115437 21.00
22.00	IME payment adjustment (see instructions)			1,916,350 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			514,989 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)			0.41 24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00 25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000 26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000 27.00
28.00	IME add-on adjustment amount (see instructions)			0 28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0 28.01
29.00	Total IME payment (sum of lines 22 and 28)			1,916,350 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			514,989 29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.40 30.00
31.00	Percentage of Medicaid patient days (see instructions)			8.91 31.00
32.00	Sum of lines 30 and 31			10.31 32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00 33.00
34.00	Disproportionate share adjustment (see instructions)			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/29/2018 9:25 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0	0 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	0 40.00
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	0 42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	0 44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0 45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	0 46.00
47.00	Subtotal (see instructions)		33,805,556	0 47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	0 48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		34,320,545	0 49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		2,830,682	0 50.00
51.00	Exception payment for inpatient program capital (wkst. L, Pt. III, see instructions)		0	0 51.00
52.00	Direct graduate medical education payment (from wkst. E-4, line 49 see instructions).		1,369,137	0 52.00
53.00	Nursing and Allied Health Managed Care payment		0	0 53.00
54.00	Special add-on payments for new technologies		16,376	0 54.00
54.01	Islet isolation add-on payment		0	0 54.01
55.00	Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)		0	0 55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0 56.00
57.00	Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).		0	0 57.00
58.00	Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)		0	0 58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,536,740	0 59.00
60.00	Primary payer payments		162,206	0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,374,534	0 61.00
62.00	Deductibles billed to program beneficiaries		3,369,408	0 62.00
63.00	Coinsurance billed to program beneficiaries		91,133	0 63.00
64.00	Allowable bad debts (see instructions)		275,398	0 64.00
65.00	Adjusted reimbursable bad debts (see instructions)		179,009	0 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		190,047	0 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,093,002	0 67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	0 68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 70.00
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	0 70.50
70.87	Demonstration payment adjustment amount before sequestration		0	0 70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	0 70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	0 70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	0 70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	0 70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	0 70.92
70.93	HVBP payment adjustment amount (see instructions)		341,251	0 70.93
70.94	HRR adjustment amount (see instructions)		-290,872	0 70.94
70.95	Recovery of accelerated depreciation		0	0 70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0065

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

Worksheet E
Part A
Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			35,143,381	71.00
71.01	Sequestration adjustment (see instructions)			702,868	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			34,590,596	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)			-150,083	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .max Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.40	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	8.91	0.00			8.91	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	10.31	0.00			8.91	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	158.15	0.00			158.15	5.00
6.00	Disproportionate Share Payment Percentage (transferred from worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.40	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	499	0			499	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	303	0			303	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	4	0			4	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	6	0			6	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	2,269	0			2,269	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	3,081	0			3,081	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	34,487	0			34,487	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	76	0			76	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	34,563	0			34,563	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	8.91	0.00			8.91	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0065

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

Worksheet DSH

Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcrx Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.55		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.55		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcrx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0065

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

Worksheet DSH

Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII		Hospital	PPS
		Revised			
		Percentage			
		6.00			
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE					
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00			28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	6.46			29.00
30.00	Line 28 or 29 as applicable	6.46			30.00
31.00	If Urban and fewer than 100 beds, rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00			31.00

Provider CCN: 14-0065

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

Worksheet E
 Part A Exhibit 4
 Date/Time Prepared:
 5/29/2018 9:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Period	Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,092,493	0	24,092,493		24,092,493	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,286,557	0		7,286,557	7,286,557	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	510,156	0	356,325	153,832	510,157	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,432,620	0	6,255,823	2,176,797	8,432,620	4.00
Indirect Medical Education Adjustment								
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.115437	0.115437	0.115437	0.115437		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,916,350	0	1,471,353	444,997	1,916,350	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	514,989	0	514,989	0	514,989	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,916,350	0	1,471,353	444,997	1,916,350	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	514,989	0	514,989	0	514,989	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,805,556	0	25,920,170	7,885,386	33,805,556	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,320,545	0	26,435,159	7,885,386	34,320,545	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,830,682	0	2,172,471	658,211	2,830,682	16.00
17.00	Special add-on payments for new technologies	54.00	16,376	0	16,376	0	16,376	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

		Title XVIII			Hospital		PPS	
		w/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	28,624,006	8,543,597	37,167,603	19.00
		w/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,543,489	0	1,950,035	593,454	2,543,489	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	83,205	0	66,043	17,162	83,205	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0591	0.0591	0.0591	0.0591		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	150,320	0	115,247	35,073	150,320	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0211	0.0211	0.0211	0.0211		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	53,668	0	41,146	12,522	53,668	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,830,682	0	2,172,471	658,211	2,830,682	26.00
		w/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

		Title XVIII		Hospital		PPS
	Wkst. E, Pt. A, line	Amt. from wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	24,092,493	24,092,493		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,286,557		7,286,557	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	510,156	356,325	153,832	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,432,620	6,255,823	2,176,797	4.00
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.115437	0.115437	0.115437	5.00
6.00	IME payment adjustment (see instructions)	22.00	1,916,350	1,471,353	444,997	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	514,989	382,050	132,939	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,916,350	1,471,353	444,997	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	514,989	382,050	132,939	9.01
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,805,556	25,920,170	7,885,386	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,320,545	26,302,220	8,018,325	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,830,682	2,172,471	658,211	16.00
17.00	Special add-on payments for new technologies	54.00	16,376	16,376	0	17.00
17.01	Net organ acquisition cost					17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00
19.00	SUBTOTAL			28,491,067	8,676,536	19.00

		Title XVIII			Hospital		PPS	
		wkst. L, line	(Amt. from wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,543,489	1,950,035	593,454	2,543,489	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	83,205	66,043	17,162	83,205	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0591	0.0591	0.0591		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	150,320	115,247	35,073	150,320	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0211	0.0211	0.0211		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	53,668	41,146	12,522	53,668	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,830,682	2,172,471	658,211	2,830,682	26.00	
		wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0			0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	341,251	276,838	64,413	341,251	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-290,872	-274,842	-16,030	-290,872	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/29/2018 9:25 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		53,523	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,743,190	2.00
3.00	OPPS payments		13,375,050	3.00
4.00	Outlier payment (see instructions)		21,316	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)		53,523	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		215,719	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)		215,719	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 chargebasis 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)		215,719	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		162,196	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		53,523	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)		13,396,366	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,480,735	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)		10,969,154	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 50)		437,434	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)		11,406,588	30.00
31.00	Primary payer payments		5,149	31.00
32.00	Subtotal (line 30 minus line 31)		11,401,439	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)		171,345	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		111,374	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		115,647	36.00
37.00	Subtotal (see instructions)		11,512,813	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
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)		11,512,813	40.00
40.01	Sequestration adjustment (see instructions)		230,256	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,283,448	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-891	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time value of Money		0.00	92.00
93.00	Time value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0065

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

Worksheet E
Part B
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII		Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 9:25 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		34,399,471		11,256,437	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	10/25/2017	144,408	10/25/2017	13,305	3.01
3.02		12/19/2017	46,717	12/19/2017	13,706	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)		191,125		27,011	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)		34,590,596		11,283,448	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		150,083		891	6.02
7.00	Total Medicare program liability (see instructions)		34,440,513		11,282,557	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0065
Component CCN: 14-T065

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2018 9:25 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,833,751		0	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	10/25/2017	29,892		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)		-29,892		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)		5,803,859		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		10,459		0	6.02
7.00	Total Medicare program liability (see instructions)		5,793,400		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/29/2018 9:25 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/29/2018 9:25 am
Component CCN: 14-T065	Title XVIII	Subprovider - IRF
		PPS

		1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	5,797,339	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	27,827	3.00
4.00	Outlier Payments	138,778	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	13.671233	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	5,963,944	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)	0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	5,963,944	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	5,963,944	19.00
20.00	Deductibles	42,112	20.00
21.00	Subtotal (line 19 minus line 20)	5,921,832	21.00
22.00	Coinsurance	10,199	22.00
23.00	Subtotal (line 21 minus line 22)	5,911,633	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	5,911,633	27.00
28.00	Direct graduate medical education payments (from wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	5,911,633	32.00
32.01	Sequestration adjustment (see instructions)	118,233	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	5,803,859	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	-10,459	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from wkst. E-3, Pt. III, line 4	138,778	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 14-0065

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

Worksheet E-4

Date/Time Prepared:
5/29/2018 9:25 am

	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			19.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.35	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			18.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.06	6.00
7.00	Enter the lesser of line 5 or line 6			18.65	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	19.06	0.00	19.06	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	18.65	0.00	18.65	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	18.65	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.65	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.65	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.65	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	18.65	0.00		17.00
18.00	Per resident amount	150,500.43	0.00		18.00
19.00	Approved amount for resident costs	2,806,833	0	2,806,833	19.00

				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.41	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,806,833	25.00

	Inpatient Part A	Managed care	
	1.00	2.00	3.00

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,422	5,057		26.00
27.00	Total Inpatient Days (see instructions)	38,476	38,476		27.00
28.00	Ratio of inpatient days to total inpatient days	0.530772	0.131433		28.00
29.00	Program direct GME amount	1,489,788	368,910		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		52,127		30.00
31.00	Net Program direct GME amount			1,806,571	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/29/2018 9:25 am
	Title XVIII	Hospital	PPS

		1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
Part A Reasonable Cost			
37.00	Reasonable cost (see instructions)	46,458,620	37.00
38.00	Organ acquisition costs (wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	162,206	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	46,296,414	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	14,796,713	42.00
43.00	Primary payer payments (see instructions)	5,149	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	14,791,564	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	61,087,978	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.757865	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.242135	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	1,806,571	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,369,137	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	437,434	50.00

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

Provider CCN: 14-0065

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

Worksheet G

Date/Time Prepared:
5/29/2018 9:25 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,434,542	0	0	0	1.00
2.00	Temporary investments	16,008	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	84,889,021	0	0	0	4.00
5.00	Other receivable	1,989,413	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-59,651,975	0	0	0	6.00
7.00	Inventory	4,547,672	0	0	0	7.00
8.00	Prepaid expenses	1,319,664	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,544,345	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,813,116	0	0	0	13.00
14.00	Accumulated depreciation	-6,445,017	0	0	0	14.00
15.00	Buildings	217,150,476	0	0	0	15.00
16.00	Accumulated depreciation	-126,265,282	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	32,898,218	0	0	0	19.00
20.00	Accumulated depreciation	-27,037,671	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	56,965,708	0	0	0	23.00
24.00	Accumulated depreciation	-51,338,081	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	112,520,896	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,472,447	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	6,710,677	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,183,124	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	155,248,365	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,925,709	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,412,545	0	0	0	38.00
39.00	Payroll taxes payable	5,132,494	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	22,041,360	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,512,108	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	115,905,772	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	66,707	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	115,972,479	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	150,484,587	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,763,778	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)	4,763,778	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	155,248,365	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0065

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

Worksheet G-1

Date/Time Prepared:
5/29/2018 9:25 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		14,932,492		0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		988,407			2.00
3.00	Total (sum of line 1 and line 2)		15,920,899		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		15,920,899		0	11.00
12.00	UNRESTRICTED NET ASSETS	11,157,121		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		11,157,121		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,763,778		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			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED NET ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2018 9:25 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	40,402,510		40,402,510	1.00
2.00 SUBPROVIDER - IPF				2.00
3.00 SUBPROVIDER - IRF	6,788,952		6,788,952	3.00
4.00 SUBPROVIDER	0		0	4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY				7.00
8.00 NURSING FACILITY	0		0	8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	47,191,462		47,191,462	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	7,281,073		7,281,073	11.00
12.00 CORONARY CARE UNIT				12.00
13.00 BURN INTENSIVE CARE UNIT				13.00
14.00 SURGICAL INTENSIVE CARE UNIT				14.00
15.00 OTHER SPECIAL CARE (SPECIFY)				15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	7,281,073		7,281,073	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	54,472,535		54,472,535	17.00
18.00 Ancillary services	231,226,261	233,504,297	464,730,558	18.00
19.00 Outpatient services	20,580,154	48,370,098	68,950,252	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY		0	0	22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
24.10 CORF	0	0	0	24.10
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 PHYSICIAN REVENUE	0	5,250,349	5,250,349	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	306,278,950	287,124,744	593,403,694	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		162,526,991		29.00
30.00 BAD DEBT	6,757,186			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)		6,757,186		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)		169,284,177		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0065

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

worksheet G-3

Date/Time Prepared:
5/29/2018 9:25 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	593,403,694	1.00
2.00	Less contractual allowances and discounts on patients' accounts	427,758,454	2.00
3.00	Net patient revenues (line 1 minus line 2)	165,645,240	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	169,284,177	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,638,937	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	4,627,344	24.00
25.00	Total other income (sum of lines 6-24)	4,627,344	25.00
26.00	Total (line 5 plus line 25)	988,407	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)	988,407	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0065	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/29/2018 9:25 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,543,489	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		83,205	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)		91.74	3.00
4.00	Number of interns & residents (see instructions)		18.65	4.00
5.00	Indirect medical education percentage (see instructions)		5.91	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)		150,320	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.40	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		8.91	8.00
9.00	Sum of lines 7 and 8		10.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.11	10.00
11.00	Disproportionate share adjustment (see instructions)		53,668	11.00
12.00	Total prospective capital payments (see instructions)		2,830,682	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