

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: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S Parts I-III Date/Time Prepared: 11/27/2017 11:28 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 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 NORTHERN ILLINOIS MEDICAL CENTER (14-0116) for the cost reporting period beginning 07/01/2016 and ending 06/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 11/27/2017 Time: 11:28 am
 AYLO3XMVfKxI eSZoBPWSS1FwPGw2dO
 QuOWzO. SXW2J: qj VM4K3mxWxthETXW
 ULxc1htwI J0xauTr
 PI: Date: 11/27/2017 Time: 11:28 am
 VPI WkNNVHX820QI 7hH1hpUg1j P4PUO
 c4YdWOZFj sQWAN6hPGrCS8I OKtJSqB
 aLYxOP3fn40vzry9

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

 Title

 Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	346,429	313,688	129,109	0 1.00
2.00	Subprovider - IPF	0	0	0		0 2.00
3.00	Subprovider - IRF	0	17,205	62		0 3.00
5.00	Swing bed - SNF	0	0	0		0 5.00
6.00	Swing bed - NF	0				0 6.00
9.00	HOME HEALTH AGENCY I	0	0	-1,679		0 9.00
200.00	Total	0	363,634	312,071	129,109	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: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 11:25 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 4201 MEDICAL CENTER DRIVE			PO Box:				1.00				
2.00	City: MCHENRY			State: IL		Zip Code: 60050-		County: MCHENRY			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		NORTHERN ILLINOIS MEDICAL CENTER		140116	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		NIMC REHABILITATION UNIT		14T116	16974	5	07/01/1985	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 HHA		NIMC HOME HEALTH AGENCY		147455	16974		07/01/1986	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2016		06/30/2017		20.00	
21.00	Type of Control (see instructions)						2				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,604	1,416	0	13	4,651	33		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.			103	71	0	6	168			25.00	

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

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

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,388,022		479,015		0	
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 11:25 am	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H122				140.00
		1.00	2.00			3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			141.00
142.00	Street: 385 MILLENNIUM DR	PO Box:					142.00
143.00	City: CRYSTAL LAKE	State: IL	Zip Code: 60012-3761				143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00
						1.00	
		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	N		161.00
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				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
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.		Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part I Date/Time Prepared: 11/27/2017 11:25 am
		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2016	03/31/2016	170.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 11:25 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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			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.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/20/2017	Y	10/20/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part II Date/Time Prepared: 11/27/2017 11:25 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNA		BURACKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8037		ABURACKER@CENTEGRA.COM	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0116

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

Worksheet S-2
Part V
Date/Time Prepared:
11/27/2017 11:25 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	ANNA	1.00
2.00	Last Name	BURACKER	2.00
3.00	Title	SENIOR REIMBURSEMENT ANALYST	3.00
4.00	Employer	CENTEGRA HEALTH SYSTEM	4.00
5.00	Phone Number	(815)759-8037	5.00
6.00	E-mail Address	ABURACKER@CENTEGRA.COM	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	527 W. SOUTH STREET	8.00
9.00	Mailing Address 2		9.00
10.00	City	WOODSTOCK	10.00
11.00	State	IL	11.00
12.00	Zip	60098	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	MICHAEL	13.00
14.00	Last Name	EESLEY	14.00
15.00	Title	CHIEF EXECUTIVE OFFICER	15.00
16.00	Employer	CENTEGRA HEALTH SYSTEM	16.00
17.00	Phone Number	(815)788-5800	17.00
18.00	E-mail Address	MEESLEY@CENTEGRA.COM	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	385 MILLENNIUM DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	CRYSTAL LAKE	22.00
23.00	State	IL	23.00
24.00	Zip	60012	24.00

HFS Supplemental Information		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S-2 Part IX Date/Time Prepared: 11/27/2017 11:25 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.	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.	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.	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.	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.	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.	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.	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
FOHC				
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 11:25 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	253	87,479	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)		253	87,479	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,178	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)		279	96,657	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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
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)		301				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)		12	4,146			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 11:25 am

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)	22,259	991	41,038			1.00
2.00 HMO and other (see instructions)	3,758	6,037				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	163	245				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,259	991	41,038			7.00
8.00 INTENSIVE CARE UNIT	3,767	121	6,550			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		491	4,421			13.00
14.00 Total (see instructions)	26,026	1,603	52,009	8.00	1,495.74	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	4,657	103	6,388	0.00	35.71	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	15,429	223	24,444	0.00	31.85	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				8.00	1,563.30	27.00
28.00 Observation Bed Days		107	4,758			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	33	592			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0116

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

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2017 11:25 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,727	202	12,090	1.00
2.00 HMO and other (see instructions)			775	1,339		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				16		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,727	202	12,090	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	329	6	455	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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
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						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

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

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2017 11:25 am

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	137,984,027	-26,862,540	111,121,487	3,251,657.00	34.17
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		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	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		548,704	0	548,704	16,640.00	32.97
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,364,855	366,166	5,731,021	148,808.00	38.51
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		23,605,066	0	23,605,066	723,897.99	32.61
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		821,315	0	821,315	6,476.00	126.82
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		36,525,624	0	36,525,624	833,534.00	43.82
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		31,632	0	31,632	186.00	170.06
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		26,958,082	0	26,958,082		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,347,134	0	1,347,134		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		6,908,033	0	6,908,033		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,506,991	-2,420,652	86,339	2,488.00	34.70
27.00	Administrative & General	5.00	31,435,349	-28,710,892	2,724,457	58,244.00	46.78

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

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

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2017 11:25 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		3,821,293	0	3,821,293	124,638.00	30.66	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,599,089	61,764	2,660,853	103,800.00	25.63	30.00
31.00	Laundry & Linen Service	8.00	49,726	817	50,543	2,565.00	19.70	31.00
32.00	Housekeeping	9.00	2,484,914	48,736	2,533,650	155,267.00	16.32	32.00
33.00	Housekeeping under contract (see instructions)		643,551	0	643,551	30,675.00	20.98	33.00
34.00	Dietary	10.00	2,591,236	-1,605,240	985,996	62,329.00	15.82	34.00
35.00	Dietary under contract (see instructions)		752,013	0	752,013	24,302.00	30.94	35.00
36.00	Cafeteria	11.00	0	1,646,913	1,646,913	77,078.00	21.37	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,665,139	41,349	3,706,488	86,412.00	42.89	38.00
39.00	Central Services and Supply	14.00	1,244,971	30,249	1,275,220	65,581.00	19.44	39.00
40.00	Pharmacy	15.00	5,473,421	101,076	5,574,497	129,897.00	42.91	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0116

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

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2017 11:25 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	142,652,180	-26,862,540	115,789,640	3,414,632.00	33.91	1.00
2.00	Excluded area salaries (see instructions)	5,364,855	366,166	5,731,021	148,808.00	38.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	137,287,325	-27,228,706	110,058,619	3,265,824.00	33.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	60,983,637	0	60,983,637	1,564,093.99	38.99	4.00
5.00	Subtotal wage-related costs (see inst.)	33,866,115	0	33,866,115	0.00	30.77	5.00
6.00	Total (sum of lines 3 thru 5)	232,137,077	-27,228,706	204,908,371	4,829,917.99	42.42	6.00
7.00	Total overhead cost (see instructions)	57,267,693	-30,805,880	26,461,813	923,276.00	28.66	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 11/27/2017 11:25 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		952,978	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		52,092	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		15,822,484	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		569,928	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		255,177	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)		1,007,155	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,244,999	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		7,651,257	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		41,967	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		282,422	22.00
23.00	Tuition Reimbursement		424,757	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		28,305,216	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: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S-3 Part V Date/Time Prepared: 11/27/2017 11:25 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		23,616,222	28,305,216
2.00	Hospital		23,605,066	26,958,082
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	714,766
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		11,156	632,368
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0116 Component CCN: 14-7455		Period: From 07/01/2016 To 06/30/2017		Worksheet S-4 Date/Time Prepared: 11/27/2017 11:25 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,297	0	243	1,540	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,009.00	23.00	652.00	1,684.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		12.40	0.00	12.40	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			8.64	0.00	8.64	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			6.23	0.00	6.23	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.59	0.00	0.59	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.44	0.00	0.44	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.60	0.00	0.60	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.95	0.00	2.95	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,475	918	149	71	7,613	21.00
22.00	Skilled Nursing Visit Charges	1,312,020	184,300	30,990	14,440	1,541,750	22.00
23.00	Physical Therapy Visits	5,089	147	196	66	5,498	23.00
24.00	Physical Therapy Visit Charges	1,052,115	30,135	41,075	13,600	1,136,925	24.00
25.00	Occupational Therapy Visits	488	85	2	14	589	25.00
26.00	Occupational Therapy Visit Charges	99,630	17,425	410	2,870	120,335	26.00
27.00	Speech Pathology Visits	346	66	9	2	423	27.00
28.00	Speech Pathology Visit Charges	70,930	13,530	1,845	410	86,715	28.00
29.00	Medical Social Service Visits	53	4	2	1	60	29.00
30.00	Medical Social Service Visit Charges	13,190	1,000	470	250	14,910	30.00
31.00	Home Health Aide Visits	912	312	4	18	1,246	31.00
32.00	Home Health Aide Visit Charges	100,320	34,320	440	1,980	137,060	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,363	1,532	362	172	15,429	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,648,205	280,710	75,230	33,550	3,037,695	35.00
36.00	Total Number of Episodes (standard/non outlier)	944		120	14	1,078	36.00
37.00	Total Number of Outlier Episodes		34		0	34	37.00
38.00	Total Non-Routine Medical Supply Charges	185,288	46,693	6,665	3,292	241,938	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet S-10 Date/Time Prepared: 11/27/2017 11:25 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.278834	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		20,945,239	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH or supplemental payments from Medicaid		56,209	5.00
6.00	Medicaid charges		164,777,074	6.00
7.00	Medicaid cost (line 1 times line 6)		45,945,451	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)		24,944,003	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		24,944,003	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)	10,739,570	2,971,705	13,711,275
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,994,557	2,971,705	5,966,262
22.00	Payments received from patients for amounts previously written off as charity care	194,500	215,954	410,454
23.00	Cost of charity care (line 21 minus line 22)	2,800,057	2,755,751	5,555,808
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		22,616,800	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,120,611	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,724,015	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		20,892,785	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,429,023	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,984,831	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		36,928,834	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

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

Worksheet A

Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		18,443,861	18,443,861	-3,152,009	15,291,852	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	13,783,173	13,783,173	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,506,991	26,565,708	29,072,699	-1,613,606	27,459,093	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	31,435,349	62,813,268	94,248,617	-3,035,659	91,212,958	5.00
7.00 00700 OPERATION OF PLANT	2,599,089	4,291,727	6,890,816	61,320	6,952,136	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	49,726	1,137,206	1,186,932	817	1,187,749	8.00
9.00 00900 HOUSEKEEPING	2,484,914	2,069,657	4,554,571	48,325	4,602,896	9.00
10.00 01000 DIETARY	2,591,236	3,167,848	5,759,084	-2,970,465	2,788,619	10.00
11.00 01100 CAFETERIA	0	0	0	3,012,131	3,012,131	11.00
13.00 01300 NURSING ADMINISTRATION	3,665,139	484,429	4,149,568	-226,091	3,923,477	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,244,971	3,421,429	4,666,400	21,381	4,687,781	14.00
15.00 01500 PHARMACY	5,473,421	25,845,679	31,319,100	-23,506,988	7,812,112	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	14,104	14,104	0	14,104	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	548,704	548,704	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	157,773	1,349,090	1,506,863	-546,529	960,334	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,203,622	7,978,486	35,182,108	-5,993,520	29,188,588	30.00
31.00 03100 INTENSIVE CARE UNIT	5,572,399	1,841,160	7,413,559	126,667	7,540,226	31.00
41.00 04100 SUBPROVIDER - I&R	2,495,220	194,087	2,689,307	260,239	2,949,546	41.00
43.00 04300 NURSERY	0	0	0	3,931,100	3,931,100	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,464,956	23,781,301	33,246,257	-17,230,463	16,015,794	50.00
51.00 05100 RECOVERY ROOM	1,665,543	158,897	1,824,440	22,332	1,846,772	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,928,009	3,928,009	52.00
53.00 05300 ANESTHESIOLOGY	7,763	764,505	772,268	-34,142	738,126	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,782,179	4,348,249	12,130,428	2,946	12,133,374	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,026,636	899,270	2,925,906	37,438	2,963,344	55.00
56.00 05600 RADIOISOTOPE	551,671	1,018,767	1,570,438	9,885	1,580,323	56.00
57.00 05700 CT SCAN	1,016,081	597,814	1,613,895	-59,524	1,554,371	57.00
58.00 05800 MRI	537,283	269,032	806,315	11,709	818,024	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,815,363	7,774,649	9,590,012	-6,809,005	2,781,007	59.00
60.00 06000 LABORATORY	0	14,056,464	14,056,464	-121,835	13,934,629	60.00
65.00 06500 RESPIRATORY THERAPY	1,958,603	622,124	2,580,727	-66,375	2,514,352	65.00
66.00 06600 PHYSICAL THERAPY	9,176,830	2,270,047	11,446,877	223,719	11,670,596	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,256,869	89,407	1,346,276	35,048	1,381,324	67.00
68.00 06800 SPEECH PATHOLOGY	909,227	13,372	922,599	18,769	941,368	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	32,469	11,542	44,011	-190	43,821	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,194,974	10,194,974	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,548,329	16,548,329	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	23,353,454	23,353,454	73.00
76.00 03951 CARDIOLOGY	876,319	70,453	946,772	25,269	972,041	76.00
76.01 03950 WOUND CARE	19,564	79,686	99,250	-36,698	62,552	76.01
76.97 07697 CARDIAC REHABILITATION	463,676	231,460	695,136	12,182	707,318	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	497,012	26,277,122	26,774,134	-53,127	26,721,007	90.00
90.01 09001 DIABETES CENTER	234,863	41,251	276,114	2,351	278,465	90.01
91.00 09100 EMERGENCY	6,860,182	2,830,276	9,690,458	39,561	9,730,019	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	481,453	826,047	1,307,500	-578,679	728,821	97.00
101.00 10100 HOME HEALTH AGENCY	2,869,635	499,946	3,369,581	88,342	3,457,923	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		10,310,436	10,310,436	-10,310,436	0	113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	137,984,027	257,459,856	395,443,883	2,833	395,446,716	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01 19201 OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02 19202 FLIGHT FOR LIFE	0	12,926	12,926	-2,833	10,093	192.02
192.04 19204 WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00 20000 TOTAL (SUM OF LINES 118-199)	137,984,027	257,472,782	395,456,809	0	395,456,809	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0116

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

Worksheet A
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,636,677	10,655,175	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,783,173	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	27,459,093	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-31,928,850	59,284,108	5.00
7.00	00700	OPERATION OF PLANT	-728,053	6,224,083	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,187,749	8.00
9.00	00900	HOUSEKEEPING	-227,574	4,375,322	9.00
10.00	01000	DIETARY	0	2,788,619	10.00
11.00	01100	CAFETERIA	-1,317,375	1,694,756	11.00
13.00	01300	NURSING ADMINISTRATION	1,177,701	5,101,178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,687,781	14.00
15.00	01500	PHARMACY	-3,539,975	4,272,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,998,194	5,012,298	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	548,704	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	-23,407	936,927	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,359,776	25,828,812	30.00
31.00	03100	INTENSIVE CARE UNIT	-40,235	7,499,991	31.00
41.00	04100	SUBPROVIDER - I&R	0	2,949,546	41.00
43.00	04300	NURSERY	0	3,931,100	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-859,137	15,156,657	50.00
51.00	05100	RECOVERY ROOM	0	1,846,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,928,009	52.00
53.00	05300	ANESTHESIOLOGY	-13,562	724,564	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-484,370	11,649,004	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-30,730	2,932,614	55.00
56.00	05600	RADIOISOTOPE	0	1,580,323	56.00
57.00	05700	CT SCAN	0	1,554,371	57.00
58.00	05800	MRI	0	818,024	58.00
59.00	05900	CARDIAC CATHETERIZATION	-44,214	2,736,793	59.00
60.00	06000	LABORATORY	-376,496	13,558,133	60.00
65.00	06500	RESPIRATORY THERAPY	-86,000	2,428,352	65.00
66.00	06600	PHYSICAL THERAPY	-351,465	11,319,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	-42,890	1,338,434	67.00
68.00	06800	SPEECH PATHOLOGY	0	941,368	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	43,821	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,194,974	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,548,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,353,454	73.00
76.00	03951	CARDIOLOGY	0	972,041	76.00
76.01	03950	WOUND CARE	0	62,552	76.01
76.97	07697	CARDIAC REHABILITATION	-2,879	704,439	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,173,871	25,547,136	90.00
90.01	09001	DIABETES CENTER	-833	277,632	90.01
91.00	09100	EMERGENCY	-979,169	8,750,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	728,821	97.00
101.00	10100	HOME HEALTH AGENCY	0	3,457,923	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-44,071,643	351,375,073	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	10,093	192.02
192.04	19204	WELLNESS PROGRAM	0	0	192.04
200.00		TOTAL (SUM OF LINES 118-199)	-44,071,643	351,385,166	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet Non-CMS W Date/Time Prepared: 11/27/2017 11:25 am
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
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
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	02200		22.00
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
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
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
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
70.01	SLEEP LAB/NEUROLOGY	07001		70.01
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	CARDIOLOGY	03951		76.00
76.01	WOUND CARE	03950		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	DIABETES CENTER	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.01	OCCUPATIONAL HEALTH	19201		192.01
192.02	FLIGHT FOR LIFE	19202		192.02
192.04	WELLNESS PROGRAM	19204		192.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0116

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

Worksheet A-6

Date/Time Prepared:
11/27/2017 11:25 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAPITAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,393,447	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,996	2.00
	0		0	12,430,443	
B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,646,913	1,365,218	1.00
	0		1,646,913	1,365,218	
C - MED SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,194,974	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,548,329	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	0		0	26,743,303	
D - NURSERY					
1.00	NURSERY	43.00	2,162,460	1,617,079	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,247,407	1,680,602	2.00
	0		4,409,867	3,297,681	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,278,434	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,389,726	2.00
	0		0	10,668,160	
F - CHARGABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,353,454	1.00
	0		0	23,353,454	
G - ATO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	115,191	0	1.00
2.00	OPERATION OF PLANT	7.00	61,764	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	817	0	3.00
4.00	HOUSEKEEPING	9.00	48,736	0	4.00
5.00	DIETARY	10.00	41,673	0	5.00
6.00	NURSING ADMINISTRATION	13.00	41,349	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	30,249	0	7.00
8.00	PHARMACY	15.00	101,076	0	8.00
9.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	2,175	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	605,159	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	110,501	0	11.00
12.00	SUBPROVIDER - IRF	41.00	65,189	0	12.00
13.00	OPERATING ROOM	50.00	259,842	0	13.00
14.00	RECOVERY ROOM	51.00	51,608	0	14.00
15.00	ANESTHESIOLOGY	53.00	525	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	128,625	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	40,514	0	17.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	RADIOISOTOPE	56.00	11,213	0	18.00
19.00	CT SCAN	57.00	21,124	0	19.00
20.00	MRI	58.00	14,186	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	41,282	0	21.00
22.00	LABORATORY	60.00	267	0	22.00
23.00	RESPIRATORY THERAPY	65.00	36,096	0	23.00
24.00	PHYSICAL THERAPY	66.00	244,437	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	35,604	0	25.00
26.00	SPEECH PATHOLOGY	68.00	19,228	0	26.00
27.00	SLEEP LAB/NEUROLOGY	70.01	1,650	0	27.00
28.00	CARDIOLOGY	76.00	28,602	0	28.00
29.00	WOUND CARE	76.01	416	0	29.00
30.00	CARDIAC REHABILITATION	76.97	12,409	0	30.00
31.00	CLINIC	90.00	10,714	0	31.00
32.00	DIABETES CENTER	90.01	6,024	0	32.00
33.00	EMERGENCY	91.00	129,059	0	33.00
34.00	DURABLE MEDICAL EQUIP-SOLD	97.00	15,006	0	34.00
35.00	HOME HEALTH AGENCY	101.00	88,342	0	35.00
	O		2,420,652	0	
H - CENTEGRA ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	26,862,540	1.00
	O		0	26,862,540	
I - CASE MANAGEMENT/SOCIAL SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	1,385,721	41,443	1.00
2.00	INTENSIVE CARE UNIT	31.00	218,027	6,521	2.00
3.00	SUBPROVIDER - IRF	41.00	212,635	6,359	3.00
4.00	NURSERY	43.00	147,160	4,401	4.00
	O		1,963,543	58,724	
J - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	807,046	1.00
	O		0	807,046	
K - RESIDENT RECLASS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	548,704	1.00
	TOTALS		0	548,704	
500.00	Grand Total: Increases		10,440,975	106,135,273	500.00

RECLASSIFICATIONS

Provider CCN: 14-0116

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

Worksheet A-6
Date/Time Prepared:
11/27/2017 11:25 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAPITAL RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,430,443	9		1.00
2.00		0.00	0	0	0		2.00
	O			12,430,443			
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,646,913	1,365,218	0		1.00
	O		1,646,913	1,365,218			
C - MED SUPPLIES & IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	809	0		1.00
2.00	OPERATION OF PLANT	7.00	0	444	0		2.00
3.00	HOUSEKEEPING	9.00	0	411	0		3.00
4.00	DIETARY	10.00	0	7	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	267,440	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,868	0		6.00
7.00	PHARMACY	15.00	0	254,610	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	318,295	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	208,382	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	23,944	0		10.00
11.00	OPERATING ROOM	50.00	0	17,490,305	0		11.00
12.00	RECOVERY ROOM	51.00	0	29,276	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	34,667	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	125,679	0		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,076	0		15.00
16.00	RADIOISOTOPE	56.00	0	1,328	0		16.00
17.00	CT SCAN	57.00	0	80,648	0		17.00
18.00	MRI	58.00	0	2,477	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	6,850,287	0		19.00
20.00	LABORATORY	60.00	0	122,102	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	102,471	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	20,718	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	556	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	459	0		24.00
25.00	SLEEP LAB/NEUROLOGY	70.01	0	1,840	0		25.00
26.00	CARDIOLOGY	76.00	0	3,333	0		26.00
27.00	WOUND CARE	76.01	0	37,114	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	227	0		28.00
29.00	CLINIC	90.00	0	63,841	0		29.00
30.00	DIABETES CENTER	90.01	0	3,673	0		30.00
31.00	EMERGENCY	91.00	0	89,498	0		31.00
32.00	DURABLE MEDICAL EQUIP-SOLD	97.00	0	593,685	0		32.00
33.00	FLIGHT FOR LIFE	192.02	0	2,833	0		33.00
	O			26,743,303			
D - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	4,409,867	3,297,681	0		1.00
2.00		0.00	0	0	0		2.00
	O		4,409,867	3,297,681			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	357,724	11		1.00
2.00	INTEREST EXPENSE	113.00	0	10,310,436	11		2.00
	O			10,668,160			
F - CHARGABLE DRUG COSTS							
1.00	PHARMACY	15.00	0	23,353,454	0		1.00
	O			23,353,454			
G - ATO RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,420,652	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
0			2,420,652		0			
H - CENTEGRA ALLOCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	26,862,540	0	0	0		1.00
0			26,862,540	0				
I - CASE MANAGEMENT/SOCIAL SERVICES								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,963,543	58,724	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
0			1,963,543	58,724				
J - WORKERS COMP INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	807,046	0	0		1.00
0			0	807,046				
K - RESIDENT RECLASS								
1.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	548,704	0	0		1.00
0	TOTALS		0	548,704				
500.00	Grand Total : Decreases		37,303,515	79,272,733				500.00

RECLASSIFICATIONS

Provider CCN: 14-0116

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/27/2017 11:25 am

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 - CAPITAL RECLASS									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,393,447	CAP REL COSTS-BLDG & FIXT	1.00	0	12,430,443	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	36,996		0.00	0	0	2.00
			0	12,430,443			0	12,430,443	
B - CAFETERIA RECLASS									
1.00	CAFETERIA	11.00	1,646,913	1,365,218	DIETARY	10.00	1,646,913	1,365,218	1.00
			1,646,913	1,365,218			1,646,913	1,365,218	
C - MED SUPPLIES & IMPLANTS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,194,974	ADMINISTRATIVE & GENERAL	5.00	0	809	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,548,329	OPERATION OF PLANT	7.00	0	444	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	411	3.00
4.00		0.00	0	0	DIETARY	10.00	0	7	4.00
5.00		0.00	0	0	NURSING	13.00	0	267,440	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	8,868	6.00
8.00		0.00	0	0	PHARMACY	15.00	0	254,610	7.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	318,295	8.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	208,382	9.00
11.00		0.00	0	0	SUBPROVIDER - IIRF	41.00	0	23,944	10.00
12.00		0.00	0	0	OPERATING ROOM	50.00	0	17,490,305	11.00
13.00		0.00	0	0	RECOVERY ROOM	51.00	0	29,276	12.00
14.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	34,667	13.00
15.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	125,679	14.00
16.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	3,076	15.00
17.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,328	16.00
18.00		0.00	0	0	CT SCAN	57.00	0	80,648	17.00
19.00		0.00	0	0	MRI	58.00	0	2,477	18.00
20.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	6,850,287	19.00
21.00		0.00	0	0	LABORATORY	60.00	0	122,102	20.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	102,471	21.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	20,718	22.00
24.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	556	23.00
25.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	459	24.00
26.00		0.00	0	0	SLEEP LAB/NEUROLOGY	70.01	0	1,840	25.00
27.00		0.00	0	0	CARDIOLOGY	76.00	0	3,333	26.00
28.00		0.00	0	0	WOUND CARE	76.01	0	37,114	27.00
29.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	227	28.00
30.00		0.00	0	0	CLINIC	90.00	0	63,841	29.00
31.00		0.00	0	0	DIABETES CENTER	90.01	0	3,673	30.00
32.00		0.00	0	0	EMERGENCY	91.00	0	89,498	31.00
33.00		0.00	0	0	DURABLE MEDICAL EQUIP-SOLD	97.00	0	593,685	32.00
		0.00	0	0	FLIGHT FOR LIFE	192.02	0	2,833	33.00
			0	26,743,303			0	26,743,303	
D - NURSERY									
1.00	NURSERY	43.00	2,162,460	1,617,079	ADULTS & PEDIATRICS	30.00	4,409,867	3,297,681	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	2,247,407	1,680,602		0.00	0	0	2.00
			4,409,867	3,297,681			4,409,867	3,297,681	
E - INTEREST EXPENSE									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,278,434	ADMINISTRATIVE & GENERAL	5.00	0	357,724	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,389,726	INTEREST EXPENSE	113.00	0	10,310,436	2.00
			0	10,668,160			0	10,668,160	
F - CHARGABLE DRUG COSTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,353,454	PHARMACY	15.00	0	23,353,454	1.00
			0	23,353,454			0	23,353,454	
G - ATO RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	115,191	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,420,652	0	1.00
2.00	OPERATION OF PLANT	7.00	61,764	0		0.00	0	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	817	0		0.00	0	0	3.00
4.00	HOUSEKEEPING	9.00	48,736	0		0.00	0	0	4.00
5.00	DIETARY	10.00	41,673	0		0.00	0	0	5.00

RECLASSIFICATIONS

Provider CCN: 14-0116

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/27/2017 11:25 am

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	
6.00	NURSING	13.00	41,349	0		0.00	0	0	6.00
7.00	ADMINISTRATION	14.00	30,249	0		0.00	0	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	15.00	101,076	0		0.00	0	0	8.00
9.00	PHARMACY	22.00	2,175	0		0.00	0	0	9.00
10.00	I&R SERVICES-OTHER	30.00	605,159	0		0.00	0	0	10.00
11.00	PRGM. COSTS APPRVD	31.00	110,501	0		0.00	0	0	11.00
12.00	ADULTS & PEDIATRICS	41.00	65,189	0		0.00	0	0	12.00
13.00	INTENSIVE CARE UNIT	50.00	259,842	0		0.00	0	0	13.00
14.00	SUBPROVIDER - IRF	51.00	51,608	0		0.00	0	0	14.00
15.00	OPERATING ROOM	53.00	525	0		0.00	0	0	15.00
16.00	RECOVERY ROOM	54.00	128,625	0		0.00	0	0	16.00
17.00	ANESTHESIOLOGY	55.00	40,514	0		0.00	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	56.00	11,213	0		0.00	0	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	57.00	21,124	0		0.00	0	0	19.00
20.00	RADIOISOTOPE	58.00	14,186	0		0.00	0	0	20.00
21.00	CT SCAN	59.00	41,282	0		0.00	0	0	21.00
22.00	MRI	60.00	267	0		0.00	0	0	22.00
23.00	CARDIAC CATHETERIZATION	65.00	36,096	0		0.00	0	0	23.00
24.00	LABORATORY	66.00	244,437	0		0.00	0	0	24.00
25.00	RESPIRATORY THERAPY	67.00	35,604	0		0.00	0	0	25.00
26.00	PHYSICAL THERAPY	68.00	19,228	0		0.00	0	0	26.00
27.00	OCCUPATIONAL THERAPY	70.01	1,650	0		0.00	0	0	27.00
28.00	SPEECH PATHOLOGY	76.00	28,602	0		0.00	0	0	28.00
29.00	SLEEP LAB/NEUROLOGY	76.01	416	0		0.00	0	0	29.00
30.00	CARDIOLOGY	76.97	12,409	0		0.00	0	0	30.00
31.00	WOUND CARE	90.00	10,714	0		0.00	0	0	31.00
32.00	CARDIAC REHABILITATION	90.01	6,024	0		0.00	0	0	32.00
33.00	CLINIC	91.00	129,059	0		0.00	0	0	33.00
34.00	DIABETES CENTER	97.00	15,006	0		0.00	0	0	34.00
35.00	EMERGENCY	101.00	88,342	0		0.00	0	0	35.00
	DURABLE MEDICAL EQUIP-SOLD			0					
	HOME HEALTH AGENCY			0					
	0		2,420,652	0			2,420,652	0	
H - CENTEGRA ALLOCATION									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	26,862,540	ADMINISTRATIVE & GENERAL	5.00	26,862,540	0	1.00
	0		0	26,862,540	0		26,862,540	0	
I - CASE MANAGEMENT/SOCIAL SERVICES									
1.00	ADULTS & PEDIATRICS	30.00	1,385,721	41,443	ADMINISTRATIVE & GENERAL	5.00	1,963,543	58,724	1.00
2.00	INTENSIVE CARE UNIT	31.00	218,027	6,521		0.00	0	0	2.00
3.00	SUBPROVIDER - IRF	41.00	212,635	6,359		0.00	0	0	3.00
4.00	NURSERY	43.00	147,160	4,401		0.00	0	0	4.00
	0		1,963,543	58,724			1,963,543	58,724	
J - WORKERS COMP INSURANCE									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	807,046	ADMINISTRATIVE & GENERAL	5.00	0	807,046	1.00
	0		0	807,046	0		0	807,046	
K - RESIDENT RECLASS									
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	548,704	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	548,704	1.00
	TOTALS		0	548,704	TOTALS		0	548,704	
500.00	Grand Total: Increases		10,440,975	106,135,273	Grand Total: Decreases		37,303,515	79,272,733	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

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

Worksheet A-7
Part I
Date/Time Prepared:
11/27/2017 11:25 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	65,000	51,338	0	51,338	0	1.00
2.00	Land Improvements	1,764,249	12,474,905	0	12,474,905	0	2.00
3.00	Buildings and Fixtures	256,755,588	13,446,448	0	13,446,448	0	3.00
4.00	Building Improvements	551,252	1,193,513	0	1,193,513	0	4.00
5.00	Fixed Equipment	12,588,902	0	0	0	0	5.00
6.00	Movable Equipment	124,737,614	13,884,357	0	13,884,357	53,865	6.00
7.00	HIT designated Assets	9,336,651	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	405,799,256	41,050,561	0	41,050,561	53,865	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	405,799,256	41,050,561	0	41,050,561	53,865	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	116,338	0				1.00
2.00	Land Improvements	14,239,154	0				2.00
3.00	Buildings and Fixtures	270,202,036	0				3.00
4.00	Building Improvements	1,744,765	0				4.00
5.00	Fixed Equipment	12,588,902	0				5.00
6.00	Movable Equipment	138,568,106	0				6.00
7.00	HIT designated Assets	9,336,651	0				7.00
8.00	Subtotal (sum of lines 1-7)	446,795,952	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	446,795,952	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

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

Worksheet A-7
Part II
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	18,443,861	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)	18,443,861	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	18,443,861				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	18,443,861				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0116

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

Worksheet A-7
Part III
Date/Time Prepared:
11/27/2017 11:25 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	286,302,293	0	286,302,293	0.640790	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	160,493,659	0	160,493,659	0.359210	0	2.00
3.00	Total (sum of lines 1-2)	446,795,952	0	446,795,952	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	6,013,418	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,393,447	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,406,865	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,641,757	0	0	0	10,655,175	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,389,726	0	0	0	13,783,173	2.00
3.00	Total (sum of lines 1-2)	6,031,483	0	0	0	24,438,348	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0116

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

Worksheet A-8

Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,868,090	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-156,328	OPERATION OF PLANT		7.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-485,911	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-6,501,346				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	-15,154,624				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,311,407	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-570	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MEDICAL STAFF FEES	B	-51,850	ADMINISTRATIVE & GENERAL		5.00	0 33.00
34.00 OTHER INCOME	B	-371,822	ADMINISTRATIVE & GENERAL		5.00	0 34.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
35.00 NURSING EDUCATION INCOME	B	-1,935	NURSING ADMINISTRATION	13.00	0	35.00
36.00 OB EDUCATION INCOME	B	-24,099	ADULTS & PEDIATRICS	30.00	0	36.00
37.00 RADIOLOGY OTHER INCOME	B	-47,880	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
38.00 EDUCATION INCOME	B	-10,645	EMERGENCY	91.00	0	38.00
39.00 EMS TUITION INCOME	B	-103,638	EMERGENCY	91.00	0	39.00
40.00 ONCOLOGY EDUCATION INCOME	B	-3,266	RADIOLOGY-THERAPEUTIC	55.00	0	40.00
41.00 PT OTHER INCOME	B	-100,113	PHYSICAL THERAPY	66.00	0	41.00
42.00 LABORATORY INCOME	B	-50	LABORATORY	60.00	0	42.00
43.00 MAINTENANCE SERVICES	B	-61,129	OPERATION OF PLANT	7.00	0	43.00
44.00 HOUSEKEEPING SERVICES	B	-227,574	HOUSEKEEPING	9.00	0	44.00
45.00 PHARMACY RETAIL INCOME	B	-3,537,680	PHARMACY	15.00	0	45.00
45.01 CLINIC OTHER INCOME	B	-9,539	CLINIC	90.00	0	45.01
45.02 MEALS ON WHEELS	B	-5,968	CAFETERIA	11.00	0	45.02
45.03 IDPA PROVIDER TAX	A	-8,581,255	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04 CHILD CARE CENTER	B	-815,531	ADMINISTRATIVE & GENERAL	5.00	0	45.04
45.05 2012 & 2014 INTEREST INCOME	B	-366	CAP REL COSTS-BLDG & FIXT	1.00	11	45.05
45.06 2012 & 2014 INTEREST EXPENSE	A	-1,768,221	CAP REL COSTS-BLDG & FIXT	1.00	11	45.06
45.07 RELATED RENTAL - ADMIN	A	-56,130	ADMINISTRATIVE & GENERAL	5.00	0	45.07
45.08 RELATED RENTAL - POM/BIOMED	A	-24,685	OPERATION OF PLANT	7.00	0	45.08
45.09 RELATED RENTAL - ANIT-COAG	A	-2,295	PHARMACY	15.00	0	45.09
45.10 RELATED RENTAL - RADIOLOGY	A	-370,973	RADIOLOGY-DIAGNOSTIC	54.00	0	45.10
45.11 RELATED RENTAL - ONCOLOGY	A	-24,131	RADIOLOGY-THERAPEUTIC	55.00	0	45.11
45.12 RELATED RENTAL - PHYSICAL THERAPY	A	-244,116	PHYSICAL THERAPY	66.00	0	45.12
45.13 RELATED RENTAL - OCCUPATIONAL THERAP	A	-42,890	OCCUPATIONAL THERAPY	67.00	0	45.13
45.14 RELATED RENTAL - VARIOUS CLINICS	A	-1,105,586	CLINIC	90.00	0	45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-44,071,643				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: 14-0116

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2017 11:25 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	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	55,307,555	76,856,542 1.00
2.00	13.00	NURSING ADMINISTRATION	CENTEGRA HEALTH SYSTEM	1,179,636	0 2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	CENTEGRA HEALTH SYSTEM	4,998,764	0 3.00
4.00	91.00	EMERGENCY	CENTEGRA HEALTH SYSTEM	623,603	0 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA INSURANCE SERVICES	1,980,382	2,388,022 4.01
5.00	0			64,089,940	79,244,564 5.00

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

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

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

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

6.00	B	0.00	CENTEGRA HEALTH	0.00	6.00
7.00	B	0.00	CENTEGRA INSURA	0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0116

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2017 11:25 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	-21,548,987	0		1.00
2.00	1,179,636	0		2.00
3.00	4,998,764	0		3.00
4.00	623,603	0		4.00
4.01	-407,640	0		4.01
5.00	-15,154,624			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	HOME OFFICE		6.00
7.00	INSURANCE SERVI		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0116

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2017 11:25 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	CLINIC	550	550	0	0	0	1.00
2.00	90.00	DR. BA	31,250	3,125	28,125	246,400	95	2.00
3.00	90.00	DR. BB	48,165	3,705	44,460	211,500	98	3.00
4.00	31.00	INTENSIVE CARE UNIT	61,409	300	61,109	197,500	223	4.00
5.00	30.00	ADULTS & PEDIATRICS	3,245,700	3,245,700	0	0	0	5.00
6.00	30.00	DR. BC	45,131	0	45,131	246,400	282	6.00
7.00	30.00	DR. BD	89,861	0	89,861	246,400	98	7.00
8.00	50.00	OPERATING ROOM	859,137	859,137	0	0	0	8.00
9.00	53.00	DR. BE	47,400	0	47,400	239,400	294	9.00
10.00	53.00	DR. BF	43,450	0	43,450	239,400	2,027	10.00
11.00	60.00	LABORATORY	417,744	369,592	48,152	260,300	330	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	1,534	1,534	0	0	0	12.00
13.00	54.00	DR. BG	163,525	264	163,261	271,900	836	13.00
14.00	54.00	DR. BH	24,000	0	24,000	246,400	138	14.00
15.00	54.00	DR. BI	16,660	0	16,660	246,400	123	15.00
16.00	54.00	DR. BJ	4,800	0	4,800	211,500	241	16.00
17.00	59.00	DR. BK	1,248	0	1,248	211,500	6	17.00
18.00	59.00	DR. BL	65,336	20,824	44,512	211,500	214	18.00
19.00	65.00	RESPIRATORY THERAPY	86,000	86,000	0	0	0	19.00
20.00	66.00	PHYSICAL THERAPY	8,558	1,975	6,583	211,500	13	20.00
21.00	76.97	CARDIAC REHABILITATION	7,150	0	7,150	211,500	42	21.00
22.00	90.01	DIABETES CENTER	10,833	833	10,000	211,500	262	22.00
23.00	55.00	RADIOLOGY-THERAPEUTIC	43,329	3,333	39,996	211,500	415	23.00
24.00	91.00	EMERGENCY	1,513,910	1,478,493	35,417	211,500	250	24.00
25.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	73,130	13,130	60,000	211,500	489	25.00
26.00	5.00	ADMINISTRATIVE & GENERAL	78,314	78,314	0	0	0	26.00
27.00	5.00	DR. BM	12,502	4,602	7,900	211,500	51	27.00
28.00	5.00	DR. BN	7,900	0	7,900	211,500	22	28.00
29.00	5.00	DR. BO	15,832	0	15,832	211,500	113	29.00
30.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	30.00
31.00	21.00	AGGREGATE-I&R SERVICES-SALARY & FRINGES	548,704	0	548,704	197,500	16,640	31.00
200.00			7,573,062	6,171,411	1,401,651		23,302	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	90.00	CLINIC	0	0	0	0	0	1.00
2.00	90.00	DR. BA	11,254	563	0	0	0	2.00
3.00	90.00	DR. BB	9,965	498	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	21,174	1,059	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	30.00	DR. BC	33,406	1,670	0	0	0	6.00
7.00	30.00	DR. BD	11,609	580	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	53.00	DR. BE	33,838	1,692	0	0	0	9.00
10.00	53.00	DR. BF	233,300	11,665	0	0	0	10.00
11.00	60.00	LABORATORY	41,298	2,065	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	54.00	DR. BG	109,283	5,464	0	0	0	13.00
14.00	54.00	DR. BH	16,348	817	0	0	0	14.00
15.00	54.00	DR. BI	14,571	729	0	0	0	15.00
16.00	54.00	DR. BJ	24,505	1,225	0	0	0	16.00
17.00	59.00	DR. BK	610	31	0	0	0	17.00
18.00	59.00	DR. BL	21,760	1,088	0	0	0	18.00
19.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	19.00
20.00	66.00	PHYSICAL THERAPY	1,322	66	0	0	0	20.00
21.00	76.97	CARDIAC REHABILITATION	4,271	214	0	0	0	21.00
22.00	90.01	DIABETES CENTER	26,641	1,332	0	0	0	22.00
23.00	55.00	RADIOLOGY-THERAPEUTIC	42,198	2,110	0	0	0	23.00
24.00	91.00	EMERGENCY	25,421	1,271	0	0	0	24.00
25.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	49,723	2,486	0	0	0	25.00
26.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	26.00
27.00	5.00	DR. BM	5,186	259	0	0	0	27.00
28.00	5.00	DR. BN	2,237	112	0	0	0	28.00
29.00	5.00	DR. BO	11,490	575	0	0	0	29.00
30.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	30.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0116

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2017 11:25 am

	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	
31.00	21.00	AGGREGATE-I&R	1,580,000	79,000	0	0	0	31.00
200.00		SERVICES-SALARY & FRIN	2,331,410	116,571	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	90.00	CLINIC	0	0	0	550		1.00
2.00	90.00	DR. BA	0	11,254	16,871	19,996		2.00
3.00	90.00	DR. BB	0	9,965	34,495	38,200		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	21,174	39,935	40,235		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,245,700		5.00
6.00	30.00	DR. BC	0	33,406	11,725	11,725		6.00
7.00	30.00	DR. BD	0	11,609	78,252	78,252		7.00
8.00	50.00	OPERATING ROOM	0	0	0	859,137		8.00
9.00	53.00	DR. BE	0	33,838	13,562	13,562		9.00
10.00	53.00	DR. BF	0	233,300	0	0		10.00
11.00	60.00	LABORATORY	0	41,298	6,854	376,446		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,534		12.00
13.00	54.00	DR. BG	0	109,283	53,978	54,242		13.00
14.00	54.00	DR. BH	0	16,348	7,652	7,652		14.00
15.00	54.00	DR. BI	0	14,571	2,089	2,089		15.00
16.00	54.00	DR. BJ	0	24,505	0	0		16.00
17.00	59.00	DR. BK	0	610	638	638		17.00
18.00	59.00	DR. BL	0	21,760	22,752	43,576		18.00
19.00	65.00	RESPIRATORY THERAPY	0	0	0	86,000		19.00
20.00	66.00	PHYSICAL THERAPY	0	1,322	5,261	7,236		20.00
21.00	76.97	CARDIAC REHABILITATION	0	4,271	2,879	2,879		21.00
22.00	90.01	DIABETES CENTER	0	26,641	0	833		22.00
23.00	55.00	RADIOLOGY-THERAPEUTIC	0	42,198	0	3,333		23.00
24.00	91.00	EMERGENCY	0	25,421	9,996	1,488,489		24.00
25.00	22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	49,723	10,277	23,407		25.00
26.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	78,314		26.00
27.00	5.00	DR. BM	0	5,186	2,714	7,316		27.00
28.00	5.00	DR. BN	0	2,237	5,663	5,663		28.00
29.00	5.00	DR. BO	0	11,490	4,342	4,342		29.00
30.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		30.00
31.00	21.00	AGGREGATE-I&R	0	1,580,000	0	0		31.00
200.00		SERVICES-SALARY & FRIN	0	2,331,410	329,935	6,501,346		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2017 11:25 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			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,655,175	10,655,175			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,783,173		13,783,173		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,459,093	4,188	5,418	27,468,699	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,284,108	2,435,836	3,150,913	673,995	65,544,852
7.00 00700	OPERATION OF PLANT	6,224,083	856,552	1,108,006	658,260	8,846,901
8.00 00800	LAUNDRY & LINEN SERVICE	1,187,749	7,425	9,604	12,504	1,217,282
9.00 00900	HOUSEKEEPING	4,375,322	147,148	190,346	626,792	5,339,608
10.00 01000	DIETARY	2,788,619	357,518	462,473	243,923	3,852,533
11.00 01100	CAFETERIA	1,694,756	0	0	407,425	2,102,181
13.00 01300	NURSING ADMINISTRATION	5,101,178	72,725	94,075	916,937	6,184,915
14.00 01400	CENTRAL SERVICES & SUPPLY	4,687,781	277,193	358,568	315,473	5,639,015
15.00 01500	PHARMACY	4,272,137	177,593	229,728	1,379,058	6,058,516
16.00 01600	MEDICAL RECORDS & LIBRARY	5,012,298	0	0	0	5,012,298
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	548,704	0	0	0	548,704
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	936,927	2,316	2,996	39,569	981,808
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,828,812	2,363,219	3,056,980	6,131,442	37,380,453
31.00 03100	INTENSIVE CARE UNIT	7,499,991	290,155	375,335	1,459,813	9,625,294
41.00 04100	SUBPROVIDER - IRF	2,949,546	136,407	176,452	686,015	3,948,420
43.00 04300	NURSERY	3,931,100	211,322	273,359	571,370	4,987,151
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,156,657	1,178,040	1,523,873	2,405,789	20,264,359
51.00 05100	RECOVERY ROOM	1,846,772	273,037	353,191	424,801	2,897,801
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,928,009	258,108	333,879	555,979	5,075,975
53.00 05300	ANESTHESIOLOGY	724,564	15,579	20,153	2,050	762,346
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,649,004	264,850	342,601	1,957,030	14,213,485
55.00 05500	RADIOLOGY-THERAPEUTIC	2,932,614	179,481	232,170	511,386	3,855,651
56.00 05600	RADIOISOTOPE	1,580,323	76,231	98,610	139,250	1,894,414
57.00 05700	CT SCAN	1,554,371	67,220	86,954	256,591	1,965,136
58.00 05800	MRI	818,024	50,530	65,364	136,426	1,070,344
59.00 05900	CARDIAC CATHETERIZATION	2,736,793	201,581	260,758	459,310	3,658,442
60.00 06000	LABORATORY	13,558,133	81,292	105,157	66	13,744,648
65.00 06500	RESPIRATORY THERAPY	2,428,352	41,201	53,297	493,463	3,016,313
66.00 06600	PHYSICAL THERAPY	11,319,131	18,324	23,703	2,330,699	13,691,857
67.00 06700	OCCUPATIONAL THERAPY	1,338,434	0	0	319,741	1,658,175
68.00 06800	SPEECH PATHOLOGY	941,368	0	0	229,688	1,171,056
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01 07001	SLEEP LAB/NEUROLOGY	43,821	11,185	14,468	8,441	77,915
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,194,974	0	0	0	10,194,974
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,548,329	0	0	0	16,548,329
73.00 07300	DRUGS CHARGED TO PATIENTS	23,353,454	0	0	0	23,353,454
76.00 03951	CARDIOLOGY	972,041	112,181	145,114	223,866	1,453,202
76.01 03950	WOUND CARE	62,552	0	0	4,943	67,495
76.97 07697	CARDIAC REHABILITATION	704,439	0	0	117,777	822,216
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	25,547,136	28,509	36,879	125,605	25,738,129
90.01 09001	DIABETES CENTER	277,632	0	0	59,592	337,224
91.00 09100	EMERGENCY	8,750,850	435,082	562,807	1,729,047	11,477,786
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	728,821	0	0	122,818	851,639
101.00 10100	HOME HEALTH AGENCY	3,457,923	0	0	731,765	4,189,688
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	351,375,073	10,632,028	13,753,231	27,468,699	351,321,984
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,147	29,942	0	53,089
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	0
192.02 19202	FLIGHT FOR LIFE	10,093	0	0	0	10,093
192.04 19204	WELLNESS PROGRAM	0	0	0	0	0
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	351,385,166	10,655,175	13,783,173	27,468,699	351,385,166

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 11:25 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
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	65,544,852				5.00
7.00	00700	OPERATION OF PLANT	2,028,647	10,875,548			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	279,130	10,973	1,507,385		8.00
9.00	00900	HOUSEKEEPING	1,224,404	217,475	0	6,781,487	9.00
10.00	01000	DIETARY	883,409	528,389	0	336,548	5,600,879
11.00	01100	CAFETERIA	482,043	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,418,238	107,483	0	68,460	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,293,060	409,674	0	260,935	0
15.00	01500	PHARMACY	1,389,254	262,471	0	167,176	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,149,350	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	125,821	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	225,134	3,423	0	2,180	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,571,518	3,492,691	546,889	2,224,609	4,272,919
31.00	03100	INTENSIVE CARE UNIT	2,207,138	428,831	130,313	273,136	672,290
41.00	04100	SUBPROVIDER - I&R	905,396	201,601	24,245	128,407	655,670
43.00	04300	NURSERY	1,143,584	312,320	8,975	198,927	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,646,739	1,741,069	158,800	1,108,944	0
51.00	05100	RECOVERY ROOM	664,483	403,531	28,790	257,022	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,163,952	381,467	9,330	242,969	0
53.00	05300	ANESTHESIOLOGY	174,811	23,025	0	14,666	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,259,237	391,432	48,488	249,316	0
55.00	05500	RADIOLOGY-THERAPEUTIC	884,124	265,261	0	168,954	0
56.00	05600	RADIOISOTOPE	434,400	112,665	0	71,760	0
57.00	05700	CT SCAN	450,617	99,347	0	63,277	0
58.00	05800	MRI	245,436	74,680	0	47,566	0
59.00	05900	CARDIAC CATHETERIZATION	838,903	297,924	106,068	189,757	0
60.00	06000	LABORATORY	3,151,730	120,145	0	76,524	0
65.00	06500	RESPIRATORY THERAPY	691,659	60,893	0	38,785	0
66.00	06600	PHYSICAL THERAPY	3,139,625	27,082	0	17,249	0
67.00	06700	OCCUPATIONAL THERAPY	380,229	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	268,530	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	17,866	16,530	0	10,529	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,337,769	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,794,631	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,355,087	0	0	0	0
76.00	03951	CARDIOLOGY	333,228	165,797	0	105,602	0
76.01	03950	WOUND CARE	15,477	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	188,539	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,901,907	42,135	0	26,837	0
90.01	09001	DIABETES CENTER	77,327	0	0	0	0
91.00	09100	EMERGENCY	2,631,925	643,024	445,487	409,563	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	195,286	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	960,721	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	65,530,364	10,841,338	1,507,385	6,759,698	5,600,879
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,174	34,210	0	21,789	0
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0
192.02	19202	FLIGHT FOR LIFE	2,314	0	0	0	0
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	65,544,852	10,875,548	1,507,385	6,781,487	5,600,879

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part I Date/Time Prepared: 11/27/2017 11:25 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,584,224					11.00
13.00	01300	80,035	7,859,131				13.00
14.00	01400	60,749	0	7,663,433			14.00
15.00	01500	120,322	0	0	7,997,739		15.00
16.00	01600	0	0	0	0	6,161,648	16.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	2,312	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	724,247	4,259,126	0	0	500,179	30.00
31.00	03100	146,969	864,329	0	0	113,179	31.00
41.00	04100	76,471	449,708	0	0	47,108	41.00
43.00	04300	58,996	346,959	0	0	49,554	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	243,766	0	0	0	564,084	50.00
51.00	05100	33,216	0	0	0	65,560	51.00
52.00	05200	55,797	328,161	0	0	51,501	52.00
53.00	05300	366	0	0	0	70,639	53.00
54.00	05400	192,978	0	0	0	669,816	54.00
55.00	05500	44,353	0	0	0	108,644	55.00
56.00	05600	11,888	0	0	0	106,638	56.00
57.00	05700	23,641	0	0	0	440,370	57.00
58.00	05800	12,331	0	0	0	161,051	58.00
59.00	05900	38,264	0	0	0	163,095	59.00
60.00	06000	1,464	0	0	0	783,544	60.00
65.00	06500	56,626	333,031	0	0	69,808	65.00
66.00	06600	234,055	0	0	0	348,960	66.00
67.00	06700	29,690	0	0	0	36,166	67.00
68.00	06800	19,517	0	0	0	23,890	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	1,233	0	0	0	1,602	70.01
71.00	07100	0	0	2,947,306	0	139,308	71.00
72.00	07200	0	0	4,716,127	0	253,939	72.00
73.00	07300	0	0	0	7,997,739	508,965	73.00
76.00	03951	21,502	126,477	0	0	35,460	76.00
76.01	03950	501	2,903	0	0	341	76.01
76.97	07697	11,560	67,951	0	0	9,563	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	13,660	0	0	0	189,303	90.00
90.01	09001	6,975	0	0	0	3,201	90.01
91.00	09100	183,730	1,080,486	0	0	600,997	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	15,645	0	0	0	20,088	97.00
101.00	10100	61,365	0	0	0	25,095	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		2,584,224	7,859,131	7,663,433	7,997,739	6,161,648	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.04	19204	0	0	0	0	0	192.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,584,224	7,859,131	7,663,433	7,997,739	6,161,648	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0116

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00				24.00	25.00
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		
7.00 00700	OPERATION OF PLANT				7.00		
8.00 00800	LAUNDRY & LINEN SERVICE				8.00		
9.00 00900	HOUSEKEEPING				9.00		
10.00 01000	DIETARY				10.00		
11.00 01100	CAFETERIA				11.00		
13.00 01300	NURSING ADMINISTRATION				13.00		
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00 01500	PHARMACY				15.00		
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00		
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	674,525			21.00		
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		1,214,857		22.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	260,100	468,455	62,701,186	-728,555	61,972,631	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	14,461,479	0	14,461,479	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	6,437,026	0	6,437,026	41.00
43.00 04300	NURSERY	0	0	7,106,466	0	7,106,466	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	151,974	273,714	29,153,449	-425,688	28,727,761	50.00
51.00 05100	RECOVERY ROOM	0	0	4,350,403	0	4,350,403	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	7,309,152	0	7,309,152	52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,045,853	0	1,045,853	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	19,024,752	0	19,024,752	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	25,170	45,332	5,397,489	-70,502	5,326,987	55.00
56.00 05600	RADIOISOTOPE	0	0	2,631,765	0	2,631,765	56.00
57.00 05700	CT SCAN	0	0	3,042,388	0	3,042,388	57.00
58.00 05800	MRI	0	0	1,611,408	0	1,611,408	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	5,292,453	0	5,292,453	59.00
60.00 06000	LABORATORY	0	0	17,878,055	0	17,878,055	60.00
65.00 06500	RESPIRATORY THERAPY	21,506	38,733	4,327,354	-60,239	4,267,115	65.00
66.00 06600	PHYSICAL THERAPY	0	0	17,458,828	0	17,458,828	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,104,260	0	2,104,260	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	1,482,993	0	1,482,993	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	0	0	125,675	0	125,675	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	15,619,357	0	15,619,357	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	25,313,026	0	25,313,026	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	37,215,245	0	37,215,245	73.00
76.00 03951	CARDIOLOGY	184,233	331,814	2,757,315	-516,047	2,241,268	76.00
76.01 03950	WOUND CARE	0	0	86,717	0	86,717	76.01
76.97 07697	CARDIAC REHABILITATION	31,542	56,809	1,188,180	-88,351	1,099,829	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	31,911,971	0	31,911,971	90.00
90.01 09001	DIABETES CENTER	0	0	424,727	0	424,727	90.01
91.00 09100	EMERGENCY	0	0	17,472,998	0	17,472,998	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,082,658	0	1,082,658	97.00
101.00 10100	HOME HEALTH AGENCY	0	0	5,236,869	0	5,236,869	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00 118.00	SUBTOTALS (SUM OF LINES 1-117)	674,525	1,214,857	351,251,497	-1,889,382	349,362,115	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	121,262	0	121,262	190.00
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02 19202	FLIGHT FOR LIFE	0	0	12,407	0	12,407	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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 118-201)	674,525	1,214,857	351,385,166	-1,889,382	349,495,784	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0116

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

Worksheet Non-CMS W

Date/Time Prepared:
11/27/2017 11:25 am

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	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	MEALS SERVED	10.00
11.00	CAFETERIA	4	FTES	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 11:25 am
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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			
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	4,188	5,418	9,606	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	390,867	2,435,836	3,150,913	5,977,616	5.00
7.00 00700	OPERATION OF PLANT	99,950	856,552	1,108,006	2,064,508	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	7,425	9,604	17,029	8.00
9.00 00900	HOUSEKEEPING	0	147,148	190,346	337,494	9.00
10.00 01000	DIETARY	32,558	357,518	462,473	852,549	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	23,752	72,725	94,075	190,552	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,446,243	277,193	358,568	2,082,004	14.00
15.00 01500	PHARMACY	1,126,051	177,593	229,728	1,533,372	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	13,999	0	0	13,999	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	114,134	2,316	2,996	119,446	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	67,167	2,363,219	3,056,980	5,487,366	30.00
31.00 03100	INTENSIVE CARE UNIT	11,811	290,155	375,335	677,301	31.00
41.00 04100	SUBPROVIDER - I RF	1,516	136,407	176,452	314,375	41.00
43.00 04300	NURSERY	0	211,322	273,359	484,681	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	269,276	1,178,040	1,523,873	2,971,189	50.00
51.00 05100	RECOVERY ROOM	1,394	273,037	353,191	627,622	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	258,108	333,879	591,987	52.00
53.00 05300	ANESTHESIOLOGY	31,757	15,579	20,153	67,489	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,122,283	264,850	342,601	1,729,734	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	47,856	179,481	232,170	459,507	55.00
56.00 05600	RADIOISOTOPE	4,054	76,231	98,610	178,895	56.00
57.00 05700	CT SCAN	3,305	67,220	86,954	157,479	57.00
58.00 05800	MRI	55,958	50,530	65,364	171,852	58.00
59.00 05900	CARDIAC CATHETERIZATION	51,914	201,581	260,758	514,253	59.00
60.00 06000	LABORATORY	5,691	81,292	105,157	192,140	60.00
65.00 06500	RESPIRATORY THERAPY	57,938	41,201	53,297	152,436	65.00
66.00 06600	PHYSICAL THERAPY	1,668,824	18,324	23,703	1,710,851	66.00
67.00 06700	OCCUPATIONAL THERAPY	68,682	0	0	68,682	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	0	11,185	14,468	25,653	70.01
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 03951	CARDIOLOGY	244	112,181	145,114	257,539	76.00
76.01 03950	WOUND CARE	0	0	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	205,242	0	0	205,242	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,125,121	28,509	36,879	5,190,509	90.00
90.01 09001	DIABETES CENTER	10,473	0	0	10,473	90.01
91.00 09100	EMERGENCY	30,369	435,082	562,807	1,028,258	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	255	0	0	255	97.00
101.00 10100	HOME HEALTH AGENCY	79,782	0	0	79,782	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,168,466	10,632,028	13,753,231	36,553,725	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,147	29,942	53,089	190.00
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	192.01
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118-201)	12,168,466	10,655,175	13,783,173	36,606,814	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 11:25 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
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	5,977,853				5.00
7.00	00700	OPERATION OF PLANT	185,015	2,249,754			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	25,457	2,270	44,760		8.00
9.00	00900	HOUSEKEEPING	111,667	44,988	0	494,369	9.00
10.00	01000	DIETARY	80,568	109,304	0	24,534	1,067,041
11.00	01100	CAFETERIA	43,963	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	129,345	22,234	0	4,991	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	117,929	84,747	0	19,022	14.00
15.00	01500	PHARMACY	126,702	54,296	0	12,187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,822	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,475	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	20,533	708	0	159	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	781,813	722,508	16,238	162,174	814,047
31.00	03100	INTENSIVE CARE UNIT	201,294	88,709	3,870	19,912	128,080
41.00	04100	SUBPROVIDER - I&R	82,573	41,704	720	9,361	124,914
43.00	04300	NURSERY	104,296	64,608	267	14,502	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	423,789	360,164	4,715	80,842	0
51.00	05100	RECOVERY ROOM	60,602	83,476	855	18,737	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,154	78,912	277	17,712	0
53.00	05300	ANESTHESIOLOGY	15,943	4,763	0	1,069	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	297,247	80,973	1,440	18,175	0
55.00	05500	RADIOLOGY-THERAPEUTIC	80,633	54,873	0	12,317	0
56.00	05600	RADIOISOTOPE	39,618	23,306	0	5,231	0
57.00	05700	CT SCAN	41,097	20,551	0	4,613	0
58.00	05800	MRI	22,384	15,449	0	3,468	0
59.00	05900	CARDIAC CATHETERIZATION	76,509	61,630	3,150	13,833	0
60.00	06000	LABORATORY	287,442	24,854	0	5,579	0
65.00	06500	RESPIRATORY THERAPY	63,080	12,597	0	2,827	0
66.00	06600	PHYSICAL THERAPY	286,338	5,602	0	1,257	0
67.00	06700	OCCUPATIONAL THERAPY	34,677	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	24,490	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	1,629	3,420	0	768	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	213,207	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	346,075	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	488,391	0	0	0	0
76.00	03951	CARDIOLOGY	30,391	34,297	0	7,698	0
76.01	03950	WOUND CARE	1,412	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	17,195	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	538,261	8,716	0	1,956	0
90.01	09001	DIABETES CENTER	7,052	0	0	0	0
91.00	09100	EMERGENCY	240,035	133,018	13,228	29,857	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	17,810	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	87,619	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,976,532	2,242,677	44,760	492,781	1,067,041
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,110	7,077	0	1,588	0
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0
192.02	19202	FLIGHT FOR LIFE	211	0	0	0	0
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	5,977,853	2,249,754	44,760	494,369	1,067,041

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet B Part II Date/Time Prepared: 11/27/2017 11:25 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	44,106					11.00
13.00	01300	NURSING ADMINISTRATION	1,366	348,810				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,037	0	2,304,850			14.00
15.00	01500	PHARMACY	2,054	0	0	1,729,096		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	118,821	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	39	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,363	189,032	0	0	9,662	30.00
31.00	03100	INTENSIVE CARE UNIT	2,508	38,361	0	0	2,186	31.00
41.00	04100	SUBPROVIDER - IRF	1,305	19,959	0	0	910	41.00
43.00	04300	NURSERY	1,007	15,399	0	0	957	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,160	0	0	0	10,896	50.00
51.00	05100	RECOVERY ROOM	567	0	0	0	1,266	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	952	14,565	0	0	995	52.00
53.00	05300	ANESTHESIOLOGY	6	0	0	0	1,365	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,294	0	0	0	12,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	757	0	0	0	2,099	55.00
56.00	05600	RADIOISOTOPE	203	0	0	0	2,060	56.00
57.00	05700	CT SCAN	403	0	0	0	8,507	57.00
58.00	05800	MRI	210	0	0	0	3,111	58.00
59.00	05900	CARDIAC CATHETERIZATION	653	0	0	0	3,150	59.00
60.00	06000	LABORATORY	25	0	0	0	14,932	60.00
65.00	06500	RESPIRATORY THERAPY	966	14,781	0	0	1,348	65.00
66.00	06600	PHYSICAL THERAPY	3,995	0	0	0	6,741	66.00
67.00	06700	OCCUPATIONAL THERAPY	507	0	0	0	699	67.00
68.00	06800	SPEECH PATHOLOGY	333	0	0	0	461	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	21	0	0	0	31	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	886,433	0	2,691	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,418,417	0	4,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,729,096	9,832	73.00
76.00	03951	CARDIOLOGY	367	5,613	0	0	685	76.00
76.01	03950	WOUND CARE	9	129	0	0	7	76.01
76.97	07697	CARDIAC REHABILITATION	197	3,016	0	0	185	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	233	0	0	0	3,657	90.00
90.01	09001	DIABETES CENTER	119	0	0	0	62	90.01
91.00	09100	EMERGENCY	3,136	47,955	0	0	11,609	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	267	0	0	0	388	97.00
101.00	10100	HOME HEALTH AGENCY	1,047	0	0	0	485	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,106	348,810	2,304,850	1,729,096	118,821	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	44,106	348,810	2,304,850	1,729,096	118,821	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet B Part II Date/Time Prepared: 11/27/2017 11:25 am
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Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
	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
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	11,475			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		140,899		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		8,197,307	0	30.00
31.00 03100	INTENSIVE CARE UNIT		1,162,734	0	31.00
41.00 04100	SUBPROVIDER - IRF		596,062	0	41.00
43.00 04300	NURSERY		685,918	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		3,856,601	0	50.00
51.00 05100	RECOVERY ROOM		793,274	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		811,750	0	52.00
53.00 05300	ANESTHESIOLOGY		90,636	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		2,144,490	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		610,366	0	55.00
56.00 05600	RADIOISOTOPE		249,362	0	56.00
57.00 05700	CT SCAN		232,740	0	57.00
58.00 05800	MRI		216,522	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		673,340	0	59.00
60.00 06000	LABORATORY		524,972	0	60.00
65.00 06500	RESPIRATORY THERAPY		248,209	0	65.00
66.00 06600	PHYSICAL THERAPY		2,015,604	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		104,677	0	67.00
68.00 06800	SPEECH PATHOLOGY		25,365	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY		0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY		31,525	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,102,331	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		1,769,397	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		2,227,319	0	73.00
76.00 03951	CARDIOLOGY		336,669	0	76.00
76.01 03950	WOUND CARE		1,559	0	76.01
76.97 07697	CARDIAC REHABILITATION		225,876	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC		5,743,376	0	90.00
90.01 09001	DIABETES CENTER		17,727	0	90.01
91.00 09100	EMERGENCY		1,507,704	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		18,763	0	97.00
101.00 10100	HOME HEALTH AGENCY		169,190	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	0	36,391,365	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		62,864	0	190.00
192.01 19201	OCCUPATIONAL HEALTH		0	0	192.01
192.02 19202	FLIGHT FOR LIFE		211	0	192.02
192.04 19204	WELLNESS PROGRAM		0	0	192.04
200.00	Cross Foot Adjustments	11,475	140,899	152,374	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	11,475	140,899	36,606,814	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

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

Worksheet B-1

Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	671,615				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		671,615			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	264	264	111,035,148		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	153,535	153,535	2,724,457	-65,544,852	5.00
7.00 00700	OPERATION OF PLANT	53,990	53,990	2,660,853	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	468	468	50,543	0	8.00
9.00 00900	HOUSEKEEPING	9,275	9,275	2,533,650	0	9.00
10.00 01000	DIETARY	22,535	22,535	985,996	0	10.00
11.00 01100	CAFETERIA	0	0	1,646,913	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,584	4,584	3,706,488	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,472	17,472	1,275,220	0	14.00
15.00 01500	PHARMACY	11,194	11,194	5,574,497	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	146	146	159,948	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	148,958	148,958	24,784,635	0	30.00
31.00 03100	INTENSIVE CARE UNIT	18,289	18,289	5,900,927	0	31.00
41.00 04100	SUBPROVIDER - IRF	8,598	8,598	2,773,044	0	41.00
43.00 04300	NURSERY	13,320	13,320	2,309,620	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	74,254	74,254	9,724,798	0	50.00
51.00 05100	RECOVERY ROOM	17,210	17,210	1,717,151	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	16,269	16,269	2,247,407	0	52.00
53.00 05300	ANESTHESIOLOGY	982	982	8,288	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,694	16,694	7,910,804	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	11,313	11,313	2,067,150	0	55.00
56.00 05600	RADIOISOTOPE	4,805	4,805	562,884	0	56.00
57.00 05700	CT SCAN	4,237	4,237	1,037,205	0	57.00
58.00 05800	MRI	3,185	3,185	551,469	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,706	12,706	1,856,645	0	59.00
60.00 06000	LABORATORY	5,124	5,124	267	0	60.00
65.00 06500	RESPIRATORY THERAPY	2,597	2,597	1,994,699	0	65.00
66.00 06600	PHYSICAL THERAPY	1,155	1,155	9,421,267	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,292,473	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	928,455	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	705	705	34,119	0	70.01
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 03951	CARDIOLOGY	7,071	7,071	904,921	0	76.00
76.01 03950	WOUND CARE	0	0	19,980	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	476,085	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,797	1,797	507,726	0	90.00
90.01 09001	DIABETES CENTER	0	0	240,887	0	90.01
91.00 09100	EMERGENCY	27,424	27,424	6,989,241	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	496,459	0	97.00
101.00 10100	HOME HEALTH AGENCY	0	0	2,957,977	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	670,156	670,156	111,035,148	-65,544,852	285,777,132
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	1,459	0	0	190.00
192.01 19201	OCCUPATIONAL HEALTH	0	0	0	0	192.01
192.02 19202	FLIGHT FOR LIFE	0	0	0	0	192.02
192.04 19204	WELLNESS PROGRAM	0	0	0	0	192.04
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)	10,655,175	13,783,173	27,468,699		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.865005	20.522432	0.247387		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			9,606		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

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

Worksheet B-1
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			4.00 0.000087	5A	5.00 0.020913	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

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

Worksheet B-1

Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
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	
7.00	00700	OPERATION OF PLANT	463,826				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	468	1,404,205			8.00	
9.00	00900	HOUSEKEEPING	9,275	0	454,083		9.00	
10.00	01000	DIETARY	22,535	0	22,535	436,405	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	4,584	0	4,584	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,472	0	17,472	0	14.00	
15.00	01500	PHARMACY	11,194	0	11,194	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	146	0	146	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	148,958	509,455	148,958	332,934	37,590	30.00
31.00	03100	INTENSIVE CARE UNIT	18,289	121,393	18,289	52,383	7,628	31.00
41.00	04100	SUBPROVIDER - I&R	8,598	22,585	8,598	51,088	3,969	41.00
43.00	04300	NURSERY	13,320	8,361	13,320	0	3,062	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,254	147,930	74,254	0	12,652	50.00
51.00	05100	RECOVERY ROOM	17,210	26,819	17,210	0	1,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,269	8,691	16,269	0	2,896	52.00
53.00	05300	ANESTHESIOLOGY	982	0	982	0	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,694	45,169	16,694	0	10,016	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,313	0	11,313	0	2,302	55.00
56.00	05600	RADIOISOTOPE	4,805	0	4,805	0	617	56.00
57.00	05700	CT SCAN	4,237	0	4,237	0	1,227	57.00
58.00	05800	MRI	3,185	0	3,185	0	640	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,706	98,808	12,706	0	1,986	59.00
60.00	06000	LABORATORY	5,124	0	5,124	0	76	60.00
65.00	06500	RESPIRATORY THERAPY	2,597	0	2,597	0	2,939	65.00
66.00	06600	PHYSICAL THERAPY	1,155	0	1,155	0	12,148	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,541	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,013	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	705	0	705	0	64	70.01
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	03951	CARDIOLOGY	7,071	0	7,071	0	1,116	76.00
76.01	03950	WOUND CARE	0	0	0	0	26	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	600	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,797	0	1,797	0	709	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	362	90.01
91.00	09100	EMERGENCY	27,424	414,994	27,424	0	9,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	812	97.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	3,185	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	462,367	1,404,205	452,624	436,405	134,127	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,459	0	1,459	0	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04	19204	WELLNESS PROGRAM	0	0	0	0	0	192.04
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)	10,875,548	1,507,385	6,781,487	5,600,879	2,584,224	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	23.447474	1.073479	14.934466	12.834131	19.266993	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,249,754	44,760	494,369	1,067,041	44,106	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.850427	0.031876	1.088719	2.445071	0.328838	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

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

Worksheet B-1

Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	(DIRECT NURSING)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	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
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	1,442,738					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	26,890,080				14.00
15.00 01500 PHARMACY	0	0	23,353,454			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,252,941,044		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	16,937	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	781,868	0	0	101,703,642	6,531	30.00
31.00 03100 INTENSIVE CARE UNIT	158,669	0	0	23,013,278	0	31.00
41.00 04100 SUBPROVIDER - IRF	82,555	0	0	9,578,666	0	41.00
43.00 04300 NURSERY	63,693	0	0	10,076,053	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	114,697,782	3,816	50.00
51.00 05100 RECOVERY ROOM	0	0	0	13,330,554	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	60,242	0	0	10,471,867	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	14,363,283	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	136,196,809	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	22,091,151	632	55.00
56.00 05600 RADIOISOTOPE	0	0	0	21,683,150	0	56.00
57.00 05700 CT SCAN	0	0	0	89,542,506	0	57.00
58.00 05800 MRI	0	0	0	32,747,200	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	33,162,962	0	59.00
60.00 06000 LABORATORY	0	0	0	159,386,205	0	60.00
65.00 06500 RESPIRATORY THERAPY	61,136	0	0	14,194,473	540	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	70,955,722	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,353,710	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,857,592	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	0	325,748	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,341,751	0	28,326,195	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,548,329	0	51,634,619	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	23,353,454	103,490,230	0	73.00
76.00 03951 CARDIOLOGY	23,218	0	0	7,210,308	4,626	76.00
76.01 03950 WOUND CARE	533	0	0	69,277	0	76.01
76.97 07697 CARDIAC REHABILITATION	12,474	0	0	1,944,391	792	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	38,491,846	0	90.00
90.01 09001 DIABETES CENTER	0	0	0	650,976	0	90.01
91.00 09100 EMERGENCY	198,350	0	0	122,203,504	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	4,084,635	0	97.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	5,102,710	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 118.00 SUBTOTALS (SUM OF LINES 1-117)	1,442,738	26,890,080	23,353,454	1,252,941,044	16,937	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01 19201 OCCUPATIONAL HEALTH	0	0	0	0	0	192.01
192.02 19202 FLIGHT FOR LIFE	0	0	0	0	0	192.02
192.04 19204 WELLNESS PROGRAM	0	0	0	0	0	192.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,859,131	7,663,433	7,997,739	6,161,648	674,525	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.447372	0.284991	0.342465	0.004918	39.825530	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	348,810	2,304,850	1,729,096	118,821	11,475	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

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

Worksheet B-1

Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALAR & FRINGES (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	21.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	0.241769	0.085714	0.074040	0.000095	0.677511	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0116

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

Worksheet B-1
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		INTERNS & RESIDENTS	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
		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
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	16,937	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	6,531	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	3,816	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	632	55.00
56.00	05600	RADIOISOTOPE	0	56.00
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
65.00	06500	RESPIRATORY THERAPY	540	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	70.01
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	03951	CARDIOLOGY	4,626	76.00
76.01	03950	WOUND CARE	0	76.01
76.97	07697	CARDIAC REHABILITATION	792	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CENTER	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,937	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.01	19201	OCCUPATIONAL HEALTH	0	192.01
192.02	19202	FLIGHT FOR LIFE	0	192.02
192.04	19204	WELLNESS PROGRAM	0	192.04
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)	1,214,857	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	71.727992	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	140,899	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.319006	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 11:25 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	61,972,631	61,972,631	89,977	62,062,608	30.00
31.00	03100 INTENSIVE CARE UNIT	14,461,479	14,461,479	39,935	14,501,414	31.00
41.00	04100 SUBPROVIDER - I RF	6,437,026	6,437,026	0	6,437,026	41.00
43.00	04300 NURSERY	7,106,466	7,106,466	0	7,106,466	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	28,727,761	28,727,761	0	28,727,761	50.00
51.00	05100 RECOVERY ROOM	4,350,403	4,350,403	0	4,350,403	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,309,152	7,309,152	0	7,309,152	52.00
53.00	05300 ANESTHESIOLOGY	1,045,853	1,045,853	13,562	1,059,415	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,024,752	19,024,752	63,719	19,088,471	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,326,987	5,326,987	0	5,326,987	55.00
56.00	05600 RADIOISOTOPE	2,631,765	2,631,765	0	2,631,765	56.00
57.00	05700 CT SCAN	3,042,388	3,042,388	0	3,042,388	57.00
58.00	05800 MRI	1,611,408	1,611,408	0	1,611,408	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,292,453	5,292,453	23,390	5,315,843	59.00
60.00	06000 LABORATORY	17,878,055	17,878,055	6,854	17,884,909	60.00
65.00	06500 RESPIRATORY THERAPY	4,267,115	4,267,115	0	4,267,115	65.00
66.00	06600 PHYSICAL THERAPY	17,458,828	17,458,828	5,261	17,464,089	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,104,260	2,104,260	0	2,104,260	67.00
68.00	06800 SPEECH PATHOLOGY	1,482,993	1,482,993	0	1,482,993	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	125,675	125,675	0	125,675	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,619,357	15,619,357	0	15,619,357	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,313,026	25,313,026	0	25,313,026	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,215,245	37,215,245	0	37,215,245	73.00
76.00	03951 RADIOLOGY	2,241,268	2,241,268	0	2,241,268	76.00
76.01	03950 WOUND CARE	86,717	86,717	0	86,717	76.01
76.97	07697 CARDIAC REHABILITATION	1,099,829	1,099,829	2,879	1,102,708	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	31,911,971	31,911,971	51,366	31,963,337	90.00
90.01	09001 DIABETES CENTER	424,727	424,727	0	424,727	90.01
91.00	09100 EMERGENCY	17,472,998	17,472,998	9,996	17,482,994	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,448,042	6,448,042	0	6,448,042	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1,082,658	1,082,658	0	1,082,658	97.00
101.00	10100 HOME HEALTH AGENCY	5,236,869	5,236,869	0	5,236,869	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	355,810,157	355,810,157	306,939	356,117,096	200.00
201.00	Less Observation Beds	6,448,042	6,448,042		6,448,042	201.00
202.00	Total (see instructions)	349,362,115	349,362,115	306,939	349,669,054	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/27/2017 11:25 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	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	90,604,335		90,604,335				30.00
31.00	03100	INTENSIVE CARE UNIT	23,013,278		23,013,278				31.00
41.00	04100	SUBPROVIDER - IRF	9,578,666		9,578,666				41.00
43.00	04300	NURSERY	10,076,053		10,076,053				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	39,411,338	75,286,444	114,697,782	0.250465	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,155,018	8,175,536	13,330,554	0.326348	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,825,526	1,646,341	10,471,867	0.697980	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,487,744	8,875,539	14,363,283	0.072814	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,766,189	116,430,620	136,196,809	0.139686	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	427,957	21,663,194	22,091,151	0.241137	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,810,880	18,872,270	21,683,150	0.121374	0.000000		56.00
57.00	05700	CT SCAN	25,369,231	64,173,275	89,542,506	0.033977	0.000000		57.00
58.00	05800	MRI	5,076,843	27,670,357	32,747,200	0.049208	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	19,307,766	13,855,196	33,162,962	0.159589	0.000000		59.00
60.00	06000	LABORATORY	51,777,762	107,608,443	159,386,205	0.112168	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	12,094,163	2,100,310	14,194,473	0.300618	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,280,015	61,675,707	70,955,722	0.246052	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,274,253	1,079,457	7,353,710	0.286149	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,788,577	69,015	4,857,592	0.305294	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	183,464	142,284	325,748	0.385804	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,586,108	13,740,087	28,326,195	0.551410	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,089,737	19,544,882	51,634,619	0.490234	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,248,397	54,241,833	103,490,230	0.359602	0.000000		73.00
76.00	03951	CARDIOLOGY	976,816	6,233,492	7,210,308	0.310842	0.000000		76.00
76.01	03950	WOUND CARE	888	68,389	69,277	1.251743	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	179,761	1,764,630	1,944,391	0.565642	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	10,223	38,481,623	38,491,846	0.829058	0.000000		90.00
90.01	09001	DIABETES CENTER	409	650,567	650,976	0.652446	0.000000		90.01
91.00	09100	EMERGENCY	31,206,750	90,996,754	122,203,504	0.142983	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,099,307	11,099,307	0.580941	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	4,084,635	4,084,635	0.265056	0.000000		97.00
101.00	10100	HOME HEALTH AGENCY	0	5,102,710	5,102,710				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	477,608,147	775,332,897	1,252,941,044				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	477,608,147	775,332,897	1,252,941,044				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 11:25 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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.250465		50.00
51.00	05100 RECOVERY ROOM	0.326348		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.697980		52.00
53.00	05300 ANESTHESIOLOGY	0.073759		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140154		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.241137		55.00
56.00	05600 RADIOISOTOPE	0.121374		56.00
57.00	05700 CT SCAN	0.033977		57.00
58.00	05800 MRI	0.049208		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160295		59.00
60.00	06000 LABORATORY	0.112211		60.00
65.00	06500 RESPIRATORY THERAPY	0.300618		65.00
66.00	06600 PHYSICAL THERAPY	0.246127		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.286149		67.00
68.00	06800 SPEECH PATHOLOGY	0.305294		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.385804		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.551410		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490234		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.359602		73.00
76.00	03951 CARDIOLOGY	0.310842		76.00
76.01	03950 WOUND CARE	1.251743		76.01
76.97	07697 CARDIAC REHABILITATION	0.567123		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.830392		90.00
90.01	09001 DIABETES CENTER	0.652446		90.01
91.00	09100 EMERGENCY	0.143065		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.580941		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.265056		97.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0116

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

Worksheet C
Part I
Date/Time Prepared:
11/27/2017 11:25 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	61,972,631	61,972,631	89,977	62,062,608	30.00
31.00	03100 INTENSIVE CARE UNIT	14,461,479	14,461,479	39,935	14,501,414	31.00
41.00	04100 SUBPROVIDER - I RF	6,437,026	6,437,026	0	6,437,026	41.00
43.00	04300 NURSERY	7,106,466	7,106,466	0	7,106,466	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	28,727,761	28,727,761	0	28,727,761	50.00
51.00	05100 RECOVERY ROOM	4,350,403	4,350,403	0	4,350,403	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,309,152	7,309,152	0	7,309,152	52.00
53.00	05300 ANESTHESIOLOGY	1,045,853	1,045,853	13,562	1,059,415	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,024,752	19,024,752	63,719	19,088,471	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	5,326,987	5,326,987	0	5,326,987	55.00
56.00	05600 RADIOISOTOPE	2,631,765	2,631,765	0	2,631,765	56.00
57.00	05700 CT SCAN	3,042,388	3,042,388	0	3,042,388	57.00
58.00	05800 MRI	1,611,408	1,611,408	0	1,611,408	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,292,453	5,292,453	23,390	5,315,843	59.00
60.00	06000 LABORATORY	17,878,055	17,878,055	6,854	17,884,909	60.00
65.00	06500 RESPIRATORY THERAPY	4,267,115	4,267,115	0	4,267,115	65.00
66.00	06600 PHYSICAL THERAPY	17,458,828	17,458,828	5,261	17,464,089	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,104,260	2,104,260	0	2,104,260	67.00
68.00	06800 SPEECH PATHOLOGY	1,482,993	1,482,993	0	1,482,993	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	125,675	125,675	0	125,675	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,619,357	15,619,357	0	15,619,357	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,313,026	25,313,026	0	25,313,026	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,215,245	37,215,245	0	37,215,245	73.00
76.00	03951 RADIOLOGY	2,241,268	2,241,268	0	2,241,268	76.00
76.01	03950 WOUND CARE	86,717	86,717	0	86,717	76.01
76.97	07697 CARDIAC REHABILITATION	1,099,829	1,099,829	2,879	1,102,708	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	31,911,971	31,911,971	51,366	31,963,337	90.00
90.01	09001 DIABETES CENTER	424,727	424,727	0	424,727	90.01
91.00	09100 EMERGENCY	17,472,998	17,472,998	9,996	17,482,994	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	6,448,042	6,448,042	0	6,448,042	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1,082,658	1,082,658	0	1,082,658	97.00
101.00	10100 HOME HEALTH AGENCY	5,236,869	5,236,869	0	5,236,869	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	355,810,157	355,810,157	306,939	356,117,096	200.00
201.00	Less Observation Beds	6,448,042	6,448,042		6,448,042	201.00
202.00	Total (see instructions)	349,362,115	349,362,115	306,939	349,669,054	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet C Part I Date/Time Prepared: 11/27/2017 11:25 am		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	90,604,335		90,604,335				30.00
31.00	03100	INTENSIVE CARE UNIT	23,013,278		23,013,278				31.00
41.00	04100	SUBPROVIDER - IRF	9,578,666		9,578,666				41.00
43.00	04300	NURSERY	10,076,053		10,076,053				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	39,411,338	75,286,444	114,697,782	0.250465	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,155,018	8,175,536	13,330,554	0.326348	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,825,526	1,646,341	10,471,867	0.697980	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	5,487,744	8,875,539	14,363,283	0.072814	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,766,189	116,430,620	136,196,809	0.139686	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	427,957	21,663,194	22,091,151	0.241137	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,810,880	18,872,270	21,683,150	0.121374	0.000000		56.00
57.00	05700	CT SCAN	25,369,231	64,173,275	89,542,506	0.033977	0.000000		57.00
58.00	05800	MRI	5,076,843	27,670,357	32,747,200	0.049208	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	19,307,766	13,855,196	33,162,962	0.159589	0.000000		59.00
60.00	06000	LABORATORY	51,777,762	107,608,443	159,386,205	0.112168	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	12,094,163	2,100,310	14,194,473	0.300618	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	9,280,015	61,675,707	70,955,722	0.246052	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,274,253	1,079,457	7,353,710	0.286149	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	4,788,577	69,015	4,857,592	0.305294	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
70.01	07001	SLEEP LAB/NEUROLOGY	183,464	142,284	325,748	0.385804	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,586,108	13,740,087	28,326,195	0.551410	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,089,737	19,544,882	51,634,619	0.490234	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,248,397	54,241,833	103,490,230	0.359602	0.000000		73.00
76.00	03951	CARDIOLOGY	976,816	6,233,492	7,210,308	0.310842	0.000000		76.00
76.01	03950	WOUND CARE	888	68,389	69,277	1.251743	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	179,761	1,764,630	1,944,391	0.565642	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	10,223	38,481,623	38,491,846	0.829058	0.000000		90.00
90.01	09001	DIABETES CENTER	409	650,567	650,976	0.652446	0.000000		90.01
91.00	09100	EMERGENCY	31,206,750	90,996,754	122,203,504	0.142983	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,099,307	11,099,307	0.580941	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	4,084,635	4,084,635	0.265056	0.000000		97.00
101.00	10100	HOME HEALTH AGENCY	0	5,102,710	5,102,710				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	477,608,147	775,332,897	1,252,941,044				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	477,608,147	775,332,897	1,252,941,044				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet C Part I Date/Time Prepared: 11/27/2017 11:25 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000		70.01
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	03951 CARDIOLOGY	0.000000		76.00
76.01	03950 WOUND CARE	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETES CENTER	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part I Date/Time Prepared: 11/27/2017 11:25 am		
		Title XVIII		Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,197,307	0	8,197,307	45,796	179.00	30.00	
31.00	INTENSIVE CARE UNIT	1,162,734		1,162,734	6,550	177.52	31.00	
41.00	SUBPROVIDER - IRF	596,062	0	596,062	6,388	93.31	41.00	
43.00	NURSERY	685,918		685,918	4,421	155.15	43.00	
200.00	Total (Lines 30-199)	10,642,021		10,642,021	63,155		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	22,259	3,984,361					30.00
31.00	INTENSIVE CARE UNIT	3,767	668,718					31.00
41.00	SUBPROVIDER - IRF	4,657	434,545					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	30,683	5,087,624					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0116

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

Worksheet D
Part II
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,856,601	114,697,782	0.033624	20,280,605	681,915	50.00
51.00	05100	RECOVERY ROOM	793,274	13,330,554	0.059508	2,500,117	148,777	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	811,750	10,471,867	0.077517	5,040	391	52.00
53.00	05300	ANESTHESIOLOGY	90,636	14,363,283	0.006310	2,498,485	15,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,144,490	136,196,809	0.015746	11,734,605	184,773	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	610,366	22,091,151	0.027629	249,329	6,889	55.00
56.00	05600	RADIOISOTOPE	249,362	21,683,150	0.011500	1,752,530	20,154	56.00
57.00	05700	CT SCAN	232,740	89,542,506	0.002599	14,131,751	36,728	57.00
58.00	05800	MRI	216,522	32,747,200	0.006612	2,676,772	17,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	673,340	33,162,962	0.020304	9,390,716	190,669	59.00
60.00	06000	LABORATORY	524,972	159,386,205	0.003294	27,838,963	91,702	60.00
65.00	06500	RESPIRATORY THERAPY	248,209	14,194,473	0.017486	6,982,358	122,094	65.00
66.00	06600	PHYSICAL THERAPY	2,015,604	70,955,722	0.028407	3,938,810	111,890	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,677	7,353,710	0.014235	2,180,782	31,043	67.00
68.00	06800	SPEECH PATHOLOGY	25,365	4,857,592	0.005222	1,327,912	6,934	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	31,525	325,748	0.096777	96,464	9,335	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,102,331	28,326,195	0.038916	7,966,908	310,040	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,769,397	51,634,619	0.034268	15,624,924	535,435	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,227,319	103,490,230	0.021522	25,064,213	539,432	73.00
76.00	03951	CARDIOLOGY	336,669	7,210,308	0.046693	584,419	27,288	76.00
76.01	03950	WOUND CARE	1,559	69,277	0.022504	888	20	76.01
76.97	07697	CARDIAC REHABILITATION	225,876	1,944,391	0.116168	98,927	11,492	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,743,376	38,491,846	0.149210	10,223	1,525	90.00
90.01	09001	DIABETES CENTER	17,727	650,976	0.027231	409	11	90.01
91.00	09100	EMERGENCY	1,507,704	122,203,504	0.012338	17,866,453	220,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	851,664	11,099,307	0.076731	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	18,763	4,084,635	0.004594	0	0	97.00
200.00		Total (lines 50-199)	26,431,818	1,114,566,002		174,802,603	3,322,437	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part III Date/Time Prepared: 11/27/2017 11:25 am
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School			
			6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	45,796	0.00	22,259	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,550	0.00	3,767	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,388	0.00	4,657	0	0	0	0	41.00
43.00	04300	NURSERY	4,421	0.00	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	63,155		30,683	0	0	0	0	200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost						
			12.00	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
43.00	04300	NURSERY	0	0						43.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116

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

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
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	03951	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116

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

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	114,697,782	0.000000	0.000000	20,280,605	50.00
51.00	05100	RECOVERY ROOM	0	13,330,554	0.000000	0.000000	2,500,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,471,867	0.000000	0.000000	5,040	52.00
53.00	05300	ANESTHESIOLOGY	0	14,363,283	0.000000	0.000000	2,498,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	136,196,809	0.000000	0.000000	11,734,605	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,091,151	0.000000	0.000000	249,329	55.00
56.00	05600	RADIOISOTOPE	0	21,683,150	0.000000	0.000000	1,752,530	56.00
57.00	05700	CT SCAN	0	89,542,506	0.000000	0.000000	14,131,751	57.00
58.00	05800	MRI	0	32,747,200	0.000000	0.000000	2,676,772	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,162,962	0.000000	0.000000	9,390,716	59.00
60.00	06000	LABORATORY	0	159,386,205	0.000000	0.000000	27,838,963	60.00
65.00	06500	RESPIRATORY THERAPY	0	14,194,473	0.000000	0.000000	6,982,358	65.00
66.00	06600	PHYSICAL THERAPY	0	70,955,722	0.000000	0.000000	3,938,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,353,710	0.000000	0.000000	2,180,782	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,857,592	0.000000	0.000000	1,327,912	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	325,748	0.000000	0.000000	96,464	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,326,195	0.000000	0.000000	7,966,908	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	51,634,619	0.000000	0.000000	15,624,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	103,490,230	0.000000	0.000000	25,064,213	73.00
76.00	03951	CARDIOLOGY	0	7,210,308	0.000000	0.000000	584,419	76.00
76.01	03950	WOUND CARE	0	69,277	0.000000	0.000000	888	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,944,391	0.000000	0.000000	98,927	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	38,491,846	0.000000	0.000000	10,223	90.00
90.01	09001	DIABETES CENTER	0	650,976	0.000000	0.000000	409	90.01
91.00	09100	EMERGENCY	0	122,203,504	0.000000	0.000000	17,866,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,099,307	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	4,084,635	0.000000	0.000000	0	97.00
200.00		Total (lines 50-199)	0	1,114,566,002			174,802,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116

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

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,717,146	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,265,582	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,698,651	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,707,789	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,885,110	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	8,888,894	0	0	0	56.00
57.00	05700	CT SCAN	0	17,038,442	0	0	0	57.00
58.00	05800	MRI	0	6,862,126	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,117,335	0	0	0	59.00
60.00	06000	LABORATORY	0	9,950,190	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	724,763	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	233,110	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	32,263	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,941	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	26,137	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,618,862	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,735,123	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,824,458	0	0	0	73.00
76.00	03951	CARDIOLOGY	0	2,316,854	0	0	0	76.00
76.01	03950	WOUND CARE	0	22,803	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,006,314	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	18,840,110	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	110,687	0	0	0	90.01
91.00	09100	EMERGENCY	0	18,782,321	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,547,394	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	187,956,405	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 11:25 am
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Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0			70.01
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	03951 CARDIOLOGY	0	0			76.00
76.01	03950 WOUND CARE	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CENTER	0	0			90.01
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 11:25 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.250465	21,717,146	392	0	5,439,385	50.00
51.00	05100	RECOVERY ROOM	0.326348	1,265,582	0	0	413,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.697980	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072814	1,698,651	0	0	123,686	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139686	31,707,789	0	0	4,429,134	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.241137	7,885,110	0	0	1,901,392	55.00
56.00	05600	RADIOISOTOPE	0.121374	8,888,894	0	0	1,078,881	56.00
57.00	05700	CT SCAN	0.033977	17,038,442	0	0	578,915	57.00
58.00	05800	MRI	0.049208	6,862,126	0	0	337,671	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.159589	6,117,335	0	0	976,259	59.00
60.00	06000	LABORATORY	0.112168	9,950,190	2,000	0	1,116,093	60.00
65.00	06500	RESPIRATORY THERAPY	0.300618	724,763	3,289	0	217,877	65.00
66.00	06600	PHYSICAL THERAPY	0.246052	233,110	0	0	57,357	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.286149	32,263	0	0	9,232	67.00
68.00	06800	SPEECH PATHOLOGY	0.305294	3,941	0	0	1,203	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.385804	26,137	0	0	10,084	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.551410	2,618,862	0	0	1,444,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490234	7,735,123	0	0	3,792,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.359602	19,824,458	2,930	566,684	7,128,915	73.00
76.00	03951	CARDIOLOGY	0.310842	2,316,854	0	0	720,176	76.00
76.01	03950	WOUND CARE	1.251743	22,803	0	0	28,543	76.01
76.97	07697	CARDIAC REHABILITATION	0.565642	1,006,314	0	0	569,213	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.829058	18,840,110	1,160	0	15,619,544	90.00
90.01	09001	DIABETES CENTER	0.652446	110,687	0	0	72,217	90.01
91.00	09100	EMERGENCY	0.142983	18,782,321	0	0	2,685,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.580941	2,547,394	79	11,521	1,479,886	92.00
OTHER REIMBURSABLE COST CENTERS								
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.265056	0	0	0	0	97.00
200.00		Subtotal (see instructions)		187,956,405	9,850	578,205	50,230,323	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		187,956,405	9,850	578,205	50,230,323	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0116

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

Worksheet D
Part V
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	98	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MRI	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	224	0		60.00
65.00	06500 RESPIRATORY THERAPY	989	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0		70.01
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	1,054	203,781		73.00
76.00	03951 CARDIOLOGY	0	0		76.00
76.01	03950 WOUND CARE	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	962	0		90.00
90.01	09001 DIABETES CENTER	0	0		90.01
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	46	6,693		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	3,373	210,474		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 +/- line 201)	3,373	210,474		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 07/01/2016 To 06/30/2017		Worksheet D Part II Date/Time Prepared: 11/27/2017 11:25 am	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,856,601	114,697,782	0.033624	0	50.00
51.00	05100	RECOVERY ROOM	793,274	13,330,554	0.059508	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	811,750	10,471,867	0.077517	0	52.00
53.00	05300	ANESTHESIOLOGY	90,636	14,363,283	0.006310	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,144,490	136,196,809	0.015746	142,083	2,237 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	610,366	22,091,151	0.027629	12,196	337 55.00
56.00	05600	RADIOISOTOPE	249,362	21,683,150	0.011500	0	56.00
57.00	05700	CT SCAN	232,740	89,542,506	0.002599	97,119	252 57.00
58.00	05800	MRI	216,522	32,747,200	0.006612	21,966	145 58.00
59.00	05900	CARDIAC CATHETERIZATION	673,340	33,162,962	0.020304	0	59.00
60.00	06000	LABORATORY	524,972	159,386,205	0.003294	1,008,704	3,323 60.00
65.00	06500	RESPIRATORY THERAPY	248,209	14,194,473	0.017486	160,517	2,807 65.00
66.00	06600	PHYSICAL THERAPY	2,015,604	70,955,722	0.028407	2,207,443	62,707 66.00
67.00	06700	OCCUPATIONAL THERAPY	104,677	7,353,710	0.014235	2,116,883	30,134 67.00
68.00	06800	SPEECH PATHOLOGY	25,365	4,857,592	0.005222	2,166,983	11,316 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
70.01	07001	SLEEP LAB/NEUROLOGY	31,525	325,748	0.096777	790	76 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,102,331	28,326,195	0.038916	17,435	679 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,769,397	51,634,619	0.034268	970	33 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,227,319	103,490,230	0.021522	1,086,661	23,387 73.00
76.00	03951	CARDIOLOGY	336,669	7,210,308	0.046693	0	0 76.00
76.01	03950	WOUND CARE	1,559	69,277	0.022504	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	225,876	1,944,391	0.116168	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,743,376	38,491,846	0.149210	0	0 90.00
90.01	09001	DIABETES CENTER	17,727	650,976	0.027231	0	0 90.01
91.00	09100	EMERGENCY	1,507,704	122,203,504	0.012338	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	11,099,307	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	18,763	4,084,635	0.004594	0	0 97.00
200.00		Total (lines 50-199)	25,580,154	1,114,566,002		9,039,750	137,433 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0116
Component CCN: 14-T116

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

Worksheet D
Part IV
Date/Time Prepared:
11/27/2017 11:25 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
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	03951	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CENTER	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 11:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	114,697,782	0.000000	0.000000	0 50.00
51.00 05100 RECOVERY ROOM	0	13,330,554	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	10,471,867	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	14,363,283	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	136,196,809	0.000000	0.000000	142,083 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	22,091,151	0.000000	0.000000	12,196 55.00
56.00 05600 RADIOISOTOPE	0	21,683,150	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	89,542,506	0.000000	0.000000	97,119 57.00
58.00 05800 MRI	0	32,747,200	0.000000	0.000000	21,966 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	33,162,962	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	159,386,205	0.000000	0.000000	1,008,704 60.00
65.00 06500 RESPIRATORY THERAPY	0	14,194,473	0.000000	0.000000	160,517 65.00
66.00 06600 PHYSICAL THERAPY	0	70,955,722	0.000000	0.000000	2,207,443 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,353,710	0.000000	0.000000	2,116,883 67.00
68.00 06800 SPEECH PATHOLOGY	0	4,857,592	0.000000	0.000000	2,166,983 68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	325,748	0.000000	0.000000	790 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,326,195	0.000000	0.000000	17,435 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	51,634,619	0.000000	0.000000	970 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	103,490,230	0.000000	0.000000	1,086,661 73.00
76.00 03951 CARDIOLOGY	0	7,210,308	0.000000	0.000000	0 76.00
76.01 03950 WOUND CARE	0	69,277	0.000000	0.000000	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	1,944,391	0.000000	0.000000	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	38,491,846	0.000000	0.000000	0 90.00
90.01 09001 DIABETES CENTER	0	650,976	0.000000	0.000000	0 90.01
91.00 09100 EMERGENCY	0	122,203,504	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	11,099,307	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	4,084,635	0.000000	0.000000	0 97.00
200.00 Total (lines 50-199)	0	1,114,566,002			9,039,750 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 11:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
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	763	0	0	0	73.00
76.00	03951 CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	763	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part IV Date/Time Prepared: 11/27/2017 11:25 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
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	03951 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CENTER	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 11:25 am
Title XVIII			Subprovider - IRF	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	0.250465	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.326348	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.697980	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.072814	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.139686	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.241137	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.121374	0	0	0	0	56.00
57.00 05700 CT SCAN	0.033977	0	0	0	0	57.00
58.00 05800 MRI	0.049208	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.159589	0	0	0	0	59.00
60.00 06000 LABORATORY	0.112168	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.300618	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.246052	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.286149	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.305294	0	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0.385804	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.551410	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.490234	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.359602	763	0	977	274	73.00
76.00 03951 RADIOLOGY	0.310842	0	0	0	0	76.00
76.01 03950 WOUND CARE	1.251743	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0.565642	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.829058	0	0	0	0	90.00
90.01 09001 DIABETES CENTER	0.652446	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.142983	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.580941	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.265056	0	0	0	0	97.00
200.00	Subtotal (see instructions)		763	0	977	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		763	0	977	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D Part V Date/Time Prepared: 11/27/2017 11:25 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	70.01
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	351	73.00
76.00 03951 RADIOLOGY	0	0	76.00
76.01 03950 WOUND CARE	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CENTER	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00 Subtotal (see instructions)	0	351	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	351	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 11:25 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,796	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,796	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)		41,038	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)		22,259	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)		62,062,608	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)		62,062,608	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)		62,062,608	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)		1,355.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,165,397	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)		30,165,397	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 11:25 am	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	14,501,414	6,550	2,213.96	3,767	8,339,987	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)					41,246,636	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					79,752,020	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)					4,653,079	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,322,437	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,975,516	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					71,776,504	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)					4,758	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,355.20	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,448,042	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 11:25 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,197,307	62,062,608	0.132081	6,448,042	851,664	90.00
91.00	Nursing School cost	0	62,062,608	0.000000	6,448,042	0	91.00
92.00	Allied health cost	0	62,062,608	0.000000	6,448,042	0	92.00
93.00	All other Medical Education	0	62,062,608	0.000000	6,448,042	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D-1 Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,388	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,388	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)		6,388	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,657	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)		6,437,026	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)		6,437,026	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)		6,437,026	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)		1,007.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,692,719	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)		4,692,719	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0116 Component CCN: 14-T116		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 11:25 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	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)				2,400,460		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				7,093,179		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)				434,545		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				137,433		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				571,978		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				6,521,201		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: 14-0116 Component CCN: 14-T116		Period: From 07/01/2016 To 06/30/2017		Worksheet D-1 Date/Time Prepared: 11/27/2017 11:25 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	596,062	6,437,026	0.092599	0	0	90.00
91.00	Nursing School cost	0	6,437,026	0.000000	0	0	91.00
92.00	Allied health cost	0	6,437,026	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,437,026	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 11:25 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		51,228,913	30.00
31.00	03100	INTENSIVE CARE UNIT		12,877,146	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.250465	20,280,605	50.00
51.00	05100	RECOVERY ROOM	0.326348	2,500,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.697980	5,040	52.00
53.00	05300	ANESTHESIOLOGY	0.073759	2,498,485	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140154	11,734,605	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.241137	249,329	55.00
56.00	05600	RADIOISOTOPE	0.121374	1,752,530	56.00
57.00	05700	CT SCAN	0.033977	14,131,751	57.00
58.00	05800	MRI	0.049208	2,676,772	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.160295	9,390,716	59.00
60.00	06000	LABORATORY	0.112211	27,838,963	60.00
65.00	06500	RESPIRATORY THERAPY	0.300618	6,982,358	65.00
66.00	06600	PHYSICAL THERAPY	0.246127	3,938,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.286149	2,180,782	67.00
68.00	06800	SPEECH PATHOLOGY	0.305294	1,327,912	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.385804	96,464	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.551410	7,966,908	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490234	15,624,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.359602	25,064,213	73.00
76.00	03951	CARDIOLOGY	0.310842	584,419	76.00
76.01	03950	WOUND CARE	1.251743	888	76.01
76.97	07697	CARDIAC REHABILITATION	0.567123	98,927	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.830392	10,223	90.00
90.01	09001	DIABETES CENTER	0.652446	409	90.01
91.00	09100	EMERGENCY	0.143065	17,866,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.580941	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.265056	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		174,802,603	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		174,802,603	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet D-3 Date/Time Prepared: 11/27/2017 11:25 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		6,995,842		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.250465	0	0	50.00
51.00	05100 RECOVERY ROOM	0.326348	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.697980	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.073759	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140154	142,083	19,914	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.241137	12,196	2,941	55.00
56.00	05600 RADIOISOTOPE	0.121374	0	0	56.00
57.00	05700 CT SCAN	0.033977	97,119	3,300	57.00
58.00	05800 MRI	0.049208	21,966	1,081	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.160295	0	0	59.00
60.00	06000 LABORATORY	0.112211	1,008,704	113,188	60.00
65.00	06500 RESPIRATORY THERAPY	0.300618	160,517	48,254	65.00
66.00	06600 PHYSICAL THERAPY	0.246127	2,207,443	543,311	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.286149	2,116,883	605,744	67.00
68.00	06800 SPEECH PATHOLOGY	0.305294	2,166,983	661,567	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.385804	790	305	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.551410	17,435	9,614	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490234	970	476	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.359602	1,086,661	390,765	73.00
76.00	03951 CARDIOLOGY	0.310842	0	0	76.00
76.01	03950 WOUND CARE	1.251743	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.567123	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.830392	0	0	90.00
90.01	09001 DIABETES CENTER	0.652446	0	0	90.01
91.00	09100 EMERGENCY	0.143065	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.580941	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.265056	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		9,039,750	2,400,460	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)		9,039,750		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,743,493	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		42,367,457	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)		1,999,602	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		7,215,463	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		263.14	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		8.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		8.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.030402	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.054953	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.030402	21.00
22.00	IME payment adjustment (see instructions)		874,950	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		118,868	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		874,950	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		118,868	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.77	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.67	31.00
32.00	Sum of lines 30 and 31		16.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.44	33.00
34.00	Disproportionate share adjustment (see instructions)		456,754	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 11:25 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)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000121477	0.000127844	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	778,199	764,186	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	195,613	571,569	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	767,182		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	57,209,438		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		57,328,306	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,617,871	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		317,806	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,623	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		62,266,606	59.00
60.00	Primary payer payments		23,165	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		62,243,441	61.00
62.00	Deductibles billed to program beneficiaries		5,465,040	62.00
63.00	Coinurance billed to program beneficiaries		100,611	63.00
64.00	Allowable bad debts (see instructions)		855,050	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		555,783	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		511,557	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		57,233,573	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		168,493	70.93
70.94	HRR adjustment amount (see instructions)		-56,949	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Date/Time Prepared: 11/27/2017 11:25 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)			57,345,117	71.00
71.01	Sequestration adjustment (see instructions)			1,146,902	71.01
72.00	Interim payments			55,851,786	72.00
73.00	Tentative settlement (for contractor use only)			0	73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)			346,429	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			112,861	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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet DSH	
		Title XVIII		Hospital		PPS	
		Original .mcrcx Values	Adjusted .mcax 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)	1.77	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	14.67	0.00			14.67	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	16.44	0.00			14.67	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)	263.14	0.00			263.14	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	3.44	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	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)	1.77	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)	1.94	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)	1,604	0			1,604	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,416	0			1,416	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	13	0			13	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	4,651	0			4,651	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	33	0			33	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,717	0			7,717	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	52,009	0			52,009	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	592	0			592	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)	52,601	0			52,601	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	14.67	0.00			14.67	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet DSH Date/Time Prepared: 11/27/2017 11:25 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax 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	3.44		0.00	True	29.00
30.00	Line 28 or 29 as applicable		3.44		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 .mcax 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 amendment? (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: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet DSH Date/Time Prepared: 11/27/2017 11:25 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	2.71		29.00
30.00	Line 28 or 29 as applicable	2.71		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0116

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2017 11:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,743,493	0	10,743,493		10,743,493	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,367,457	0		42,367,457	42,367,457	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	1,999,602	0	508,553	1,491,049	1,999,602	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	7,215,463	0	1,511,017	5,704,446	7,215,463	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030402	0.030402	0.030402	0.030402		5.00
6.00	IME payment adjustment (see instructions)	22.00	874,950	0	176,988	697,962	874,950	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	118,868	0	0	118,868	118,868	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	874,950	0	176,988	697,962	874,950	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	118,868	0	0	118,868	118,868	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0344	0.0344	0.0344	0.0344		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	456,754	0	92,394	364,360	456,754	11.00
11.01	Uncompensated care payments	36.00	767,182	0	195,613	571,569	767,182	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	57,209,438	0	11,717,041	45,492,397	57,209,438	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	57,328,306	0	11,717,041	45,611,265	57,328,306	15.00
16.00	Payment for inpatient program capital	50.00	4,617,871	0	935,509	3,682,362	4,617,871	16.00
17.00	Special add-on payments for new technologies	54.00	2,623	0	1,588	1,036	2,624	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0116

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/27/2017 11:25 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	12,654,138	49,294,663	61,948,801	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	4,290,976	0	861,774	3,429,202	4,290,976	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	107,197	0	29,612	77,585	107,197	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	0.0173	0.0173	0.0173	0.0173		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	74,234	0	14,909	59,325	74,234	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0339	0.0339	0.0339	0.0339		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	145,464	0	29,214	116,250	145,464	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,617,871	0	935,509	3,682,362	4,617,871	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0116

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/27/2017 11:25 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,743,493	10,743,493		10,743,493	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	42,367,457		42,367,457	42,367,457	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	1,999,602	508,553	1,491,049	1,999,602	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	7,215,463	1,511,017	5,704,446	7,215,463	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.030402	0.030402	0.030402		
6.00	IME payment adjustment (see instructions)	22.00	874,950	176,988	697,962	874,950	
6.01	IME payment adjustment for managed care (see instructions)	22.01	118,868	24,892	93,976	118,868	
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		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	874,950	176,988	697,962	874,950	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	118,868	24,892	93,976	118,868	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0344	0.0344	0.0344		
11.00	Disproportionate share adjustment (see instructions)	34.00	456,754	92,394	364,360	456,754	
11.01	Uncompensated care payments	36.00	767,182	195,613	571,569	767,182	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	57,209,438	11,717,041	45,492,397	57,209,438	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	57,328,306	11,741,933	45,586,373	57,328,306	
16.00	Payment for inpatient program capital	50.00	4,617,871	935,509	3,682,362	4,617,871	
17.00	Special add-on payments for new technologies	54.00	2,623	1,587	1,036	2,623	
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			12,679,029	49,269,771	61,948,800	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,290,976	861,774	3,429,202	4,290,976	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	107,197	29,612	77,585	107,197	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	0.0173	0.0173	0.0173		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	74,234	14,909	59,325	74,234	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0339	0.0339	0.0339		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	145,464	29,214	116,250	145,464	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,617,871	935,509	3,682,362	4,617,871	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	168,493	44,195	124,298	168,493	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	-56,949	-56,949	0	-56,949	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: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		213,847	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		50,230,323	2.00
3.00	PPS payments		36,772,938	3.00
4.00	Outlier payment (see instructions)		132,720	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		213,847	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		588,055	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)		588,055	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		588,055	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		374,208	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		213,847	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		36,905,658	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		658	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,540,412	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)		29,578,435	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		184,642	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)		29,763,077	30.00
31.00	Primary payer payments		2,243	31.00
32.00	Subtotal (line 30 minus line 31)		29,760,834	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)		866,747	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		563,386	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		626,533	36.00
37.00	Subtotal (see instructions)		30,324,220	37.00
38.00	MSP-LCC reconciliation amount from PS&R		662	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,323,558	40.00
40.01	Sequestration adjustment (see instructions)		606,471	40.01
41.00	Interim payments		29,403,399	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		313,688	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet E Part B Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		351	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		274	2.00
3.00	PPS payments		226	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		351	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		977	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)		977	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		977	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		626	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		351	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		226	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		577	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		577	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		577	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		577	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		577	40.00
40.01	Sequestration adjustment (see instructions)		12	40.01
41.00	Interim payments		503	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		62	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet E-1 Part I Date/Time Prepared: 11/27/2017 11:25 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		56,727,558		29,339,593	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	02/09/2017	20,453	02/09/2017	63,806	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	06/29/2017	896,225		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)		-875,772		63,806	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)		55,851,786		29,403,399	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		346,429		313,688	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		56,198,215		29,717,087	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0116
Component CCN: 14-T116

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

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2017 11:25 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					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		6,525,229		503	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/09/2017	15,775		0	3.01
3.02		06/29/2017	30,265		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		46,040		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)		6,571,269		503	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		17,205		62	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,588,474		565	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: 14-0116

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

Worksheet E-1
Part II
Date/Time Prepared:
11/27/2017 11:25 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			12,090 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			26,026 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,758 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			47,588 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,252,941,044 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			13,711,275 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			662,573 8.00
9.00	Sequestration adjustment amount (see instructions)			13,251 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			649,322 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			520,213 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			129,109 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116 Component CCN: 14-T116	Period: From 07/01/2016 To 06/30/2017	Worksheet E-3 Part III Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,560,810 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0194 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			150,243 3.00
4.00	Outlier Payments			67,915 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)			17.501370 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)			6,778,968 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)			6,778,968 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			6,778,968 19.00
20.00	Deductibles			22,176 20.00
21.00	Subtotal (line 19 minus line 20)			6,756,792 21.00
22.00	Coinsurance			35,301 22.00
23.00	Subtotal (line 21 minus line 22)			6,721,491 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,218 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,442 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,610 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,722,933 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,722,933 32.00
32.01	Sequestration adjustment (see instructions)			134,459 32.01
33.00	Interim payments			6,571,269 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			17,205 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			23,619 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			67,915 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: 14-0116		Period: From 07/01/2016 To 06/30/2017		Worksheet E-4 Date/Time Prepared: 11/27/2017 11:25 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.					0.00	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					0.00	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)					0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					0.00	6.00
7.00	Enter the lesser of line 5 or line 6					0.00	7.00
		Primary Care	Other			Total	
		1.00	2.00			3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00			0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00			0.00	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	0.00	0.00				11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00				12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00				13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00				14.00
15.00	Adjustment for residents in initial years of new programs	8.00	0.00				15.00
15.01	Unweighted adjustment for residents in initial years of new programs	8.00	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	8.00	0.00				17.00
18.00	Per resident amount	100,652.00	0.00				18.00
19.00	Approved amount for resident costs	805,216	0			805,216	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)					0.00	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)					805,216	25.00
		Inpatient Part A	Managed care				
		1.00	2.00			3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	30,683	3,921				26.00
27.00	Total Inpatient Days (see instructions)	54,568	54,568				27.00
28.00	Ratio of inpatient days to total inpatient days	0.562289	0.071855				28.00
29.00	Program direct GME amount	452,764	57,859				29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,175				30.00
31.00	Net Program direct GME amount					502,448	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet E-4 Date/Time Prepared: 11/27/2017 11:25 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)		86,845,199	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)		23,165	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		86,822,034	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		50,446,771	42.00
43.00	Primary payer payments (see instructions)		4,016	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		50,442,755	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		137,264,789	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.632515	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.367485	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		502,448	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		317,806	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		184,642	50.00

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

Provider CCN: 14-0116

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

Worksheet G

Date/Time Prepared:
11/27/2017 11:25 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	-291,000	0	0	0	1.00
2.00	Temporary investments	42,550,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	58,506,000	0	0	0	4.00
5.00	Other receivable	6,780,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,898,000	0	0	0	7.00
8.00	Prepaid expenses	1,803,000	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)	118,246,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	116,338	0	0	0	12.00
13.00	Land improvements	14,239,154	0	0	0	13.00
14.00	Accumulated depreciation	-1,889,858	0	0	0	14.00
15.00	Buildings	270,202,036	0	0	0	15.00
16.00	Accumulated depreciation	-51,342,871	0	0	0	16.00
17.00	Leasehold improvements	1,744,765	0	0	0	17.00
18.00	Accumulated depreciation	-125,077	0	0	0	18.00
19.00	Fixed equipment	12,588,902	0	0	0	19.00
20.00	Accumulated depreciation	-12,587,373	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	138,568,106	0	0	0	23.00
24.00	Accumulated depreciation	-98,551,728	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	9,336,651	0	0	0	27.00
28.00	Accumulated depreciation	-5,728,045	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)	276,571,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	76,025,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,432,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	81,457,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	476,274,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,707,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,318,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	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	22,590,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	48,615,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	275,899,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,018,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	277,917,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	326,532,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	149,742,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	149,742,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	476,274,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0116

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

Worksheet G-1

Date/Time Prepared:
11/27/2017 11:25 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		179,153,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-7,640,000			2.00
3.00	Total (sum of line 1 and line 2)		171,513,000		0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	1,042,000		0		4.00
5.00	CHANGES IN UNREALIZED GAINS	5,836,000		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)		6,878,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		178,391,000		0	11.00
12.00	CHANGES IN TEMP RESTRICTED ASSETS	649,000		0		12.00
13.00	TRANSFER TO AFFILIATED ORGANIZATION	28,000,000		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)		28,649,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		149,742,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UNRESTRICTED NET ASSETS RELEASED		0			4.00
5.00	CHANGES IN UNREALIZED GAINS		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	CHANGES IN TEMP RESTRICTED ASSETS		0			12.00
13.00	TRANSFER TO AFFILIATED ORGANIZATION		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: 14-0116

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2017 11:25 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	100,680,388		100,680,388	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	9,578,666		9,578,666	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	110,259,054		110,259,054	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,013,278		23,013,278	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)	23,013,278		23,013,278	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	133,272,332		133,272,332	17.00
18.00	Ancillary services	313,118,432	624,917,299	938,035,731	18.00
19.00	Outpatient services	31,217,382	141,228,251	172,445,633	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		5,102,710	5,102,710	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DME	0	4,084,635	4,084,635	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	477,608,146	775,332,895	1,252,941,041	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		395,456,809		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		395,456,809		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0116

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

Worksheet G-3

Date/Time Prepared:
11/27/2017 11:25 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,252,941,041	1.00
2.00	Less contractual allowances and discounts on patients' accounts	876,136,041	2.00
3.00	Net patient revenues (line 1 minus line 2)	376,805,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	395,456,809	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,651,809	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-239,927	6.00
7.00	Income from investments	3,735,399	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	7,516,834	24.00
24.01	ROUNDING	-497	24.01
25.00	Total other income (sum of lines 6-24)	11,011,809	25.00
26.00	Total (line 5 plus line 25)	-7,640,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,640,000	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0116

Period: From 07/01/2016

Worksheet H

HHA CCN: 14-7455

To 06/30/2017

Date/Time Prepared: 11/27/2017 11:25 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	792,410	0	0	242,780	1,035,190	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,005,450	0	51,085	0	1,056,535	6.00
7.00	Physical Therapy	800,988	0	43,926	0	844,914	7.00
8.00	Occupational Therapy	68,201	0	4,377	0	72,578	8.00
9.00	Speech Pathology	51,192	0	2,809	0	54,001	9.00
10.00	Medical Social Services	44,702	0	412	0	45,114	10.00
11.00	Home Health Aide	106,692	0	6,899	0	113,591	11.00
12.00	Supplies (see instructions)	0	0	0	146,777	146,777	12.00
13.00	Drugs	0	0	0	881	881	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,869,635	0	109,508	390,438	3,369,581	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	88,342	1,123,532	0	1,123,532		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,056,535	0	1,056,535		6.00
7.00	Physical Therapy	0	844,914	0	844,914		7.00
8.00	Occupational Therapy	0	72,578	0	72,578		8.00
9.00	Speech Pathology	0	54,001	0	54,001		9.00
10.00	Medical Social Services	0	45,114	0	45,114		10.00
11.00	Home Health Aide	0	113,591	0	113,591		11.00
12.00	Supplies (see instructions)	0	146,777	0	146,777		12.00
13.00	Drugs	0	881	0	881		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	88,342	3,457,923	0	3,457,923		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet H-1 Part I Date/Time Prepared: 11/27/2017 11:25 am
		HHA CCN: 14-7455	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,123,532	0	0	0	1,123,532	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,056,535	0	0	0	1,056,535	6.00
7.00	Physical Therapy	844,914	0	0	0	844,914	7.00
8.00	Occupational Therapy	72,578	0	0	0	72,578	8.00
9.00	Speech Pathology	54,001	0	0	0	54,001	9.00
10.00	Medical Social Services	45,114	0	0	0	45,114	10.00
11.00	Home Health Aide	113,591	0	0	0	113,591	11.00
12.00	Supplies (see instructions)	146,777	0	0	0	146,777	12.00
13.00	Drugs	881	0	0	0	881	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,457,923	0	0	0	3,457,923	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,123,532					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	508,505	1,565,040				6.00
7.00	Physical Therapy	406,654	1,251,568				7.00
8.00	Occupational Therapy	34,932	107,510				8.00
9.00	Speech Pathology	25,990	79,991				9.00
10.00	Medical Social Services	21,713	66,827				10.00
11.00	Home Health Aide	54,671	168,262				11.00
12.00	Supplies (see instructions)	70,643	217,420				12.00
13.00	Drugs	424	1,305				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,457,923				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0116

Period: From 07/01/2016

Worksheet H-1

HHA CCN: 14-7455

To 06/30/2017

Part II
Date/Time Prepared: 11/27/2017 11:25 am

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,123,532	2,334,391
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,056,535
7.00	Physical Therapy	0	0	0	0	0	844,914
8.00	Occupational Therapy	0	0	0	0	0	72,578
9.00	Speech Pathology	0	0	0	0	0	54,001
10.00	Medical Social Services	0	0	0	0	0	45,114
11.00	Home Health Aide	0	0	0	0	0	113,591
12.00	Supplies (see instructions)	0	0	0	0	0	146,777
13.00	Drugs	0	0	0	0	0	881
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,123,532	2,334,391
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,123,532
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.481296

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0116

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7455

To 06/30/2017

Part I
Date/Time Prepared:
11/27/2017 11:25 am

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	731,765	731,765	167,798	1.00
2.00 Skilled Nursing Care	1,565,040	0	0	0	1,565,040	358,874	2.00
3.00 Physical Therapy	1,251,568	0	0	0	1,251,568	286,992	3.00
4.00 Occupational Therapy	107,510	0	0	0	107,510	24,653	4.00
5.00 Speech Pathology	79,991	0	0	0	79,991	18,342	5.00
6.00 Medical Social Services	66,827	0	0	0	66,827	15,324	6.00
7.00 Home Health Aide	168,262	0	0	0	168,262	38,583	7.00
8.00 Supplies (see instructions)	217,420	0	0	0	217,420	49,856	8.00
9.00 Drugs	1,305	0	0	0	1,305	299	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,457,923	0	0	731,765	4,189,688	960,721	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	0	0	61,365	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	61,365	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0116

Period: From 07/01/2016

Worksheet H-2

HHA CCN: 14-7455

To 06/30/2017

Part I Date/Time Prepared: 11/27/2017 11:25 am

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALARIES & FRINGES	SERVICES-OTHER PRGM. COSTS		
				14.00	15.00		
1.00 Administrative and General	0	0	25,095	0	0	986,023	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	1,923,914	2.00
3.00 Physical Therapy	0	0	0	0	0	1,538,560	3.00
4.00 Occupational Therapy	0	0	0	0	0	132,163	4.00
5.00 Speech Pathology	0	0	0	0	0	98,333	5.00
6.00 Medical Social Services	0	0	0	0	0	82,151	6.00
7.00 Home Health Aide	0	0	0	0	0	206,845	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	267,276	8.00
9.00 Drugs	0	0	0	0	0	1,604	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	25,095	0	0	5,236,869	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	986,023					1.00
2.00 Skilled Nursing Care	0	1,923,914	446,270	2,370,184			2.00
3.00 Physical Therapy	0	1,538,560	356,883	1,895,443			3.00
4.00 Occupational Therapy	0	132,163	30,656	162,819			4.00
5.00 Speech Pathology	0	98,333	22,809	121,142			5.00
6.00 Medical Social Services	0	82,151	19,056	101,207			6.00
7.00 Home Health Aide	0	206,845	47,980	254,825			7.00
8.00 Supplies (see instructions)	0	267,276	61,997	329,273			8.00
9.00 Drugs	0	1,604	372	1,976			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
19.50 Telemedicine	0	0	0	0			19.50
20.00 Total (sum of lines 1-19) (2)	0	5,236,869	986,023	5,236,869			20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.231959				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0116
HHA CCN: 14-7455

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

Worksheet H-2
Part II
Date/Time Prepared:
11/27/2017 11:25 am
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	2,957,977	0	731,765	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,565,040	0	2.00
3.00	Physical Therapy	0	0	0	0	1,251,568	0	3.00
4.00	Occupational Therapy	0	0	0	0	107,510	0	4.00
5.00	Speech Pathology	0	0	0	0	79,991	0	5.00
6.00	Medical Social Services	0	0	0	0	66,827	0	6.00
7.00	Home Health Aide	0	0	0	0	168,262	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	217,420	0	8.00
9.00	Drugs	0	0	0	0	1,305	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	2,957,977		4,189,688	0	20.00
21.00	Total cost to be allocated	0	0	731,765		960,721	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.247387		0.229306	0.000000	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	3,185	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	3,185	0	0	20.00
21.00	Total cost to be allocated	0	0	0	61,365	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	19.266876	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0116	Period: From 07/01/2016	Worksheet H-2 Part II Date/Time Prepared: 11/27/2017 11:25 am
	HHA CCN: 14-7455	To 06/30/2017	
		Home Health Agency I	PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
			15.00	16.00		
1.00 Administrative and General	0	5,102,710	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	5,102,710	0	0		20.00
21.00 Total cost to be allocated	0	25,095	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.004918	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0116	Period: 07/01/2016	Worksheet H-3
		HHA CCN: 14-7455	To 06/30/2017	Part I Date/Time Prepared: 11/27/2017 11:25 am

			Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,370,184		2,370,184	11,403	207.86	1.00
2.00	Physical Therapy	3.00	1,895,443	0	1,895,443	9,805	193.31	2.00
3.00	Occupational Therapy	4.00	162,819	0	162,819	977	166.65	3.00
4.00	Speech Pathology	5.00	121,142	0	121,142	627	193.21	4.00
5.00	Medical Social Services	6.00	101,207		101,207	92	1,100.08	5.00
6.00	Home Health Aide	7.00	254,825		254,825	1,540	165.47	6.00
7.00	Total (sum of lines 1-6)		4,905,620	0	4,905,620	24,444		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	0	7,028		8.00
8.01	Skilled Nursing Care		29404	0	585		8.01
9.00	Physical Therapy		16974	0	5,247		9.00
9.01	Physical Therapy		29404	0	251		9.01
10.00	Occupational Therapy		16974	0	553		10.00
10.01	Occupational Therapy		29404	0	36		10.01
11.00	Speech Pathology		16974	0	407		11.00
11.01	Speech Pathology		29404	0	16		11.01
12.00	Medical Social Services		16974	0	56		12.00
12.01	Medical Social Services		29404	0	4		12.01
13.00	Home Health Aide		16974	0	1,166		13.00
13.01	Home Health Aide		29404	0	80		13.01
14.00	Total (sum of lines 8-13)			0	15,429		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	329,273	0	329,273	250,044	1.316860	15.00
16.00	Cost of Drugs	9.00	1,976	0	1,976	3,732	0.529475	16.00
Cost Center Description	Part A	Program Visits		Part A	Cost of Services	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,613		0	1,582,438	1.00
2.00	Physical Therapy	0	5,498		0	1,062,818	2.00
3.00	Occupational Therapy	0	589		0	98,157	3.00
4.00	Speech Pathology	0	423		0	81,728	4.00
5.00	Medical Social Services	0	60		0	66,005	5.00
6.00	Home Health Aide	0	1,246		0	206,176	6.00
7.00	Total (sum of lines 1-6)	0	15,429		0	3,097,322	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0116	Period: From 07/01/2016	Worksheet H-3
				HHA CCN: 14-7455	To 06/30/2017	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 11/27/2017 11:25 am
						PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		3,732	0		1,976	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,582,438						1.00
2.00	Physical Therapy	1,062,818						2.00
3.00	Occupational Therapy	98,157						3.00
4.00	Speech Pathology	81,728						4.00
5.00	Medical Social Services	66,005						5.00
6.00	Home Health Aide	206,176						6.00
7.00	Total (sum of lines 1-6)	3,097,322						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0116 HHA CCN: 14-7455	Period: From 07/01/2016 To 06/30/2017	Worksheet H-3 Part II Date/Time Prepared: 11/27/2017 11:25 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.246052	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.286149	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.305294	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.551410	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.359602	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0116 HHA CCN: 14-7455	Period: From 07/01/2016 To 06/30/2017	Worksheet H-4 Part I-II Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	1,976	0
2.00	Total charges	0	3,732	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	3,732	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	1,756	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	1,773	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	203
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,796,739
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	104,210
13.00	Total PPS Reimbursement - LUPA Episodes		0	62,963
14.00	Total PPS Reimbursement - PEP Episodes		0	16,891
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	36,235
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,017,241
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,017,241
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,017,241
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,017,241
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	3,017,241
31.01	Sequestration adjustment (see instructions)		0	60,305
32.00	Interim payments (see instructions)		0	2,958,615
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1,679
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0116

Period: From 07/01/2016

Worksheet H-5

HHA CCN: 14-7455

To 06/30/2017

Date/Time Prepared: 11/27/2017 11:25 am

Home Health Agency I

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		0		2,958,615	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			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			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,958,615	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		1,679	6.02
7.00	Total Medicare program liability (see instructions)		0		2,956,936	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0116	Period: From 07/01/2016 To 06/30/2017	Worksheet L Parts I-III Date/Time Prepared: 11/27/2017 11:25 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,290,976	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		107,197	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)		132.00	3.00
4.00	Number of interns & residents (see instructions)		8.00	4.00
5.00	Indirect medical education percentage (see instructions)		1.73	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)		74,234	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.77	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.67	8.00
9.00	Sum of lines 7 and 8		16.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.39	10.00
11.00	Disproportionate share adjustment (see instructions)		145,464	11.00
12.00	Total prospective capital payments (see instructions)		4,617,871	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