

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: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/22/2018 1:32 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 2/22/2018 Time: 1:32 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL MEDICAL CENTER (14-0148) for the cost reporting period beginning 10/01/2016 and ending 09/30/2017 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	159,822	212,285	0	0	1.00
2.00 Subprovider - IPF	0	155,019	0		0	2.00
3.00 Subprovider - IRF	0	-10,539	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	304,302	212,285	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/22/2018 12:14 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62781		4.00 County: SANGAMON				
1.00 Street: 701 NORTH FIRST STREET		2.00 City: SPRINGFIELD								
		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
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	0	4.00
5.00	Subprovider - IRF	PSYCH UNIT								
		MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	0	5.00
		REHAB UNIT								
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	MEMORIAL MEDICAL CENTER	142315	44100		10/01/1966				18.00
19.00	Other	RENAL UNIT								19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2016	09/30/2017		20.00
21.00	Type of Control (see instructions)						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.			12,873	2,253	0	73	3,581	153	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.			844	119	0	0	16		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/22/2018 12:14 pm				
		Urban/Rural	S	Date of Geogr				
		1.00	2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		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.		0			36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00		
		Y/N	Y/N					
		1.00	2.00					
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N		N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N		Y	40.00		
		V	XVIII	XIX				
		1.00	2.00	3.00				
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N		N	N	48.00	
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			20.00		1	60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01		1	60.02	
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0148

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

Worksheet S-2
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
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/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			22.93	58.05	0.283156	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0148

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

Worksheet S-2
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	7.69	8.97	0.461585	65.00	
65.01		INTERNAL MEDICINE	1400	6.21	24.15	0.204545	65.01	
65.02		PEDIATRICS	2000	0.51	0.17	0.750000	65.02	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)			23.02	90.63	0.202552	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)	FAMILY PRACTICE	1350	12.81	9.89	0.564317	67.00	
67.01		INTERNAL MEDICINE	1400	9.47	38.53	0.197292	67.01	
67.02		PEDIATRICS	2000	0.00	0.79	0.000000	67.02	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00

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			1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00	
			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.	N	Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06	
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/22/2018 12:14 pm		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y		5.00	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.				Y			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.				10/01/1966			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.				07/01/1999			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		14H058	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/22/2018 12:14 pm			
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131				141.00	
142.00	Street: 701 NORTH FIRST STREET	PO Box:						142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62781				143.00	
144.00 Are provider based physicians' costs included in Worksheet A?									
Y									
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.									
				N		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	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.									
N									
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.									
N									
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.									
N									
		Part A 1.00		Part B 2.00		Title V 3.00		Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N		N		N		N	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER	N		N		N		N	
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC	N		N		N		N	
165.00 Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.									
N									
		Name 0		County 1.00		State 2.00		Zip Code 3.00	
		CBSA 4.00		FTE/Campus 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	166.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.									
Y									
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
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)							0.00	169.00
		Beginni ng 1.00		Endi ng 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)					04/01/2017		06/30/2017	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)									
				N				0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/22/2018 12:14 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					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.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	02/08/2018	Y	02/08/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/22/2018 12:14 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOB		URBANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138		URBANCE.BOB@MHSI.L.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

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

Worksheet S-2
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

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	362	132,191	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)		362	132,191	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	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)		410	149,711	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		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						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)		476				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	40,751	11,159	89,061			1.00
2.00 HMO and other (see instructions)	17,241	5,929				2.00
3.00 HMO IPF Subprovider	700	1,061				3.00
4.00 HMO IRF Subprovider	562	135				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)	40,751	11,159	89,061			7.00
8.00 INTENSIVE CARE UNIT	4,930	385	10,883			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	717	385	2,414			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		922	2,953			13.00
14.00 Total (see instructions)	46,398	12,851	105,311	167.65	3,279.35	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,036	3,685	11,782	5.36	74.63	16.00
17.00 SUBPROVIDER - IRF	3,040	844	6,138	0.28	31.81	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				173.29	3,385.79	27.00
28.00 Observation Bed Days		0	1,438			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,707			30.00
31.00 Employee discount days - IRF			8			31.00
32.00 Labor & delivery days (see instructions)	0	153	392			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,055	3,088	22,568	1.00
2.00	HMO and other (see instructions)			3,342	1,462		2.00
3.00	HMO IPF Subprovider				164		3.00
4.00	HMO IRF Subprovider				10		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	9,055	3,088	22,568	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	361	523	1,449	16.00
17.00	SUBPROVIDER - IRF	0.00	0	268	74	518	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

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

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	212,035,021	-4,201,216	207,833,805	7,321,355.00	28.39
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		11,816,756	0	11,816,756	152,792.00	77.34
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		574,353	0	574,353	2,080.00	276.13
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		1,045,813	0	1,045,813	30,428.00	34.37
7.00	Interns & residents (in an approved program)	21.00	8,436,300	274	8,436,574	317,896.00	26.54
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		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)		7,040,496	190,132	7,230,628	263,630.00	27.43
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,793,628	0	3,793,628	50,750.00	74.75
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		4,008,380	0	4,008,380	17,475.00	229.38
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		27,530,525	0	27,530,525	412,119.00	66.80
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		234,694	0	234,694	1,094.00	214.53
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		73,749,825	0	73,749,825		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,105,996	0	3,105,996		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		3,651,351	0	3,651,351		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		553,020	0	553,020		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,777,960	0	1,777,960		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	5,694,532	-2,182,482	3,512,050	122,649.97	28.63
27.00	Administrative & General	5.00	25,679,564	-138,281	25,541,283	956,942.47	26.69

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

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

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,600,878	0	1,600,878	8,185.00	195.59	28.00
29.00	Maintenance & Repairs	6.00	5,959,068	71,653	6,030,721	197,776.60	30.49	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	131,777	1,504	133,281	10,167.11	13.11	31.00
32.00	Housekeeping	9.00	4,484,077	64,227	4,548,304	316,581.26	14.37	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,261,389	-2,066,166	1,195,223	80,031.54	14.93	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	833,353	2,118,219	2,951,572	205,070.21	14.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,395,766	90,037	2,485,803	62,207.08	39.96	38.00
39.00	Central Services and Supply	14.00	2,366,077	-46,107	2,319,970	146,390.76	15.85	39.00
40.00	Pharmacy	15.00	7,276,909	-113,201	7,163,708	170,543.38	42.01	40.00
41.00	Medical Records & Medical Records Library	16.00	3,833,518	-236,654	3,596,864	177,029.27	20.32	41.00
42.00	Social Service	17.00	0	742,448	742,448	31,631.37	23.47	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

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

Worksheet S-3
Part III
Date/Time Prepared:
2/22/2018 12:14 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	191,762,677	-4,201,490	187,561,187	6,826,344.00	27.48	1.00
2.00	Excluded area salaries (see instructions)	7,040,496	190,132	7,230,628	263,630.00	27.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	184,722,181	-4,391,622	180,330,559	6,562,714.00	27.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	35,332,533	0	35,332,533	480,344.00	73.56	4.00
5.00	Subtotal wage-related costs (see inst.)	73,749,825	0	73,749,825	0.00	40.90	5.00
6.00	Total (sum of lines 3 thru 5)	293,804,539	-4,391,622	289,412,917	7,043,058.00	41.09	6.00
7.00	Total overhead cost (see instructions)	63,516,908	-1,694,803	61,822,105	2,485,206.02	24.88	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/22/2018 12:14 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			13,503,057 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)			27,800,197 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			1,674,382 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,640,014 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			0 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			8,402,790 9.00
10.00	Dental, Hearing and Vision Plan			2,956,467 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			281,475 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)			312,398 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,030,373 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			14,693,611 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			235,711 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			307,676 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			82,838,151 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: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part V Date/Time Prepared: 2/22/2018 12:14 pm
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	3,807,360	76,246,375	1.00
2.00	Hospital	3,793,628	73,749,825	2.00
3.00	Subprovider - IPF	0	1,791,637	3.00
4.00	Subprovider - IRF	13,732	704,913	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0148

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

Worksheet S-5

Date/Time Prepared:
2/22/2018 12:14 pm

		Outpatient		Training		Home					
		Regular 1.00	High Flux 2.00	Hemodialysis 3.00	CAPD / CCPD 4.00	Hemodialysis 5.00	CAPD / CCPD 6.00				
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	365	0					5.00			
6.00	Number of stations	11	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y		10.01		
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y		10.02		
							Prior to 1/1 1.00	After 12/31 2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						110		11.00		
12.00	Number of patients transplanted during the cost reporting period						19		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP 1.00	INITIAL METHOD 2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable							X	21.00		
	ESA Description	Net Cost of ESAs for Renal Patients 2.00	Net Cost of ESAs for Home Patients 3.00	Number of ESA Units - Renal Dialysis Dept. 4.00	Number of ESA Units - Home Dialysis Dept. 5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S-5 Date/Time Prepared: 2/22/2018 12:14 pm
			CCN	Treatments
			1.00	2.00
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142315	1,106	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/22/2018 12:14 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.217155	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		48,223,243	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		388,927,034	6.00
7.00	Medicaid cost (line 1 times line 6)		84,457,450	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)		36,234,207	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)		36,234,207	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)	22,525,874	2,167,878	24,693,752
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,891,606	2,167,878	7,059,484
22.00	Payments received from patients for amounts previously written off as charity care	829,461	186,453	1,015,914
23.00	Cost of charity care (line 21 minus line 22)	4,062,145	1,981,425	6,043,570
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			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
26.00	Total bad debt expense for the entire hospital complex (see instructions)		8,597,092	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		2,644,118	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		4,067,872	27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		4,529,220	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,407,297	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,450,867	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		44,685,074	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		19,783,468	19,783,468	8,712,901	28,496,369	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,694,532	44,221,834	49,916,366	-2,108,260	47,808,106	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,679,564	141,521,794	167,201,358	-1,091,071	166,110,287	5.00
6.00	00600	MAINTENANCE & REPAIRS	5,959,068	11,480,472	17,439,540	71,653	17,511,193	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	131,777	2,831,955	2,963,732	1,504	2,965,236	8.00
9.00	00900	HOUSEKEEPING	4,484,077	2,258,767	6,742,844	64,227	6,807,071	9.00
10.00	01000	DIETARY	3,261,389	928,638	4,190,027	-2,113,139	2,076,888	10.00
11.00	01100	CAFETERIA	833,353	2,575,269	3,408,622	2,165,192	5,573,814	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,395,766	-39,267	2,356,499	90,037	2,446,536	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,366,077	1,954,052	4,320,129	22,577	4,342,706	14.00
15.00	01500	PHARMACY	7,276,909	28,816,798	36,093,707	-27,339,359	8,754,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,833,518	1,509,800	5,343,318	53,407	5,396,725	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,010,664	1,010,664	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,436,300	0	8,436,300	274	8,436,574	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,357,138	1,357,138	0	1,357,138	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	14,905	14,905	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	97,183	22,211	119,394	122,135	241,529	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,192,587	8,022,961	39,215,548	953,333	40,168,881	30.00
31.00	03100	INTENSIVE CARE UNIT	7,299,575	3,086,066	10,385,641	-9,885	10,375,756	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,394,033	438,811	1,832,844	8,410	1,841,254	33.00
40.00	04000	SUBPROVIDER - I/PF	4,302,023	568,986	4,871,009	-8,132	4,862,877	40.00
41.00	04100	SUBPROVIDER - I/RF	1,655,549	244,609	1,900,158	12,985	1,913,143	41.00
43.00	04300	NURSERY	3,471,901	1,111,312	4,583,213	-3,558,202	1,025,011	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,643,196	13,376,647	31,019,843	-445,703	30,574,140	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,450,428	2,450,428	52.00
53.00	05300	ANESTHESIOLOGY	13,282,326	4,267,355	17,549,681	66,739	17,616,420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,225,812	11,665,860	19,891,672	-802,335	19,089,337	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,134,267	2,617,766	4,752,033	-154,598	4,597,435	55.00
57.00	05700	CT SCAN	1,351,109	2,187,813	3,538,922	5,197	3,544,119	57.00
58.00	05800	MRI	690,506	1,131,039	1,821,545	2,613	1,824,158	58.00
60.00	06000	LABORATORY	9,547,941	14,286,792	23,834,733	91,261	23,925,994	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	498,835	3,074,810	3,573,645	2,051	3,575,696	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,518,299	1,593,878	5,112,177	19,443	5,131,620	65.00
66.00	06600	PHYSICAL THERAPY	8,125,473	1,308,977	9,434,450	56,530	9,490,980	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,827,248	166,588	1,993,836	9,729	2,003,565	67.00
68.00	06800	SPEECH PATHOLOGY	754,461	65,904	820,365	7,217	827,582	68.00
69.00	06900	ELECTROCARDIOLOGY	6,356,146	16,281,115	22,637,261	-7,670,718	14,966,543	69.00
69.01	03340	GI UNIT	1,538,195	2,319,955	3,858,150	-66,338	3,791,812	69.01
69.02	03650	VASCULAR LAB	742,340	645,940	1,388,280	2,872	1,391,152	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	409,213	187,465	596,678	3,686	600,364	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	461,782	34,475,714	34,937,496	-19,275,052	15,662,444	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	30,739,137	30,739,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,275,146	27,275,146	73.00
73.01	03640	RENAL TXPLANT LAB	189,085	289,135	478,220	2,825	481,045	73.01
74.00	07400	RENAL DIALYSIS	1,180,257	648,217	1,828,474	-391,189	1,437,285	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,309,565	3,558,165	5,867,730	-1,506,506	4,361,224	75.00
76.97	07697	CARDIAC REHABILITATION	1,229,162	172,275	1,401,437	12,669	1,414,106	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,268,881	8,792,285	18,061,166	-251,966	17,809,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	299,556	797,378	1,096,934	1,368	1,098,302	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE	0	9,511,720	9,511,720	-9,382,006	129,714	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	211,348,836	406,118,467	617,467,303	-2,121,344	615,345,959	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,112	144,453	196,565	137	196,702	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,800	21,010	25,810	13,662	39,472	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	8,061	8,061	2,102,442	2,110,503	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	18,849	123,300	142,149	0	142,149	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	2,094	2,094	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	244,993	353,415	598,408	1,094	599,502	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	365,431	178,398	543,829	1,915	545,744	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	212,035,021	406,947,104	618,982,125	0	618,982,125	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,825,829	32,322,198	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-16,043,605	31,764,501	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-86,109,675	80,000,612	5.00
6.00	00600	MAINTENANCE & REPAIRS	165,909	17,677,102	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,965,236	8.00
9.00	00900	HOUSEKEEPING	-120,655	6,686,416	9.00
10.00	01000	DIETARY	-206,943	1,869,945	10.00
11.00	01100	CAFETERIA	-4,071,481	1,502,333	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,446,536	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-226	4,342,480	14.00
15.00	01500	PHARMACY	-2,000	8,752,348	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,590	5,454,315	16.00
17.00	01700	SOCIAL SERVICE	0	1,010,664	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-242,813	8,193,761	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,357,138	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	14,905	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	241,529	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-249,822	39,919,059	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,055,262	9,320,494	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-36,547	1,804,707	33.00
40.00	04000	SUBPROVIDER - I PF	-12,156	4,850,721	40.00
41.00	04100	SUBPROVIDER - I RF	-506	1,912,637	41.00
43.00	04300	NURSERY	-28,226	996,785	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,767,776	28,806,364	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,450,428	52.00
53.00	05300	ANESTHESIOLOGY	-12,836,125	4,780,295	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-406,140	18,683,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,428	4,612,863	55.00
57.00	05700	CT SCAN	21,046	3,565,165	57.00
58.00	05800	MRI	31,757	1,855,915	58.00
60.00	06000	LABORATORY	-891,907	23,034,087	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,575,696	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-54,229	5,077,391	65.00
66.00	06600	PHYSICAL THERAPY	23,264	9,514,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,767	2,016,332	67.00
68.00	06800	SPEECH PATHOLOGY	0	827,582	68.00
69.00	06900	ELECTROCARDIOLOGY	-699,892	14,266,651	69.00
69.01	03340	GI UNIT	-13,639	3,778,173	69.01
69.02	03650	VASCULAR LAB	-29,327	1,361,825	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-19,075	581,289	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-22,875	15,639,569	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	30,739,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,275,146	73.00
73.01	03640	RENAL TXPLANT LAB	-15,292	465,753	73.01
74.00	07400	RENAL DIALYSIS	-11,223	1,426,062	74.00
75.00	07500	ASC (NON-DISTINCT PART)	323,473	4,684,697	75.00
76.97	07697	CARDIAC REHABILITATION	-28,412	1,385,694	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-278,958	17,530,242	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-97,787	1,000,515	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	-129,714	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-121,005,225	494,340,734	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	196,702	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	39,472	192.00
192.01	19201	SCHOOL OF MEDICINE	0	2,110,503	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

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

Worksheet A
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	142,149	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	2,094	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	192.09
192.10	19209	AUDIOLOGY	0	599,502	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	545,744	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	-121,005,225	497,976,900	200.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6
Date/Time Prepared:
2/22/2018 12:14 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
A - Lease Reclass						
1.00	SIU SCHOOL OF MEDICINE	192.01		0	1,194,165	1.00
2.00		0.00		0	0	2.00
	TOTALS			0	1,194,165	
B - Drugs Charged to Patients						
1.00	DRUGS CHARGED TO PATIENTS	73.00			27,217,498	1.00
2.00				0	27,217,498	2.00
C - Interest Expense						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	9,382,006	1.00
2.00		0.00		0	0	2.00
	TOTALS			0	9,382,006	
D - Social Service Recl ass						
1.00	SOCIAL SERVICE	17.00		742,448	268,216	1.00
2.00		0.00		0	0	2.00
	TOTALS			742,448	268,216	
E - Renal Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00			404,130	1.00
2.00				0	404,130	2.00
F - Cafe/Dietary Other Costs Recl ass						
1.00	CAFETERIA	11.00		2,109,724	46,973	1.00
2.00		0.00		0	0	2.00
	TOTALS			2,109,724	46,973	
G - FMS Recl ass Other Costs						
1.00	ADULTS & PEDIATRICS	30.00		783,261	241,612	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		1,872,743	577,685	2.00
3.00		0.00		0	0	3.00
	TOTALS			2,656,004	819,297	
H - Contract Labor						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	74,222	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		4,323	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		0	68,684	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00		0	290,061	4.00
5.00	ADULTS & PEDIATRICS	30.00		0	2,759,385	5.00
6.00	INTENSIVE CARE UNIT	31.00		0	14,814	6.00
7.00	BURN INTENSIVE CARE UNIT	33.00		0	3,007	7.00
8.00	SUBPROVIDER - IRF	41.00		0	13,732	8.00
9.00	OPERATING ROOM	50.00		0	1,085	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		0	245,845	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00		0	17,325	11.00
12.00	CT SCAN	57.00		0	230,416	12.00
13.00	MRI	58.00		0	12,382	13.00
14.00	ELECTROCARDIOLOGY	69.00		0	228,452	14.00
15.00	ANESTHESIOLOGY	53.00		0	246,129	15.00
	TOTALS			4,323	4,205,539	
I - Kinetic Bed Recl ass						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00			6,299	1.00
2.00				0	6,299	2.00
J - Building Insurance Recl ass						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	525,060	1.00
2.00		0.00		0	0	2.00
	TOTALS			0	525,060	
K - Observation Recl ass						
1.00	ADULTS & PEDIATRICS	30.00		9,856	3,550	1.00
2.00		0.00		0	0	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
	TOTALS			9,856	3,550	
M - Implantable Devices						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00		0	30,739,137	1.00
2.00		0.00		0	0	2.00
3.00		0.00		0	0	3.00
4.00		0.00		0	0	4.00
5.00		0.00		0	0	5.00
6.00		0.00		0	0	6.00
7.00		0.00		0	0	7.00
8.00		0.00		0	0	8.00
9.00		0.00		0	0	9.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
2/22/2018 12:14 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	30,739,137	
N - SIU Purchased Service Support					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	908,277	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	908,277	
O - Affiliate Accounting Reclass					
1.00	VNA OF CENTRAL IL	192.06		2,094	1.00
2.00			0	2,094	2.00
Q - Management Incentive Program					
1.00		0.00	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	422,596	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	48,950	0	3.00
4.00	HOUSEKEEPING	9.00	20,735	0	4.00
5.00	DIETARY	10.00	18,393	0	5.00
6.00	CAFETERIA	11.00	1,520	0	6.00
7.00	NURSING ADMINISTRATION	13.00	76,771	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	6,439	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	27,558	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	68,010	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	16,262	0	11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	7,470	0	12.00
13.00	SUBPROVIDER - IPF	40.00	24,454	0	13.00
14.00	SUBPROVIDER - IRF	41.00	6,341	0	14.00
15.00	NURSERY	43.00	13,663	0	15.00
16.00	OPERATING ROOM	50.00	86,474	0	16.00
17.00	ANESTHESIOLOGY	53.00	50,327	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	33,119	0	18.00
19.00	LABORATORY	60.00	44,760	0	19.00
20.00	RESPIRATORY THERAPY	65.00	4,960	0	20.00
21.00	PHYSICAL THERAPY	66.00	53,403	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	3,027	0	22.00
23.00	SPEECH PATHOLOGY	68.00	5,302	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	19,843	0	24.00
25.00	GI UNIT	69.01	6,341	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	2,045	0	26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	2,586	0	27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	35,902	0	28.00
29.00	RENAL TXPLANT LAB	73.01	2,278	0	29.00
30.00	RENAL DIALYSIS	74.00	8,701	0	30.00
31.00	ASC (NON-DISTINCT PART)	75.00	9,931	0	31.00
32.00	CARDIAC REHABILITATION	76.97	7,062	0	32.00
33.00	EMERGENCY	91.00	29,910	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	8,602	0	34.00
	TOTALS		1,173,735	0	
R - Success Sharing Program					
1.00					1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	177,248		2.00
3.00	MAINTENANCE & REPAIRS	6.00	22,703		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,504		4.00
5.00	HOUSEKEEPING	9.00	43,492		5.00
6.00	DIETARY	10.00	25,165		6.00
7.00	CAFETERIA	11.00	6,975		7.00
8.00	NURSING ADMINISTRATION	13.00	13,266		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	16,138		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	25,849		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	274		11.00
12.00	PARAMED ED PRGM-(PHARMACY)	23.01	274		12.00
13.00	ADULTS & PEDIATRICS	30.00	132,390		13.00
14.00	INTENSIVE CARE UNIT	31.00	33,918		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	6,428		15.00
16.00	SUBPROVIDER - IPF	40.00	20,925		16.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	SUBPROVIDER - IRF	41.00	7,249		17.00
18.00	NURSERY	43.00	19,011		18.00
19.00	OPERATING ROOM	50.00	68,657		19.00
20.00	ANESTHESIOLOGY	53.00	16,412		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	36,790		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	6,838		22.00
23.00	CT SCAN	57.00	5,197		23.00
24.00	MRI	58.00	3,009		24.00
25.00	LABORATORY	60.00	46,501		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	2,051		26.00
27.00	RESPIRATORY THERAPY	65.00	15,591		27.00
28.00	PHYSICAL THERAPY	66.00	29,952		28.00
29.00	OCCUPATIONAL THERAPY	67.00	6,702		29.00
30.00	SPEECH PATHOLOGY	68.00	1,915		30.00
31.00	ELECTROCARDIOLOGY	69.00	25,165		31.00
32.00	GI UNIT	69.01	8,069		32.00
33.00	VASCULAR LAB	69.02	2,872		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	1,641		34.00
35.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	821		35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	21,746		36.00
37.00	RENAL TXPLANT LAB	73.01	547		37.00
38.00	RENAL DIALYSIS	74.00	4,240		38.00
39.00	ASC (NON-DISTINCT PART)	75.00	10,805		39.00
40.00	CARDIAC REHABILITATION	76.97	5,607		40.00
41.00	EMERGENCY	91.00	51,014		41.00
42.00	KIDNEY ACQUISITION	105.00	1,368		42.00
43.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	137		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	5,060		44.00
45.00	AUDIOLOGY	192.10	1,094		45.00
46.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	1,915		46.00
			934,525	0	
S - EMS Coordinator Recl ass Other Costs					
1.00	PARAMED ED PRGM-(EMS)	23.00	13,846	1,059	1.00
2.00		0.00	0	0	2.00
	TOTALS		13,846	1,059	
T - Pharmacy Residency Recl ass Salary					
1.00	PARAMED ED PRGM-(PHARMACY)	23.01	113,201	8,660	1.00
2.00		0.00	0	0	2.00
	TOTALS		113,201	8,660	
500.00	Grand Total: Increases		7,757,662	75,731,960	500.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Lease Recl ass							
1.00		0.00	0	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,194,165	10		2.00
	TOTALS		0	1,194,165			
B - Drugs Charged to Patients							
1.00							1.00
2.00	PHARMACY	15.00	0	27,217,498			2.00
			0	27,217,498			
C - Interest Expense							
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	9,382,006	0		2.00
	TOTALS		0	9,382,006			
D - Social Service Recl ass							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	742,448	268,216	0		2.00
	TOTALS		742,448	268,216			
E - Renal Medical Supplies							
1.00							1.00
2.00	RENAL DIALYSIS	74.00	0	404,130			2.00
			0	404,130			
F - Cafe/Dietary Other Costs Recl ass							
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	2,109,724	46,973	0		2.00
	TOTALS		2,109,724	46,973			
G - FMS Recl ass Other Costs							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSERY	43.00	2,656,004	819,297	0		3.00
	TOTALS		2,656,004	819,297			
H - Contract Labor							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	74,222	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,323	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	68,684	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	290,061	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	2,759,385	0	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	14,814	0	0		6.00
7.00	BURN INTENSIVE CARE UNIT	33.00	3,007	0	0		7.00
8.00	SUBPROVIDER - IRF	41.00	13,732	0	0		8.00
9.00	OPERATING ROOM	50.00	1,085	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	245,845	0	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	17,325	0	0		11.00
12.00	CT SCAN	57.00	230,416	0	0		12.00
13.00	MRI	58.00	12,382	0	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	228,452	0	0		14.00
15.00	ANESTHESIOLOGY	53.00	246,129	0	0		15.00
	TOTALS		4,205,539	4,323			
I - Kinetic Bed Recl ass							
1.00							1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,299			2.00
			0	6,299			
J - Building Insurance Recl ass							
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	525,060	0		2.00
	TOTALS		0	525,060			
K - Observation Recl ass							
1.00		0.00	0	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	5,080	2,148	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	4,174	1,314	0		3.00
4.00	SUBPROVIDER - IPF	40.00	75	10	0		4.00
5.00	SUBPROVIDER - IRF	41.00	527	78	0		5.00
	TOTALS		9,856	3,550			
M - Implantable Devices							
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	102	0		2.00
3.00	NURSERY	43.00	0	115,575	0		3.00
4.00	OPERATING ROOM	50.00	0	600,450	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	872,244	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	161,436	0		6.00
7.00	MRI	58.00	0	396	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	1,108	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	7,690,948	0		9.00
10.00	GI UNIT	69.01	0	80,748	0		10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,688,888	0		11.00

RECLASSIFICATIONS

Provider CCN: 14-0148

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
12.00	6.00 ASC (NON-DISTINCT PART)	75.00	0	1,527,242	10.00	0	12.00
	TOTALS		0	30,739,137			
N - SIU Purchased Service Support							
1.00		0.00	0	0		0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	153,097		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	278,945		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	52,837		0	4.00
5.00	SUBPROVIDER - IPF	40.00	0	53,426		0	5.00
6.00	OPERATING ROOM	50.00	0	384		0	6.00
7.00	PHYSICAL THERAPY	66.00	0	26,825		0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	24,778		0	8.00
9.00	EMERGENCY	91.00	0	317,985		0	9.00
	TOTALS		0	908,277			
O - Affiliate Accounting Recl ass							
1.00							1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		2,094			2.00
			0	2,094			
Q - Management Incentive Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,173,735	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
21.00		0.00	0	0		0	21.00
22.00		0.00	0	0		0	22.00
23.00		0.00	0	0		0	23.00
24.00		0.00	0	0		0	24.00
25.00		0.00	0	0		0	25.00
26.00		0.00	0	0		0	26.00
27.00		0.00	0	0		0	27.00
28.00		0.00	0	0		0	28.00
29.00		0.00	0	0		0	29.00
30.00		0.00	0	0		0	30.00
31.00		0.00	0	0		0	31.00
32.00		0.00	0	0		0	32.00
33.00		0.00	0	0		0	33.00
34.00		0.00	0	0		0	34.00
	TOTALS		1,173,735	0			
R - Success Sharing Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	934,525				1.00
2.00							2.00
3.00							3.00
4.00							4.00
5.00							5.00
6.00							6.00
7.00							7.00
8.00							8.00
9.00							9.00
10.00							10.00
11.00							11.00
12.00							12.00
13.00							13.00
14.00							14.00
15.00							15.00
16.00							16.00
17.00							17.00
18.00							18.00
19.00							19.00
20.00							20.00

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
21.00						21.00
22.00						22.00
23.00						23.00
24.00						24.00
25.00						25.00
26.00						26.00
27.00						27.00
28.00						28.00
29.00						29.00
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00
34.00						34.00
35.00						35.00
36.00						36.00
37.00						37.00
38.00						38.00
39.00						39.00
40.00						40.00
41.00						41.00
42.00						42.00
43.00						43.00
44.00						44.00
45.00						45.00
46.00						46.00
			934,525	0		
S - EMS Coordinator Recl ass Other Costs						
1.00		0.00	0	0	0	1.00
2.00	EMERGENCY	91.00	13,846	1,059	0	2.00
	TOTALS		13,846	1,059		
T - Pharmacy Residency Recl ass Salary						
1.00		0.00	0	0	0	1.00
2.00	PHARMACY	15.00	113,201	8,660	0	2.00
	TOTALS		113,201	8,660		
500.00	Grand Total: Decreases		11,958,878	71,530,744		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

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

Worksheet A-7
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	24,128,425	601,381	0	601,381	1,092,713	1.00
2.00	Land Improvements	2,487,624	12,030	0	12,030	-219,336	2.00
3.00	Buildings and Fixtures	179,562,929	8,140,649	0	8,140,649	-25,114,034	3.00
4.00	Building Improvements	17,460,564	-9,525,014	0	-9,525,014	0	4.00
5.00	Fixed Equipment	40,689,474	2,634,823	0	2,634,823	-4,267,331	5.00
6.00	Movable Equipment	28,757,973	2,475,117	0	2,475,117	158,946	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	293,086,989	4,338,986	0	4,338,986	-28,349,042	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	293,086,989	4,338,986	0	4,338,986	-28,349,042	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	23,637,093	0				1.00
2.00	Land Improvements	2,718,990	0				2.00
3.00	Buildings and Fixtures	212,817,612	0				3.00
4.00	Building Improvements	7,935,550	0				4.00
5.00	Fixed Equipment	47,591,628	0				5.00
6.00	Movable Equipment	31,074,144	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	325,775,017	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	325,775,017	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

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

Worksheet A-7
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	19,783,468	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)	19,783,468	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	19,783,468				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	19,783,468				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

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

Worksheet A-7
Part III
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	374,206,386	0	374,206,386	0.661571	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	191,426,636	0	191,426,636	0.338429	0	2.00
3.00	Total (sum of lines 1-2)	565,633,022	0	565,633,022	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	23,679,326	-1,194,165	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,679,326	-1,194,165	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	9,311,977	525,060	0	0	32,322,198	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,311,977	525,060	0	0	32,322,198	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-44,862,854				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	-13,193,642				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-206,943	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-64,509	CAFETERIA		11.00	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	NONPHYSICIAN ANESTHETISTS	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 Misc. Income	B	-124,087	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

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

Worksheet A-8

Date/Time Prepared:
2/22/2018 12:14 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	Mi sc. Income	B	-256,347	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	Mi sc. Income	B	-251,933	MAINTENANCE & REPAIRS	6.00	0 33.02
33.03	Mi sc. Income	B	-157,014	HOUSEKEEPING	9.00	0 33.03
33.04	Mi sc. Income	B	-75	CAFETERIA	11.00	0 33.04
33.05	Mi sc. Income	B	-226	CENTRAL SERVICES & SUPPLY	14.00	0 33.05
33.06	Mi sc. Income	B	-2,000	PHARMACY	15.00	0 33.06
33.07	Mi sc. Income	B	-179,158	MEDICAL RECORDS & LIBRARY	16.00	0 33.07
33.08	Mi sc. Income	B	-242,813	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.08
33.09	Mi sc. Income	B	-16,166	ADULTS & PEDIATRICS	30.00	0 33.09
33.10	Mi sc. Income	B	-5,504	NURSERY	43.00	0 33.10
33.11	Mi sc. Income	B	-38,636	OPERATING ROOM	50.00	0 33.11
33.12	Mi sc. Income	B	-36	ANESTHESIOLOGY	53.00	0 33.12
33.13	Mi sc. Income	B	-2,248	RADIOLOGY-DIAGNOSTIC	54.00	0 33.13
33.14	Mi sc. Income	B	-933	RADIOLOGY-THERAPEUTIC	55.00	0 33.14
33.15	Mi sc. Income	B	-314,556	LABORATORY	60.00	0 33.15
33.16	Mi sc. Income	B	-143,149	PHYSICAL THERAPY	66.00	0 33.16
33.17	Mi sc. Income	B	-5,929	OCCUPATIONAL THERAPY	67.00	0 33.17
33.18	Mi sc. Income	B	-16,644	ELECTROCARDIOLOGY	69.00	0 33.18
33.19	Mi sc. Income	B	-20,025	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 33.19
33.20	Mi sc. Income	B	-16,480	CARDIAC REHABILITATION	76.97	0 33.20
33.21	Mi sc. Income	B	-5,150	EMERGENCY	91.00	0 33.21
33.22	Mi sc. Income	B	-3	KIDNEY ACQUISITION	105.00	0 33.22
37.00	Cafeteria Revenues	B	-4,006,897	CAFETERIA	11.00	0 37.00
37.01	Autopsy Reimbursement	B	-53,864	LABORATORY	60.00	0 37.01
37.02	Prompt Pay Interest Penalty	B	-5,768,114	ADMINISTRATIVE & GENERAL	5.00	0 37.02
37.03	Child Care Income	B	-1,157,306	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.03
37.04	Gain Loss on Disposal	B	-9,862	ADMINISTRATIVE & GENERAL	5.00	0 37.04
38.00	Legal Fees	A	-48,000	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01	Rental Income	B	-214,047	ADMINISTRATIVE & GENERAL	5.00	0 38.01
38.02	CRNA CONTRACT LABOR	A	-246,129	ANESTHESIOLOGY	53.00	0 38.02
38.04	CRNA Offset	A	-11,750,017	ANESTHESIOLOGY	53.00	0 38.04
38.05	CRNA FICA	A	-622,089	ANESTHESIOLOGY	53.00	0 38.05
38.06	CRNA Benefits	A	-1,682,874	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-66,739	ANESTHESIOLOGY	53.00	0 38.07
38.08	Real Estate Taxes	A	-22,318	ADMINISTRATIVE & GENERAL	5.00	0 38.08
38.09	IL Retailers Tax	A	39	ADMINISTRATIVE & GENERAL	5.00	0 38.09
38.11	Interest Expenses	A	-116,829	CAP REL COSTS-BLDG & FIXT	1.00	11 38.11
38.15	Investment Mgmt Fees	B	46,800	CAP REL COSTS-BLDG & FIXT	1.00	11 38.15
38.17	Work Compensation	A	-990,179	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.17
38.22	Ambulance Offset	A	-6,616	SUBPROVIDER - IPF	40.00	0 38.22
38.23	Ambulance Offset	A	-198,472	EMERGENCY	91.00	0 38.23
39.00	Self Insurance Malpractice	A	1,680,578	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	Self Insurance Health	A	-11,624,052	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
41.00	Pension Cost	A	-81,990	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.00
42.00	Advertising Expense	A	-1,352,421	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	Advertising Expense	A	-3,037	OPERATING ROOM	50.00	0 42.01
42.02	Advertising Expense	A	-11,865	PHYSICAL THERAPY	66.00	0 42.02
42.03	Advertising Expense	A	-15,159	ELECTROCARDIOLOGY	69.00	0 42.03
42.04	Advertising Expense	A	-2,850	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 42.04
43.00	Post Judgement Interest	B	-38,188	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	Hospital Mutual Assistance Program / MCO HAP Admin Fee	A	-100,550	ADMINISTRATIVE & GENERAL	5.00	0 44.00
45.00	VNA Offset	A	-231,938	ADMINISTRATIVE & GENERAL	5.00	0 45.00
46.00	Operating Released	B	-26,870	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00
46.01	Operating Released	B	-438,131	ADMINISTRATIVE & GENERAL	5.00	0 46.01
46.03	Deferred Comp Interest/Dividends	B	-129,714	INTEREST EXPENSE	113.00	0 46.03
46.04	Medical Director	A	28,413	ADMINISTRATIVE & GENERAL	5.00	0 46.04
46.05	Medical Director	A	29,931	ADULTS & PEDIATRICS	30.00	0 46.05
46.06	Medical Director	A	7,991	INTENSIVE CARE UNIT	31.00	0 46.06
46.07	Medical Director	A	15,000	BURN INTENSIVE CARE UNIT	33.00	0 46.07
46.08	Medical Director	A	417	SUBPROVIDER - IPF	40.00	0 46.08
46.09	Medical Director	A	177	SUBPROVIDER - IRF	41.00	0 46.09
46.10	Medical Director	A	36,281	OPERATING ROOM	50.00	0 46.10
46.11	Medical Director	A	5,863	ANESTHESIOLOGY	53.00	0 46.11

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
46.12	Medical Director	A	2,520	RADIOLOGY-DIAGNOSTIC	54.00	0 46.12
46.13	Medical Director	A	19,531	RADIOLOGY-THERAPEUTIC	55.00	0 46.13
46.14	Medical Director	A	3,289	RESPIRATORY THERAPY	65.00	0 46.14
46.15	Medical Director	A	9,460	PHYSICAL THERAPY	66.00	0 46.15
46.16	Medical Director	A	6,000	ELECTROCARDIOLOGY	69.00	0 46.16
46.17	Medical Director	A	5,871	GI UNIT	69.01	0 46.17
46.18	Medical Director	A	5,946	RENAL DIALYSIS	74.00	0 46.18
46.19	Medical Director	A	29,443	KIDNEY ACQUISITION	105.00	0 46.19
46.20	Non-Personal Donations	A	-583,040	ADMINISTRATIVE & GENERAL	5.00	0 46.20
46.21	Non-Personal Donations	A	-180	BURN INTENSIVE CARE UNIT	33.00	0 46.21
46.22	Non-Personal Donations	A	-9,992	RADIOLOGY-DIAGNOSTIC	54.00	0 46.22
46.23	Non-Personal Donations	A	-10	PHYSICAL THERAPY	66.00	0 46.23
46.24	Non-Personal Donations	A	-445	GI UNIT	69.01	0 46.24
46.25	Non-Personal Donations	A	-8,872	KIDNEY ACQUISITION	105.00	0 46.25
46.30	Restricted Grant Income	B	-41,398	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.30
46.31	Restricted Grant Income	B	-460,714	ADMINISTRATIVE & GENERAL	5.00	0 46.31
47.00	A&G Patient Revenue Offset	B	-9,546	ADMINISTRATIVE & GENERAL	5.00	0 47.00
48.00	Illinois Provider Assessment Expense	A	-18,137,062	ADMINISTRATIVE & GENERAL	5.00	0 48.00
49.00	Lobbyist Fees	A	-143,095	ADMINISTRATIVE & GENERAL	5.00	0 49.00
49.01	Collection Fees	A	-2,766	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.01
49.02	Collection Fees	A	-21,331	ADMINISTRATIVE & GENERAL	5.00	0 49.02
49.03	Collection Fees	A	-127,355	OPERATING ROOM	50.00	0 49.03
49.04	Collection Fees	A	-113,265	ANESTHESIOLOGY	53.00	0 49.04
49.05	Collection Fees	A	-74,827	RADIOLOGY-DIAGNOSTIC	54.00	0 49.05
49.06	Collection Fees	A	-103,131	ELECTROCARDIOLOGY	69.00	0 49.06
49.07	Collection Fees	A	-9,158	VASCULAR LAB	69.02	0 49.07
49.10	Professional Fees Salary	A	-574,353	OPERATING ROOM	50.00	0 49.10
49.11	Professional Fees FICA	A	-16,215	OPERATING ROOM	50.00	0 49.11
49.12	Professional Fees Benefits	A	-82,261	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.12
49.13	Professional Fees Salary	A	-140,572	ELECTROCARDIOLOGY	69.00	0 49.13
49.14	Professional Fees FICA	A	-10,754	ELECTROCARDIOLOGY	69.00	0 49.14
49.15	Professional Fees Benefits	A	-20,133	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.15
49.16	Professional Fees Salary	A	-905,241	OPERATING ROOM	50.00	0 49.16
49.17	Professional Fees FICA	A	-69,251	OPERATING ROOM	50.00	0 49.17
49.18	Professional Fees Benefits	A	-129,631	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.18
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-121,005,225			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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared: 2/22/2018 12:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	33,067,462	47,226,723 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	4,031,566	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,375,438 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	45,459	2,242,277 3.01
3.02	9.00	HOUSEKEEPING	BAYLIS RENT - HSKG	10,198	0 3.02
3.03	6.00	MAINTENANCE & REPAIRS	BAYLIS RENT - MAINT	91,332	0 3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	196,053	0 3.04
3.05	57.00	CT SCAN	BAYLIS RENT - CAT SCAN	21,046	0 3.05
3.06	58.00	MRI	BAYLIS RENT - MRI	31,757	0 3.06
3.07	60.00	LABORATORY	BAYLIS RENT - LAB	16,262	0 3.07
3.08	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	323,473	0 3.08
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	8,652	995,293 3.10
3.11	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	32,494	0 3.11
3.12	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	159,285	0 3.12
3.13	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	12,754	0 3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	113,516	0 3.14
3.15	60.00	LABORATORY	KOKE MILL RENT - LAB	42,065	0 3.15
3.16	67.00	OCCUPATIONAL THERAPY	KOKE MILL RENT - OT	18,696	0 3.16
3.17	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	247,990	0 3.17
3.18	60.00	LABORATORY	SIXTH LAB	59,007	0 3.18
3.19	6.00	MAINTENANCE & REPAIRS	SIXTH ENGINEERING	11,449	0 3.19
3.20	9.00	HOUSEKEEPING	SIXTH HSKG	2,936	0 3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	SIXTH IT	3,425	89,623 3.21
3.22	60.00	LABORATORY	NDIRKSEN LAB	50,986	0 3.22
3.23	6.00	MAINTENANCE & REPAIRS	NDIRKSEN ENGINEERING	9,975	0 3.23
3.24	9.00	HOUSEKEEPING	NDIRKSEN HSKG	1,036	0 3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	NDIRKSEN IT	2,110	80,773 3.25
3.26	5.00	ADMINISTRATIVE & GENERAL	VNA RENT - A&G	23,316	0 3.26
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	68,860	0 3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	585,895	738,429 3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	71,085	0 3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	8,157	0 3.30
3.31	60.00	LABORATORY	2401 W JEFFERSON - LAB	79,931	0 3.31
3.32	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC A	27,571	0 3.32
3.33	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	283,572	0 3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	135,708 3.34
3.35	66.00	PHYSICAL THERAPY	PETERSBURG RENT	22,162	0 3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB	90,969	0 3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	168,597 3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	23,831 3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	8,138 3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	150,652 3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	21,295 3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	7,272 3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	56,905 3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	8,044 3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	2,747 3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	30,293 3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	4,282 3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	1,462 3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	347,482 3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	48,998 3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	13,369 3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	74,303 3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	10,477 3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCC	0	2,859 3.54
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	24,715 3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	3,501 3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	1,236 3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	193,728 3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	27,384 3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	9,351 3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	7,808 3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	1,106 3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	390 3.66
3.67	66.00	PHYSICAL THERAPY	501 N FIRST - PSYCH	54,491	0 3.67
3.68	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	77,724	0 3.68
3.69	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	971	0 3.69
3.70	9.00	HOUSEKEEPING	501 N FIRST - HSKPG	1,278	0 3.70
3.71	5.00	ADMINISTRATIVE & GENERAL	501 N FIRST - IT	1,303	133,231 3.71

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0148
 Period: From 10/01/2016 To 09/30/2017
 Worksheet A-8-1
 Date/Time Prepared: 2/22/2018 12:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	9,808	144,315	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	73,745	0	4.01
4.02	60.00	LABORATORY	340 MILLER - LAB	5,507	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	129,530	0	4.03
4.04	60.00	LABORATORY	CHURCHILL - LAB	7,649	0	4.04
4.06	5.00	ADMINISTRATIVE & GENERAL	VINE ST - A&G	3,777	0	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	264,107	0	4.07
4.10	5.00	ADMINISTRATIVE & GENERAL	400 W LAWRENCE - A&G	716,001	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,218,393	54,412,035	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	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITAL	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	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: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/22/2018 12:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-14,159,261	0		1.00
2.00	4,031,566	9		2.00
3.00	-1,375,438	0		3.00
3.01	-2,196,818	0		3.01
3.02	10,198	0		3.02
3.03	91,332	0		3.03
3.04	196,053	0		3.04
3.05	21,046	0		3.05
3.06	31,757	0		3.06
3.07	16,262	0		3.07
3.08	323,473	0		3.08
3.10	-986,641	0		3.10
3.11	32,494	0		3.11
3.12	159,285	0		3.12
3.13	12,754	0		3.13
3.14	113,516	0		3.14
3.15	42,065	0		3.15
3.16	18,696	0		3.16
3.17	247,990	0		3.17
3.18	59,007	0		3.18
3.19	11,449	0		3.19
3.20	2,936	0		3.20
3.21	-86,198	0		3.21
3.22	50,986	0		3.22
3.23	9,975	0		3.23
3.24	1,036	0		3.24
3.25	-78,663	0		3.25
3.26	23,316	0		3.26
3.27	68,860	0		3.27
3.28	-152,534	0		3.28
3.29	71,085	0		3.29
3.30	8,157	0		3.30
3.31	79,931	0		3.31
3.32	27,571	0		3.32
3.33	283,572	0		3.33
3.34	-135,708	9		3.34
3.35	22,162	0		3.35
3.36	90,969	0		3.36
3.37	-168,597	0		3.37
3.38	-23,831	0		3.38
3.39	-8,138	0		3.39
3.40	-150,652	0		3.40
3.41	-21,295	0		3.41
3.42	-7,272	0		3.42
3.43	-56,905	0		3.43
3.44	-8,044	0		3.44
3.45	-2,747	0		3.45
3.46	-30,293	0		3.46
3.47	-4,282	0		3.47
3.48	-1,462	0		3.48
3.49	-347,482	0		3.49
3.50	-48,998	0		3.50
3.51	-13,369	0		3.51
3.52	-74,303	0		3.52
3.53	-10,477	0		3.53
3.54	-2,859	0		3.54
3.58	-24,715	0		3.58
3.59	-3,501	0		3.59
3.60	-1,236	0		3.60
3.61	-193,728	0		3.61
3.62	-27,384	0		3.62
3.63	-9,351	0		3.63
3.64	-7,808	0		3.64
3.65	-1,106	0		3.65
3.66	-390	0		3.66
3.67	54,491	0		3.67
3.68	77,724	0		3.68
3.69	971	0		3.69
3.70	1,278	0		3.70
3.71	-131,928	0		3.71

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

Provider CCN: 14-0148

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

Worksheet A-8-1

Date/Time Prepared:
2/22/2018 12:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.00	-134,507	0		4.00
4.01	73,745	0		4.01
4.02	5,507	0		4.02
4.03	129,530	0		4.03
4.04	7,649	0		4.04
4.06	3,777	0		4.06
4.07	264,107	0		4.07
4.10	716,001	0		4.10
5.00	-13,193,642			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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		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: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/22/2018 12:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	41,074,531	39,764,154	1,310,377	136,700	4,721	1.00
2.00	30.00	ADULTS & PEDIATRICS	345,870	102,698	243,172	136,700	1,252	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,149,416	908,063	241,353	154,100	1,163	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	73,000	0	73,000	154,100	292	4.00
5.00	40.00	SUBPROVIDER - IPF	9,588	3,000	6,588	142,500	53	5.00
6.00	41.00	SUBPROVIDER - IRF	1,406	0	1,406	136,700	11	6.00
7.00	43.00	NURSERY	40,335	2,434	37,901	136,700	268	7.00
8.00	50.00	OPERATING ROOM	247,977	59,060	188,917	204,100	1,022	8.00
9.00	53.00	ANESTHESIOLOGY	78,766	0	78,766	200,300	364	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	29,169	0	29,169	231,100	234	10.00
11.00	60.00	LABORATORY	1,146,119	357,662	788,457	219,500	3,423	11.00
12.00	65.00	RESPIRATORY THERAPY	80,652	2,733	77,919	136,700	352	12.00
13.00	66.00	PHYSICAL THERAPY	329,921	65,606	264,315	136,700	1,265	13.00
14.00	69.00	ELECTROCARDIOLOGY	471,783	398,358	73,425	136,700	374	14.00
15.00	69.01	GI UNIT	26,426	0	26,426	136,700	112	15.00
16.00	69.02	VASCULAR LAB	24,244	11,286	12,958	136,700	62	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	28,539	5,394	23,145	136,700	144	17.00
18.00	74.00	RENAL DIALYSIS	25,318	0	25,318	136,700	124	18.00
19.00	91.00	EMERGENCY	117,200	3,293	113,907	136,700	637	19.00
20.00	105.00	KIDNEY ACQUISITION	169,749	0	169,749	136,700	782	20.00
21.00	73.01	RENAL TXPLANT LAB	38,508	5,508	33,000	219,500	220	21.00
22.00	76.97	CARDIAC REHABILITATION	49,947	29,741	20,206	136,700	84	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	695,603	518,703	176,900	231,100	580	25.00
200.00			46,254,067	42,237,693	4,016,374		17,539	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	310,270	15,514	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	82,283	4,114	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	86,163	4,308	0	0	0	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	21,633	1,082	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	3,631	182	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	723	36	0	0	0	6.00
7.00	43.00	NURSERY	17,613	881	0	0	0	7.00
8.00	50.00	OPERATING ROOM	100,284	5,014	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	35,053	1,753	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	25,999	1,300	0	0	0	10.00
11.00	60.00	LABORATORY	361,225	18,061	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	23,134	1,157	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	83,137	4,157	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	24,580	1,229	0	0	0	14.00
15.00	69.01	GI UNIT	7,361	368	0	0	0	15.00
16.00	69.02	VASCULAR LAB	4,075	204	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	9,464	473	0	0	0	17.00
18.00	74.00	RENAL DIALYSIS	8,149	407	0	0	0	18.00
19.00	91.00	EMERGENCY	41,864	2,093	0	0	0	19.00
20.00	105.00	KIDNEY ACQUISITION	51,394	2,570	0	0	0	20.00
21.00	73.01	RENAL TXPLANT LAB	23,216	1,161	0	0	0	21.00
22.00	76.97	CARDIAC REHABILITATION	5,521	276	0	0	0	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	64,441	3,222	0	0	0	25.00
200.00			1,391,213	69,562	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	310,270	1,000,107	40,764,261		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	82,283	160,889	263,587		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	86,163	155,190	1,063,253		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	0	21,633	51,367	51,367		4.00
5.00	40.00	SUBPROVIDER - IPF	0	3,631	2,957	5,957		5.00
6.00	41.00	SUBPROVIDER - IRF	0	723	683	683		6.00
7.00	43.00	NURSERY	0	17,613	20,288	22,722		7.00
8.00	50.00	OPERATING ROOM	0	100,284	88,633	147,693		8.00
9.00	53.00	ANESTHESIOLOGY	0	35,053	43,713	43,713		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	25,999	3,170	3,170		10.00
11.00	60.00	LABORATORY	0	361,225	427,232	784,894		11.00
12.00	65.00	RESPIRATORY THERAPY	0	23,134	54,785	57,518		12.00
13.00	66.00	PHYSICAL THERAPY	0	83,137	181,178	246,784		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	24,580	48,845	447,203		14.00
15.00	69.01	GI UNIT	0	7,361	19,065	19,065		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

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

Worksheet A-8-2

Date/Time Prepared:
2/22/2018 12:14 pm

	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		
16.00	69.02	VASCULAR LAB	0	4,075	8,883	20,169		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	9,464	13,681	19,075		17.00
18.00	74.00	RENAL DIALYSIS	0	8,149	17,169	17,169		18.00
19.00	91.00	EMERGENCY	0	41,864	72,043	75,336		19.00
20.00	105.00	KIDNEY ACQUISITION	0	51,394	118,355	118,355		20.00
21.00	73.01	RENAL TXPLANT LAB	0	23,216	9,784	15,292		21.00
22.00	76.97	CARDIAC REHABILITATION	0	5,521	14,685	44,426		22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	64,441	112,459	631,162		25.00
200.00			0	1,391,213	2,625,161	44,862,854		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	32,322,198	32,322,198			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,764,501	309,422	0	32,073,923	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	80,000,612	5,140,167	0	4,372,591	5.00
6.00 00600	MAINTENANCE & REPAIRS	17,677,102	3,897,549	0	1,032,441	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,965,236	138,312	0	22,817	8.00
9.00 00900	HOUSEKEEPING	6,686,416	389,968	0	778,656	9.00
10.00 01000	DIETARY	1,869,945	205,068	0	204,619	10.00
11.00 01100	CAFETERIA	1,502,333	588,689	0	505,300	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,446,536	135,509	0	425,562	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,342,480	512,783	0	397,172	14.00
15.00 01500	PHARMACY	8,752,348	191,987	0	1,226,405	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,454,315	393,995	0	615,772	16.00
17.00 01700	SOCIAL SERVICE	1,010,664	0	0	127,105	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,193,761	186,414	0	839,240	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,357,138	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	14,905	0	0	2,370	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	241,529	7,056	0	36,064	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	39,919,059	7,388,730	0	5,037,856	30.00
31.00 03100	INTENSIVE CARE UNIT	9,320,494	1,035,392	0	1,254,850	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,804,707	237,769	0	239,804	33.00
40.00 04000	SUBPROVIDER - IPF	4,850,721	816,825	0	744,249	40.00
41.00 04100	SUBPROVIDER - IRF	1,912,637	247,821	0	283,310	41.00
43.00 04300	NURSERY	996,785	62,825	0	145,273	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,806,364	2,724,650	0	2,793,532	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,450,428	63,180	0	320,608	52.00
53.00 05300	ANESTHESIOLOGY	4,780,295	159,383	0	220,190	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,683,197	1,296,971	0	1,378,115	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,612,863	434,718	0	363,585	55.00
57.00 05700	CT SCAN	3,565,165	109,670	0	192,749	57.00
58.00 05800	MRI	1,855,915	25,195	0	116,608	58.00
60.00 06000	LABORATORY	23,034,087	1,557,099	0	1,650,202	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,575,696	0	0	85,750	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	5,077,391	263,286	0	605,841	65.00
66.00 06600	PHYSICAL THERAPY	9,514,244	380,399	0	1,405,327	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,016,332	150,394	0	314,485	67.00
68.00 06800	SPEECH PATHOLOGY	827,582	40,047	0	130,397	68.00
69.00 06900	ELECTROCARDIOLOGY	14,266,651	484,109	0	1,032,683	69.00
69.01 03340	GI UNIT	3,778,173	180,711	0	265,801	69.01
69.02 03650	VASCULAR LAB	1,361,825	132,513	0	127,578	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	581,289	45,846	0	70,687	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,639,569	19,105	0	79,639	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	30,739,137	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	27,275,146	0	0	9,869	73.00
73.01 03640	RENAL TXPLANT LAB	465,753	32,540	0	32,854	73.01
74.00 07400	RENAL DIALYSIS	1,426,062	172,560	0	204,272	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,684,697	0	0	398,941	75.00
76.97 07697	CARDIAC REHABILITATION	1,385,694	0	0	212,598	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	17,530,242	703,353	0	1,598,288	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,000,515	23,390	0	51,517	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	494,340,734	30,885,400	0	31,953,572	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	196,702	40,820	0	8,945	246,467	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,472	409,782	0	3,161	452,415	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	2,110,503	0	0	0	2,110,503	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	142,149	96,783	0	3,227	242,159	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	705,576	0	0	705,576	192.05
192.06	19205	VNA OF CENTRAL IL	2,094	25,195	0	0	27,289	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	125,908	0	0	125,908	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	599,502	32,734	0	42,129	674,365	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	545,744	0	0	62,889	608,633	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	497,976,900	32,322,198	0	32,073,923	497,976,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	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	89,513,370					5.00
6.00	00600	MAINTENANCE & REPAIRS	4,954,276	27,561,368				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	685,134	143,178	0	3,954,677		8.00
9.00	00900	HOUSEKEEPING	1,721,408	483,331	0	0	10,059,779	9.00
10.00	01000	DIETARY	499,575	212,283	0	0	75,778	10.00
11.00	01100	CAFETERIA	568,976	609,400	0	0	217,534	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	659,108	140,277	0	0	50,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,151,055	530,824	0	21,433	189,485	14.00
15.00	01500	PHARMACY	2,228,887	198,742	0	9,103	70,944	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,416,584	407,856	0	0	145,590	16.00
17.00	01700	SOCIAL SERVICE	249,339	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,020,407	192,972	0	13,988	68,884	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	297,413	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	3,786	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	62,380	7,304	0	0	2,607	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,471,204	7,648,681	0	1,698,222	2,730,316	30.00
31.00	03100	INTENSIVE CARE UNIT	2,544,458	1,071,819	0	310,971	382,602	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	500,155	246,135	0	88,792	87,861	33.00
40.00	04000	SUBPROVIDER - I PF	1,405,126	845,562	0	71,659	301,836	40.00
41.00	04100	SUBPROVIDER - I RF	535,544	256,540	0	106,505	91,576	41.00
43.00	04300	NURSERY	264,046	65,036	0	50,098	23,215	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,522,121	2,820,509	0	298,692	1,006,823	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	621,110	65,402	0	114,991	23,346	52.00
53.00	05300	ANESTHESIOLOGY	1,130,770	164,990	0	15,543	58,896	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,680,604	1,674,716	0	208,912	597,815	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,185,841	450,013	0	30,644	160,639	55.00
57.00	05700	CT SCAN	847,569	149,182	0	55,183	53,253	57.00
58.00	05800	MRI	437,794	79,877	0	10,140	28,513	58.00
60.00	06000	LABORATORY	5,750,721	1,639,430	0	0	585,219	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	802,395	0	0	5,654	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,303,162	272,549	0	15,205	97,290	65.00
66.00	06600	PHYSICAL THERAPY	2,476,355	393,782	0	36,802	140,566	66.00
67.00	06700	OCCUPATIONAL THERAPY	543,750	155,685	0	2,878	55,574	67.00
68.00	06800	SPEECH PATHOLOGY	218,714	41,456	0	0	14,798	68.00
69.00	06900	ELECTROCARDIOLOGY	3,458,894	501,141	0	41,272	178,890	69.00
69.01	03340	GI UNIT	925,827	187,069	0	48,360	66,777	69.01
69.02	03650	VASCULAR LAB	355,438	137,175	0	0	48,967	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	152,926	47,459	0	11,911	16,941	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,449,004	19,777	0	0	7,060	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	6,736,390	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,979,429	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	116,399	33,685	0	0	12,024	73.01
74.00	07400	RENAL DIALYSIS	395,099	178,631	0	27,465	63,765	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,114,064	557,805	0	127,691	199,117	75.00
76.97	07697	CARDIAC REHABILITATION	350,261	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,346,098	728,098	0	331,503	259,906	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	235,676	24,213	0	0	8,643	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	88,375,272	23,382,584	0	3,753,617	8,123,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,013	42,256	0	69	15,084	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	99,145	424,199	0	92	151,424	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	462,510	2,099,815	0	25,286	749,561	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	53,068	100,188	0	175,613	35,764	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	154,625	343,855	0	0	260,727	192.05
192.06	19205	VNA OF CENTRAL IL	5,980	239,264	0	0	85,409	192.06
192.07	19206	GAMBRO	0	292,893	0	0	222,082	192.07
192.08	19208	FOUNDATION	27,592	130,338	0	0	46,526	192.08
192.09	19207	SIU MAP PROGRAM	0	472,091	0	0	357,982	192.09
192.10	19209	AUDIOLOGY	147,785	33,885	0	0	12,096	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	133,380	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	89,513,370	27,561,368	0	3,954,677	10,059,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,067,268					10.00
11.00	01100		3,992,232				11.00
12.00	01200			0			12.00
13.00	01300		45,078		3,902,144		13.00
14.00	01400		107,065			7,252,297	14.00
15.00	01500		123,552			8,852	15.00
16.00	01600		130,065			12	16.00
17.00	01700		18,104				17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100		230,935				21.00
22.00	02200						22.00
23.00	02300		348				23.00
23.01	02301		4,186				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,059,300	847,926		1,487,838	232,637	30.00
31.00	03100	138,563	176,050		308,911	94,053	31.00
33.00	03300	37,493	34,424		60,403	20,378	33.00
40.00	04000	340,222	112,778		197,889	5,280	40.00
41.00	04100	177,446	48,055		84,321	7,725	41.00
43.00	04300	80,595	19,569		34,338	9,334	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	36,708	394,563		692,332	370,807	50.00
52.00	05200		44,927		78,832	21,424	52.00
53.00	05300		23,846		41,842	144,265	53.00
54.00	05400		219,163			530,366	54.00
55.00	05500	262	35,421			14,979	55.00
57.00	05700		35,316			42,562	57.00
58.00	05800		19,146			6,330	58.00
60.00	06000	12,184	305,873			806,188	60.00
62.00	06200		11,303			22,345	62.00
62.30	06250						62.30
65.00	06500		91,349			53,210	65.00
66.00	06600	74	172,861			6,801	66.00
67.00	06700		35,361			2,190	67.00
68.00	06800		12,527			685	68.00
69.00	06900	49	134,825		236,576	1,128,723	69.00
69.01	03340	253	37,038		64,991	92,015	69.01
69.02	03650		15,671		27,497	37,765	69.02
70.00	07000		11,047			5,055	70.00
71.00	07100		7,510		13,178	3,165,344	71.00
72.00	07200						72.00
73.00	07300						73.00
73.01	03640		4,549			19,370	73.01
74.00	07400	5,789	22,063		38,713		74.00
75.00	07500	507	55,867		98,030	237,913	75.00
76.97	07697		26,430		46,376	1,521	76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	48,573	222,306		390,077	137,611	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400						94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500		6,891				105.00
109.00	10900						109.00
113.00	11300						113.00
118.00		2,938,018	3,843,988		3,902,144	7,225,741	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		1,738				190.00
192.00	19200						192.00
192.01	19201						192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	1,783	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	129,250	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	76,464	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	52,890	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	5,546	0	0	26,476	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	9,823	0	0	80	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,067,268	3,992,232	0	3,902,144	7,252,297	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/22/2018 12:14 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	12,810,820					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,564,189				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,405,212			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,051	5,279,823	969,470	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	33,920	632,037	21,902	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,467	140,453	30,260	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	718	691,986	172,337	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,172	357,127	24,928	0	0	41.00
43.00	04300	NURSERY	2,015	49,672	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,349	135,314	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,625	0	5,620	0	0	52.00
53.00	05300	ANESTHESIOLOGY	59,688	42,821	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,348	155,868	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	916	91,637	7,349	0	0	55.00
57.00	05700	CT SCAN	13,924	220,956	0	0	0	57.00
58.00	05800	MRI	1,209	51,385	0	0	0	58.00
60.00	06000	LABORATORY	4,602	182,417	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1	6,851	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	21,324	23,980	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	116	32,544	5,043	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	25	2,569	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,875	161,007	0	0	0	69.00
69.01	03340	GI UNIT	7,590	35,970	161,386	0	0	69.01
69.02	03650	VASCULAR LAB	194	5,139	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	44	1,713	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,834	39,395	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,404,336	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,560	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,079	70,226	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	153	4,282	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	50,685	149,017	6,917	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,810,820	8,564,189	1,405,212	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,810,820	8,564,189	1,405,212	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-(EMS)	PARAMED PRGM-(PHARMACY)	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	11,746,602					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		1,654,551				22.00
23.00 02300 PARAMED PRGM-(EMS)			21,409			23.00
23.01 02301 PARAMED PRGM-(PHARMACY)				361,126		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,338,831	751,993	0	0	92,968,937	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	17,326,022	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	3,534,101	33.00
40.00 04000 SUBPROVIDER - IPF	711,844	100,266	0	0	11,369,298	40.00
41.00 04100 SUBPROVIDER - IRF	17,620	2,482	0	0	4,154,809	41.00
43.00 04300 NURSERY	0	0	0	0	1,802,801	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,014,178	424,558	0	0	51,065,500	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,814,493	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	6,842,529	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	420,528	59,233	0	0	29,918,836	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	7,388,867	55.00
57.00 05700 CT SCAN	0	0	0	0	5,285,529	57.00
58.00 05800 MRI	0	0	0	0	2,632,112	58.00
60.00 06000 LABORATORY	0	0	0	0	35,528,022	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,509,995	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	72,829	10,258	0	0	7,907,674	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	14,564,914	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	3,279,243	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,286,206	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	21,647,695	69.00
69.01 03340 GI UNIT	0	0	0	0	5,851,961	69.01
69.02 03650 VASCULAR LAB	0	0	0	0	2,249,762	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	944,918	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	22,455,415	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	37,475,527	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	361,126	46,029,906	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	717,174	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	2,540,979	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	7,552,937	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	2,027,315	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	716,543	100,928	21,409	0	27,341,554	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	1,350,845	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,292,373	1,449,718	21,409	361,126	483,365,876	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	359,627	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,127,275	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	5,447,675	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	608,575	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	129,250	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,541,247	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	410,832	192.06
192.07	19206	GAMBRO	0	0	0	0	514,975	192.07
192.08	19208	FOUNDATION	0	0	0	0	330,364	192.08
192.09	19207	SIU MAP PROGRAM	1,454,229	204,833	0	0	2,489,135	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	900,153	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	751,916	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,746,602	1,654,551	21,409	361,126	497,976,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,090,824	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - I PF	-812,110	40.00
41.00	04100	SUBPROVIDER - I RF	-20,102	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-3,438,736	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-479,761	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-83,087	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03340	GI UNIT	0	69.01
69.02	03650	VASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIpsy	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-817,471	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-11,742,091	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

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

Worksheet B
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,127,275	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,447,675	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	608,575	192.03
192.04	19203	MEALS ON WHEELS	0	129,250	192.04
192.05	19204	ACS HOME CARE	0	1,541,247	192.05
192.06	19205	VNA OF CENTRAL IL	0	410,832	192.06
192.07	19206	GAMBRO	0	514,975	192.07
192.08	19208	FOUNDATION	0	330,364	192.08
192.09	19207	SIU MAP PROGRAM	-1,659,062	830,073	192.09
192.10	19209	AUDIOLOGY	0	900,153	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	751,916	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-13,401,153	484,575,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,377	309,422	0	344,799	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	5,303,632	5,140,167	0	10,443,799	5.00
6.00 00600	MAINTENANCE & REPAIRS	428,352	3,897,549	0	4,325,901	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,398	138,312	0	140,710	8.00
9.00 00900	HOUSEKEEPING	49,704	389,968	0	439,672	9.00
10.00 01000	DIETARY	18,591	205,068	0	223,659	10.00
11.00 01100	CAFETERIA	67,136	588,689	0	655,825	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	41,766	135,509	0	177,275	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	398,551	512,783	0	911,334	14.00
15.00 01500	PHARMACY	502,088	191,987	0	694,075	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	123,625	393,995	0	517,620	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	186,414	0	186,414	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	7,056	0	7,056	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,219,814	7,388,730	0	9,608,544	30.00
31.00 03100	INTENSIVE CARE UNIT	130,454	1,035,392	0	1,165,846	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	13,332	237,769	0	251,101	33.00
40.00 04000	SUBPROVIDER - I PF	26,819	816,825	0	843,644	40.00
41.00 04100	SUBPROVIDER - I RF	12,752	247,821	0	260,573	41.00
43.00 04300	NURSERY	24,441	62,825	0	87,266	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,764,769	2,724,650	0	6,489,419	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	43,862	63,180	0	107,042	52.00
53.00 05300	ANESTHESIOLOGY	1,143,523	159,383	0	1,302,906	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,121,929	1,296,971	0	3,418,900	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,284,622	434,718	0	1,719,340	55.00
57.00 05700	CT SCAN	592,069	109,670	0	701,739	57.00
58.00 05800	MRI	423,365	25,195	0	448,560	58.00
60.00 06000	LABORATORY	787,889	1,557,099	0	2,344,988	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,669	0	0	21,669	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	186,576	263,286	0	449,862	65.00
66.00 06600	PHYSICAL THERAPY	337,916	380,399	0	718,315	66.00
67.00 06700	OCCUPATIONAL THERAPY	7,630	150,394	0	158,024	67.00
68.00 06800	SPEECH PATHOLOGY	1,587	40,047	0	41,634	68.00
69.00 06900	ELECTROCARDIOLOGY	619,613	484,109	0	1,103,722	69.00
69.01 03340	GI UNIT	762,432	180,711	0	943,143	69.01
69.02 03650	VASCULAR LAB	93,185	132,513	0	225,698	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	83,936	45,846	0	129,782	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,432	19,105	0	54,537	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	15,382	32,540	0	47,922	73.01
74.00 07400	RENAL DIALYSIS	50,217	172,560	0	222,777	74.00
75.00 07500	ASC (NON-DISTINCT PART)	707,590	0	0	707,590	75.00
76.97 07697	CARDIAC REHABILITATION	13,932	0	0	13,932	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	373,686	703,353	0	1,077,039	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	23,390	0	23,390	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	22,871,643	30,885,400	0	53,757,043	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,472	40,820	0	42,292	96 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	409,782	0	409,782	34 192.00
192.01 19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0 192.01
192.03 19202	UNIVERSITY BUILDING (MHCCI)	0	96,783	0	96,783	35 192.03
192.04 19203	MEALS ON WHEELS	0	0	0	0	0 192.04
192.05 19204	ACS HOME CARE	0	705,576	0	705,576	0 192.05
192.06 19205	VNA OF CENTRAL IL	0	25,195	0	25,195	0 192.06
192.07 19206	GAMBRO	0	0	0	0	0 192.07
192.08 19208	FOUNDATION	0	125,908	0	125,908	0 192.08
192.09 19207	SIU MAP PROGRAM	0	0	0	0	0 192.09
192.10 19209	AUDIOLOGY	3,472	32,734	0	36,206	453 192.10
192.11 19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	49,758	0	0	49,758	676 192.11
192.12 19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0 192.12
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	22,926,345	32,322,198	0	55,248,543	344,799 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/22/2018 12:14 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,490,795			5.00
6.00	00600	MAINTENANCE & REPAIRS	580,641	4,917,639		6.00
7.00	00700	OPERATION OF PLANT	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	80,298	25,547	246,800	8.00
9.00	00900	HOUSEKEEPING	201,749	86,238	0	736,028
10.00	01000	DIETARY	58,550	37,877	0	5,544
11.00	01100	CAFETERIA	66,684	108,732	0	15,916
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	77,247	25,029	0	3,664
14.00	01400	CENTRAL SERVICES & SUPPLY	134,904	94,712	0	13,864
15.00	01500	PHARMACY	261,225	35,461	0	5,191
16.00	01600	MEDICAL RECORDS & LIBRARY	166,023	72,772	0	10,652
17.00	01700	SOCIAL SERVICE	29,222	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	236,791	34,431	0	873
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34,857	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	444	0	0	0
23.01	02301	PARAMED ED PRGM-(PHARMACY)	7,311	1,303	0	191
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,344,264	1,364,715	0	105,979
31.00	03100	INTENSIVE CARE UNIT	298,210	191,239	0	19,407
33.00	03300	BURN INTENSIVE CARE UNIT	58,618	43,917	0	5,541
40.00	04000	SUBPROVIDER - IPF	164,681	150,870	0	4,472
41.00	04100	SUBPROVIDER - IRF	62,766	45,773	0	6,647
43.00	04300	NURSERY	30,946	11,604	0	3,126
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	881,592	503,249	0	18,641
52.00	05200	DELIVERY ROOM & LABOR ROOM	72,794	11,669	0	7,176
53.00	05300	ANESTHESIOLOGY	132,526	29,438	0	970
54.00	05400	RADIOLOGY-DIAGNOSTIC	548,566	298,811	0	13,038
55.00	05500	RADIOLOGY-THERAPEUTIC	138,980	80,294	0	1,912
57.00	05700	CT SCAN	99,335	26,618	0	3,444
58.00	05800	MRI	51,309	14,252	0	633
60.00	06000	LABORATORY	673,984	292,515	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	94,041	0	0	353
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	152,730	48,630	0	949
66.00	06600	PHYSICAL THERAPY	290,228	70,261	0	2,297
67.00	06700	OCCUPATIONAL THERAPY	63,727	27,778	0	180
68.00	06800	SPEECH PATHOLOGY	25,633	7,397	0	0
69.00	06900	ELECTROCARDIOLOGY	405,382	89,416	0	2,576
69.01	03340	GI UNIT	108,507	33,378	0	3,018
69.02	03650	VASCULAR LAB	41,657	24,475	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	17,923	8,468	0	743
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,223	3,529	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	789,504	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	700,788	0	0	0
73.01	03640	RENAL TXPLANT LAB	13,642	6,010	0	0
74.00	07400	RENAL DIALYSIS	46,306	31,872	0	1,714
75.00	07500	ASC (NON-DISTINCT PART)	130,568	99,526	0	7,969
76.97	07697	CARDIAC REHABILITATION	41,051	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	509,362	129,911	0	20,688
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				19,016
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	27,621	4,320	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,357,410	4,172,037	0	234,252
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,330	7,540	0	4
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,620	75,688	0	6
192.01	19201	SU SCHOOL OF MEDICINE	54,206	374,660	0	1,578
192.03	19202	UNIVERSITY BUILDING (MHCCI)	6,220	17,876	0	10,960

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/22/2018 12:14 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
			5.00	6.00	7.00	8.00	9.00		
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	18,122	61,352	0	0	0	19,076	192.05
192.06	19205	VNA OF CENTRAL IL	701	42,691	0	0	0	6,249	192.06
192.07	19206	GAMBRO	0	52,260	0	0	0	16,249	192.07
192.08	19208	FOUNDATION	3,234	23,256	0	0	0	3,404	192.08
192.09	19207	SIU MAP PROGRAM	0	84,233	0	0	0	26,192	192.09
192.10	19209	AUDIOLOGY	17,320	6,046	0	0	0	885	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	15,632	0	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,490,795	4,917,639	0	246,800	736,028		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/22/2018 12:14 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	327,829					10.00
11.00	01100	CAFETERIA	0	852,588				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,627		297,416		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	22,865		0	1,183,286	14.00
15.00	01500	PHARMACY	0	26,386		0	1,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	27,777		0	2	16.00
17.00	01700	SOCIAL SERVICE	0	3,866		0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	49,319		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	74		0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	894		0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	220,099	181,082	0	113,401	37,957	30.00
31.00	03100	INTENSIVE CARE UNIT	14,810	37,597	0	23,545	15,346	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,007	7,352	0	4,604	3,325	33.00
40.00	04000	SUBPROVIDER - I/PF	36,363	24,085	0	15,083	862	40.00
41.00	04100	SUBPROVIDER - I/RF	18,965	10,263	0	6,427	1,260	41.00
43.00	04300	NURSERY	8,614	4,179	0	2,617	1,523	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,923	84,264	0	52,769	60,501	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,595	0	6,008	3,496	52.00
53.00	05300	ANESTHESIOLOGY	0	5,093	0	3,189	23,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,805	0	0	86,535	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28	7,565	0	0	2,444	55.00
57.00	05700	CT SCAN	0	7,542	0	0	6,944	57.00
58.00	05800	MRI	0	4,089	0	0	1,033	58.00
60.00	06000	LABORATORY	1,302	65,323	0	0	131,539	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,414	0	0	3,646	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,509	0	0	8,682	65.00
66.00	06600	PHYSICAL THERAPY	8	36,917	0	0	1,110	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,552	0	0	357	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,675	0	0	112	68.00
69.00	06900	ELECTROCARDIOLOGY	5	28,794	0	18,031	184,164	69.00
69.01	03340	GI UNIT	27	7,910	0	4,953	15,013	69.01
69.02	03650	VASCULAR LAB	0	3,347	0	2,096	6,162	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,359	0	0	825	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,604	0	1,004	516,454	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	971	0	0	3,160	73.01
74.00	07400	RENAL DIALYSIS	619	4,712	0	2,951	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	54	11,931	0	7,472	38,818	75.00
76.97	07697	CARDIAC REHABILITATION	0	5,644	0	3,535	248	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,191	47,476	0	29,731	22,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	1,472	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	314,015	820,929	0	297,416	1,178,953	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	371	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSING ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	381	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	13,814	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	16,330	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	11,295	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	1,184	0	0	4,320	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	2,098	0	0	13	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	327,829	852,588	0	297,416	1,183,286	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/22/2018 12:14 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,037,531					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	801,464				16.00
17.00	01700	SOCIAL SERVICE	0	0	34,454			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,670	494,103	23,770			30.00
31.00	03100	INTENSIVE CARE UNIT	2,747	59,148	537			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	443	13,144	742			33.00
40.00	04000	SUBPROVIDER - I PF	58	64,758	4,225			40.00
41.00	04100	SUBPROVIDER - IRF	95	33,421	611			41.00
43.00	04300	NURSERY	163	4,648	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,972	12,663	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	375	0	138			52.00
53.00	05300	ANESTHESIOLOGY	4,834	4,007	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,081	14,587	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	74	8,576	180			55.00
57.00	05700	CT SCAN	1,128	20,678	0			57.00
58.00	05800	MRI	98	4,809	0			58.00
60.00	06000	LABORATORY	373	17,071	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	641	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	1,727	2,244	0			65.00
66.00	06600	PHYSICAL THERAPY	9	3,046	124			66.00
67.00	06700	OCCUPATIONAL THERAPY	2	240	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	1,853	15,068	0			69.00
69.01	03340	GI UNIT	615	3,366	3,957			69.01
69.02	03650	VASCULAR LAB	16	481	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4	160	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,282	3,687	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,004,610	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	531	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	654	6,572	0			75.00
76.97	07697	CARDIAC REHABILITATION	12	401	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LI THOTRI PSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,105	13,945	170			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,037,531	801,464	34,454	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,037,531	801,464	34,454	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	521,888				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		34,857			22.00
23.00 02300 PARAMED ED PRGM-(EMS)			543		23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)				17,143	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS				13,756,567	30.00
31.00 03100 INTENSIVE CARE UNIT				1,869,912	31.00
33.00 03300 BURN INTENSIVE CARE UNIT				401,799	33.00
40.00 04000 SUBPROVIDER - I PF				1,339,184	40.00
41.00 04100 SUBPROVIDER - I RF				456,546	41.00
43.00 04300 NURSERY				157,946	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM				8,212,682	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				223,447	52.00
53.00 05300 ANESTHESIOLOGY				1,513,177	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				4,486,874	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				1,975,054	55.00
57.00 05700 CT SCAN				873,396	57.00
58.00 05800 MRI				528,122	58.00
60.00 06000 LABORATORY				3,587,649	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL				123,686	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS				0	62.30
65.00 06500 RESPIRATORY THERAPY				697,962	65.00
66.00 06600 PHYSICAL THERAPY				1,147,704	66.00
67.00 06700 OCCUPATIONAL THERAPY				265,306	67.00
68.00 06800 SPEECH PATHOLOGY				79,935	68.00
69.00 06900 ELECTROCARDIOLOGY				1,873,199	69.00
69.01 03340 GI UNIT				1,131,630	69.01
69.02 03650 VASCULAR LAB				308,886	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY				162,264	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT				987,693	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS				789,504	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				1,705,504	73.00
73.01 03640 RENAL TXPLANT LAB				72,938	73.01
74.00 07400 RENAL DIALYSIS				318,342	74.00
75.00 07500 ASC (NON-DISTINCT PART)				1,030,010	75.00
76.97 07697 CARDIAC REHABILITATION				67,108	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY				0	76.98
76.99 07699 LI THOTRI PSY				0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY				1,896,265	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS				0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION				57,989	105.00
109.00 10900 PANCREAS ACQUISITION				0	109.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	52,098,280
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				57,737	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					508,209	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					485,286	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					134,872	192.03
192.04	19203	MEALS ON WHEELS					13,814	192.04
192.05	19204	ACS HOME CARE					820,456	192.05
192.06	19205	VNA OF CENTRAL IL					86,131	192.06
192.07	19206	GAMBRO					68,509	192.07
192.08	19208	FOUNDATION					155,802	192.08
192.09	19207	SIU MAP PROGRAM					110,425	192.09
192.10	19209	AUDIOLOGY					66,414	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY					68,177	192.11
192.12	19212	SIU RADIOLOGY PROGRAM					0	192.12
200.00		Cross Foot Adjustments	521,888	34,857	543	17,143	574,431	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	521,888	34,857	543	17,143	55,248,543	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	13,756,567	30.00
31.00	03100	INTENSIVE CARE UNIT	1,869,912	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	401,799	33.00
40.00	04000	SUBPROVIDER - I PF	1,339,184	40.00
41.00	04100	SUBPROVIDER - I RF	456,546	41.00
43.00	04300	NURSERY	157,946	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	8,212,682	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,447	52.00
53.00	05300	ANESTHESIOLOGY	1,513,177	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,486,874	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,975,054	55.00
57.00	05700	CT SCAN	873,396	57.00
58.00	05800	MRI	528,122	58.00
60.00	06000	LABORATORY	3,587,649	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	123,686	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	697,962	65.00
66.00	06600	PHYSICAL THERAPY	1,147,704	66.00
67.00	06700	OCCUPATIONAL THERAPY	265,306	67.00
68.00	06800	SPEECH PATHOLOGY	79,935	68.00
69.00	06900	ELECTROCARDIOLOGY	1,873,199	69.00
69.01	03340	GI UNIT	1,131,630	69.01
69.02	03650	VASCULAR LAB	308,886	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	162,264	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	987,693	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	789,504	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,705,504	73.00
73.01	03640	RENAL TXPLANT LAB	72,938	73.01
74.00	07400	RENAL DIALYSIS	318,342	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,030,010	75.00
76.97	07697	CARDIAC REHABILITATION	67,108	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	1,896,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	57,989	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,098,280	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,737	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

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

Worksheet B
Part II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	508,209	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	485,286	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	134,872	192.03
192.04	19203	MEALS ON WHEELS	0	13,814	192.04
192.05	19204	ACS HOME CARE	0	820,456	192.05
192.06	19205	VNA OF CENTRAL IL	0	86,131	192.06
192.07	19206	GAMBRO	0	68,509	192.07
192.08	19208	FOUNDATION	0	155,802	192.08
192.09	19207	SIU MAP PROGRAM	0	110,425	192.09
192.10	19209	AUDIOLOGY	0	66,414	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	68,177	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	574,431	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	55,248,543	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,003,232				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,604	0	187,350,444		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	159,543	0	25,541,283	-89,513,370	5.00
6.00 00600	MAINTENANCE & REPAIRS	120,974	0	6,030,721	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,293	0	133,281	0	8.00
9.00 00900	HOUSEKEEPING	12,104	0	4,548,304	0	9.00
10.00 01000	DIETARY	6,365	0	1,195,223	0	10.00
11.00 01100	CAFETERIA	18,272	0	2,951,572	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,206	0	2,485,803	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,916	0	2,319,970	0	14.00
15.00 01500	PHARMACY	5,959	0	7,163,708	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,229	0	3,596,864	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	742,448	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	4,902,186	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	13,846	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	219	0	210,658	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	229,335	0	29,426,719	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,137	0	7,329,861	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	7,380	0	1,400,750	0	33.00
40.00 04000	SUBPROVIDER - IPF	25,353	0	4,347,327	0	40.00
41.00 04100	SUBPROVIDER - IRF	7,692	0	1,654,880	0	41.00
43.00 04300	NURSERY	1,950	0	848,571	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84,569	0	16,317,648	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,961	0	1,872,743	0	52.00
53.00 05300	ANESTHESIOLOGY	4,947	0	1,286,180	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,256	0	8,049,876	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	13,493	0	2,123,780	0	55.00
57.00 05700	CT SCAN	3,404	0	1,125,890	0	57.00
58.00 05800	MRI	782	0	681,132	0	58.00
60.00 06000	LABORATORY	48,330	0	9,639,202	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	500,886	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	8,172	0	3,538,850	0	65.00
66.00 06600	PHYSICAL THERAPY	11,807	0	8,208,828	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,668	0	1,836,977	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,243	0	761,678	0	68.00
69.00 06900	ELECTROCARDIOLOGY	15,026	0	6,032,130	0	69.00
69.01 03340	GI UNIT	5,609	0	1,552,605	0	69.01
69.02 03650	VASCULAR LAB	4,113	0	745,212	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,423	0	412,899	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	465,189	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	57,648	0	73.00
73.01 03640	RENAL TXPLANT LAB	1,010	0	191,910	0	73.01
74.00 07400	RENAL DIALYSIS	5,356	0	1,193,198	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	2,330,301	0	75.00
76.97 07697	CARDIAC REHABILITATION	0	0	1,241,831	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	21,831	0	9,335,959	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	726	0	300,924	0	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	958,636	0	186,647,451	-89,513,370	403,270,215

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	52,249	0	246,467	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	18,462	0	452,415	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	2,110,503	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	18,849	0	242,159	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	705,576	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	27,289	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	0	125,908	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	1,016	0	246,087	0	674,365	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	367,346	0	608,633	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	32,322,198	0	32,073,923		89,513,370	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.218069	0.000000	0.171197		0.219147	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			344,799		10,490,795	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001840		0.025684	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	826,389					6.00
7.00	00700		0				7.00
8.00	00800	4,293		2,846,146			8.00
9.00	00900	14,492	0	0	844,980		9.00
10.00	01000	6,365	0	0	6,365	375,098	10.00
11.00	01100	18,272	0	0	18,272	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,206	0	0	4,206	0	13.00
14.00	01400	15,916	0	15,425	15,916	0	14.00
15.00	01500	5,959	0	6,551	5,959	0	15.00
16.00	01600	12,229	0	0	12,229	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	5,786	0	10,067	5,786	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	219	0	0	219	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	229,335	0	1,222,197	229,335	251,833	30.00
31.00	03100	32,137	0	223,803	32,137	16,945	31.00
33.00	03300	7,380	0	63,903	7,380	4,585	33.00
40.00	04000	25,353	0	51,572	25,353	41,606	40.00
41.00	04100	7,692	0	76,651	7,692	21,700	41.00
43.00	04300	1,950	0	36,055	1,950	9,856	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	84,569	0	214,966	84,569	4,489	50.00
52.00	05200	1,961	0	82,758	1,961	0	52.00
53.00	05300	4,947	0	11,186	4,947	0	53.00
54.00	05400	50,214	0	150,352	50,214	0	54.00
55.00	05500	13,493	0	22,054	13,493	32	55.00
57.00	05700	4,473	0	39,715	4,473	0	57.00
58.00	05800	2,395	0	7,298	2,395	0	58.00
60.00	06000	49,156	0	0	49,156	1,490	60.00
62.00	06200	0	0	4,069	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	8,172	0	10,943	8,172	0	65.00
66.00	06600	11,807	0	26,486	11,807	9	66.00
67.00	06700	4,668	0	2,071	4,668	0	67.00
68.00	06800	1,243	0	0	1,243	0	68.00
69.00	06900	15,026	0	29,703	15,026	6	69.00
69.01	03340	5,609	0	34,804	5,609	31	69.01
69.02	03650	4,113	0	0	4,113	0	69.02
70.00	07000	1,423	0	8,572	1,423	0	70.00
71.00	07100	593	0	0	593	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
73.01	03640	1,010	0	0	1,010	0	73.01
74.00	07400	5,356	0	19,766	5,356	708	74.00
75.00	07500	16,725	0	91,898	16,725	62	75.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	21,831	0	238,580	21,831	5,940	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	726	0	0	726	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		701,094	0	2,701,445	682,309	359,292	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,267	0	50	1,267	0	190.00
192.00	19200	12,719	0	66	12,719	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.01	19201 SIU SCHOOL OF MEDICINE	62,960	0	18,198	62,960	0	192.01
192.03	19202 UNIVERSITY BUILDING (MHCCI)	3,004	0	126,387	3,004	0	192.03
192.04	19203 MEALS ON WHEELS	0	0	0	0	15,806	192.04
192.05	19204 ACS HOME CARE	10,310	0	0	21,900	0	192.05
192.06	19205 VNA OF CENTRAL IL	7,174	0	0	7,174	0	192.06
192.07	19206 GAMBRO	8,782	0	0	18,654	0	192.07
192.08	19208 FOUNDATION	3,908	0	0	3,908	0	192.08
192.09	19207 SIU MAP PROGRAM	14,155	0	0	30,069	0	192.09
192.10	19209 AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210 SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212 SIU CARDIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	27,561,368	0	3,954,677	10,059,779	3,067,268	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	33.351567	0.000000	1.389485	11.905346	8.177244	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,917,639	0	246,800	736,028	327,829	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.950756	0.000000	0.086714	0.871060	0.873982	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	264,184					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,983	0	147,162			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,085	0	0	77,822,325		14.00
15.00	01500	PHARMACY	8,176	0	0	94,987	28,059,203	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,607	0	0	129	0	16.00
17.00	01700	SOCIAL SERVICE	1,198	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,282	0	0	6	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	23	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	277	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,111	0	56,111	2,496,374	234,471	30.00
31.00	03100	INTENSIVE CARE UNIT	11,650	0	11,650	1,009,261	74,293	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,278	0	2,278	218,672	11,975	33.00
40.00	04000	SUBPROVIDER - I/PF	7,463	0	7,463	56,661	1,573	40.00
41.00	04100	SUBPROVIDER - I/RF	3,180	0	3,180	82,894	2,567	41.00
43.00	04300	NURSERY	1,295	0	1,295	100,160	4,413	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,110	0	26,110	3,979,047	53,332	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,973	0	2,973	229,899	10,130	52.00
53.00	05300	ANESTHESIOLOGY	1,578	0	1,578	1,548,076	130,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,503	0	0	5,691,232	29,235	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,344	0	0	160,733	2,007	55.00
57.00	05700	CT SCAN	2,337	0	0	456,718	30,497	57.00
58.00	05800	MRI	1,267	0	0	67,929	2,649	58.00
60.00	06000	LABORATORY	20,241	0	0	8,651,016	10,080	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	748	0	0	239,782	2	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,045	0	0	570,982	46,706	65.00
66.00	06600	PHYSICAL THERAPY	11,439	0	0	72,975	254	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,340	0	0	23,504	55	67.00
68.00	06800	SPEECH PATHOLOGY	829	0	0	7,350	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,922	0	8,922	12,112,066	50,102	69.00
69.01	03340	GI UNIT	2,451	0	2,451	987,392	16,624	69.01
69.02	03650	VASCULAR LAB	1,037	0	1,037	405,250	424	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	731	0	0	54,246	97	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	497	0	497	33,966,176	34,681	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	27,168,888	73.00
73.01	03640	RENAL TXPLANT LAB	301	0	0	207,858	0	73.01
74.00	07400	RENAL DIALYSIS	1,460	0	1,460	0	14,368	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,697	0	3,697	2,552,988	17,696	75.00
76.97	07697	CARDIAC REHABILITATION	1,749	0	1,749	16,325	336	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,711	0	14,711	1,476,672	111,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	456	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	254,374	0	147,162	77,537,360	28,059,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	118	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	5,060	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	3,500	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	367	0	0	284,105	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	650	0	0	860	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	3,992,232	0	3,902,144	7,252,297	12,810,820	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.111559	0.000000	26.515976	0.093190	0.456564	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	852,588	0	297,416	1,183,286	1,037,531	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.227251	0.000000	2.021011	0.015205	0.036976	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	10,000					16.00
17.00 01700 SOCIAL SERVICE	0	9,752				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,165	6,728	0	0	4,545	30.00
31.00 03100 INTENSIVE CARE UNIT	738	152	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	164	210	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	808	1,196	0	0	606	40.00
41.00 04100 SUBPROVIDER - IRF	417	173	0	0	15	41.00
43.00 04300 NURSERY	58	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	158	0	0	0	2,566	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	39	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	50	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	182	0	0	0	358	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	107	51	0	0	0	55.00
57.00 05700 CT SCAN	258	0	0	0	0	57.00
58.00 05800 MRI	60	0	0	0	0	58.00
60.00 06000 LABORATORY	213	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	28	0	0	0	62	65.00
66.00 06600 PHYSICAL THERAPY	38	35	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	188	0	0	0	0	69.00
69.01 03340 GI UNIT	42	1,120	0	0	0	69.01
69.02 03650 VASCULAR LAB	6	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	46	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	82	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	5	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	174	48	0	0	610	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	9,752	0	0	8,762	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	1,238	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	192.12
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)	8,564,189	1,405,212	0	0	11,746,602
203.00		Unit cost multiplier (Wkst. B, Part I)	856.418900	144.094750	0.000000	0.000000	1,174.660200
204.00		Cost to be allocated (per Wkst. B, Part II)	801,464	34,454	0	0	521,888
205.00		Unit cost multiplier (Wkst. B, Part II)	80.146400	3.533019	0.000000	0.000000	52.188800

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00 02300 PARAMED PRGM-(EMS)		100		23.00
23.01 02301 PARAMED PRGM-(PHARMACY)			100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	4,545	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000 SUBPROVIDER - I PF	606	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	15	0	0	41.00
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,566	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	358	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	62	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03340 GI UNIT	0	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	610	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8,762	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

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

Worksheet B-1

Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)			
	SERVICES-OTHER					
	PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL ILL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	1,238	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
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)	1,654,551	21,409	361,126	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	165.455100	214.090000	3,611.260000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,857	543	17,143	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.485700	5.430000	171.430000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

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

Worksheet C
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		86,878,113	160,889	87,039,002	30.00
31.00	03100	INTENSIVE CARE UNIT		17,326,022	155,190	17,481,212	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,534,101	51,367	3,585,468	33.00
40.00	04000	SUBPROVIDER - I PF		10,557,188	2,957	10,560,145	40.00
41.00	04100	SUBPROVIDER - I RF		4,134,707	683	4,135,390	41.00
43.00	04300	NURSERY		1,802,801	20,288	1,823,089	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		47,626,764	88,633	47,715,397	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,814,493	0	3,814,493	52.00
53.00	05300	ANESTHESIOLOGY		6,842,529	43,713	6,886,242	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		29,439,075	112,459	29,551,534	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		7,388,867	3,170	7,392,037	55.00
57.00	05700	CT SCAN		5,285,529	0	5,285,529	57.00
58.00	05800	MRI		2,632,112	0	2,632,112	58.00
60.00	06000	LABORATORY		35,528,022	427,232	35,955,254	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		4,509,995	0	4,509,995	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,824,587	54,785	7,879,372	65.00
66.00	06600	PHYSICAL THERAPY	0	14,564,914	181,178	14,746,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,279,243	0	3,279,243	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,286,206	0	1,286,206	68.00
69.00	06900	ELECTROCARDIOLOGY		21,647,695	48,845	21,696,540	69.00
69.01	03340	GI UNIT		5,851,961	19,065	5,871,026	69.01
69.02	03650	VASCULAR LAB		2,249,762	8,883	2,258,645	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		944,918	13,681	958,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		22,455,415	0	22,455,415	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		37,475,527	0	37,475,527	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		46,029,906	0	46,029,906	73.00
73.01	03640	RENAL TXPLANT LAB		717,174	9,784	726,958	73.01
74.00	07400	RENAL DIALYSIS		2,540,979	17,169	2,558,148	74.00
75.00	07500	ASC (NON-DISTINCT PART)		7,552,937	0	7,552,937	75.00
76.97	07697	CARDIAC REHABILITATION		2,027,315	14,685	2,042,000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIpsy		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		26,524,083	72,043	26,596,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		1,383,025	0	1,383,025	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		1,350,845	0	1,350,845	105.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	473,006,810	1,506,699	474,513,509	200.00
201.00		Less Observation Beds		1,383,025	0	1,383,025	201.00
202.00		Total (see instructions)	0	471,623,785	1,506,699	473,130,484	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

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

Worksheet C
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	129,437,864		129,437,864		30.00
31.00	03100	INTENSIVE CARE UNIT	35,363,408		35,363,408		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,963,956		6,963,956		33.00
40.00	04000	SUBPROVIDER - I/PF	23,963,515		23,963,515		40.00
41.00	04100	SUBPROVIDER - I/RF	7,643,734		7,643,734		41.00
43.00	04300	NURSERY	4,768,980		4,768,980		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	135,849,656	84,257,898	220,107,554	0.216380	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,845,571	118,895	10,964,466	0.347896	52.00
53.00	05300	ANESTHESIOLOGY	20,309,211	26,679,986	46,989,197	0.145619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,360,671	96,946,916	142,307,587	0.206869	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,817,009	57,337,843	60,154,852	0.122831	55.00
57.00	05700	CT SCAN	68,649,943	137,890,606	206,540,549	0.025591	57.00
58.00	05800	MRI	13,381,916	32,114,218	45,496,134	0.057854	58.00
60.00	06000	LABORATORY	85,804,375	113,752,109	199,556,484	0.178035	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,007,022	4,439,444	15,446,466	0.291976	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	53,144,263	15,104,695	68,248,958	0.114648	65.00
66.00	06600	PHYSICAL THERAPY	13,183,775	20,071,249	33,255,024	0.437976	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,336,061	1,542,768	12,878,829	0.254623	67.00
68.00	06800	SPEECH PATHOLOGY	3,563,882	60,709	3,624,591	0.354855	68.00
69.00	06900	ELECTROCARDIOLOGY	85,756,812	100,404,209	186,161,021	0.116285	69.00
69.01	03340	GI UNIT	5,053,653	22,249,147	27,302,800	0.214336	69.01
69.02	03650	VASCULAR LAB	8,834,280	3,301,576	12,135,856	0.185381	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,247,785	910,012	5,157,797	0.183202	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,154,658	24,355,757	95,510,415	0.235110	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	138,015,513	52,327,465	190,342,978	0.196884	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,809,913	85,446,883	195,256,796	0.235740	73.00
73.01	03640	RENAL TXPLANT LAB	20,355	435,102	455,457	1.574625	73.01
74.00	07400	RENAL DIALYSIS	10,056,295	3,714,841	13,771,136	0.184515	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,016,170	43,646,473	44,662,643	0.169111	75.00
76.97	07697	CARDIAC REHABILITATION	2,359,106	2,919,597	5,278,703	0.384056	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	38,452,856	80,752,707	119,205,563	0.222507	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	476,998	2,403,688	2,880,686	0.480103	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,158,649,206	1,013,184,793	2,171,833,999		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,158,649,206	1,013,184,793	2,171,833,999		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.216782		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347896		52.00
53.00	05300 ANESTHESIOLOGY	0.146549		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.207660		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122883		55.00
57.00	05700 CT SCAN	0.025591		57.00
58.00	05800 MRI	0.057854		58.00
60.00	06000 LABORATORY	0.180176		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.291976		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.115450		65.00
66.00	06600 PHYSICAL THERAPY	0.443424		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254623		67.00
68.00	06800 SPEECH PATHOLOGY	0.354855		68.00
69.00	06900 ELECTROCARDIOLOGY	0.116547		69.00
69.01	03340 GI UNIT	0.215034		69.01
69.02	03650 VASCULAR LAB	0.186113		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185854		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235110		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.196884		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235740		73.00
73.01	03640 RENAL TXPLANT LAB	1.596107		73.01
74.00	07400 RENAL DIALYSIS	0.185762		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.169111		75.00
76.97	07697 CARDIAC REHABILITATION	0.386837		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.223111		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.480103		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

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

Worksheet C
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		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		86,878,113	160,889	87,039,002	30.00
31.00	03100 INTENSIVE CARE UNIT		17,326,022	155,190	17,481,212	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		3,534,101	51,367	3,585,468	33.00
40.00	04000 SUBPROVIDER - I PF		10,557,188	2,957	10,560,145	40.00
41.00	04100 SUBPROVIDER - I RF		4,134,707	683	4,135,390	41.00
43.00	04300 NURSERY		1,802,801	20,288	1,823,089	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		47,626,764	88,633	47,715,397	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,814,493	0	3,814,493	52.00
53.00	05300 ANESTHESIOLOGY		6,842,529	43,713	6,886,242	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		29,439,075	112,459	29,551,534	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,388,867	3,170	7,392,037	55.00
57.00	05700 CT SCAN		5,285,529	0	5,285,529	57.00
58.00	05800 MRI		2,632,112	0	2,632,112	58.00
60.00	06000 LABORATORY		35,528,022	427,232	35,955,254	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		4,509,995	0	4,509,995	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	7,824,587	54,785	7,879,372	65.00
66.00	06600 PHYSICAL THERAPY	0	14,564,914	181,178	14,746,092	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,279,243	0	3,279,243	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,286,206	0	1,286,206	68.00
69.00	06900 ELECTROCARDIOLOGY		21,647,695	48,845	21,696,540	69.00
69.01	03340 GI UNIT		5,851,961	19,065	5,871,026	69.01
69.02	03650 VASCULAR LAB		2,249,762	8,883	2,258,645	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		944,918	13,681	958,599	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,455,415	0	22,455,415	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		37,475,527	0	37,475,527	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		46,029,906	0	46,029,906	73.00
73.01	03640 RENAL TXPLANT LAB		717,174	9,784	726,958	73.01
74.00	07400 RENAL DIALYSIS		2,540,979	17,169	2,558,148	74.00
75.00	07500 ASC (NON-DISTINCT PART)		7,552,937	0	7,552,937	75.00
76.97	07697 CARDIAC REHABILITATION		2,027,315	14,685	2,042,000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		26,524,083	72,043	26,596,126	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,383,025	0	1,383,025	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,350,845	0	1,350,845	105.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	473,006,810	1,506,699	474,513,509	200.00
201.00	Less Observation Beds		1,383,025	0	1,383,025	201.00
202.00	Total (see instructions)	0	471,623,785	1,506,699	473,130,484	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

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

Worksheet C
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,437,864		129,437,864			30.00
31.00	03100	INTENSIVE CARE UNIT	35,363,408		35,363,408			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,963,956		6,963,956			33.00
40.00	04000	SUBPROVIDER - I/PF	23,963,515		23,963,515			40.00
41.00	04100	SUBPROVIDER - I/RF	7,643,734		7,643,734			41.00
43.00	04300	NURSERY	4,768,980		4,768,980			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,849,656	84,257,898	220,107,554	0.216380	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,845,571	118,895	10,964,466	0.347896	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,309,211	26,679,986	46,989,197	0.145619	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,360,671	96,946,916	142,307,587	0.206869	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,817,009	57,337,843	60,154,852	0.122831	0.000000	55.00
57.00	05700	CT SCAN	68,649,943	137,890,606	206,540,549	0.025591	0.000000	57.00
58.00	05800	MRI	13,381,916	32,114,218	45,496,134	0.057854	0.000000	58.00
60.00	06000	LABORATORY	85,804,375	113,752,109	199,556,484	0.178035	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,007,022	4,439,444	15,446,466	0.291976	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	53,144,263	15,104,695	68,248,958	0.114648	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	13,183,775	20,071,249	33,255,024	0.437976	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,336,061	1,542,768	12,878,829	0.254623	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,563,882	60,709	3,624,591	0.354855	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	85,756,812	100,404,209	186,161,021	0.116285	0.000000	69.00
69.01	03340	GI UNIT	5,053,653	22,249,147	27,302,800	0.214336	0.000000	69.01
69.02	03650	VASCULAR LAB	8,834,280	3,301,576	12,135,856	0.185381	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,247,785	910,012	5,157,797	0.183202	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,154,658	24,355,757	95,510,415	0.235110	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	138,015,513	52,327,465	190,342,978	0.196884	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,809,913	85,446,883	195,256,796	0.235740	0.000000	73.00
73.01	03640	RENAL TXPLANT LAB	20,355	435,102	455,457	1.574625	0.000000	73.01
74.00	07400	RENAL DIALYSIS	10,056,295	3,714,841	13,771,136	0.184515	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,016,170	43,646,473	44,662,643	0.169111	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	2,359,106	2,919,597	5,278,703	0.384056	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	38,452,856	80,752,707	119,205,563	0.222507	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	476,998	2,403,688	2,880,686	0.480103	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,158,649,206	1,013,184,793	2,171,833,999			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,158,649,206	1,013,184,793	2,171,833,999			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
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
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03340	GI UNIT	0.000000		69.01
69.02	03650	VASCULAR LAB	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	03640	RENAL TXPLANT LAB	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part I Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,756,567	0	13,756,567	90,499	152.01	30.00
31.00	INTENSIVE CARE UNIT	1,869,912		1,869,912	10,883	171.82	31.00
33.00	BURN INTENSIVE CARE UNIT	401,799		401,799	2,414	166.45	33.00
40.00	SUBPROVIDER - IPF	1,339,184	0	1,339,184	11,782	113.66	40.00
41.00	SUBPROVIDER - IRF	456,546	0	456,546	6,138	74.38	41.00
43.00	NURSERY	157,946		157,946	2,953	53.49	43.00
200.00	Total (lines 30 through 199)	17,981,954		17,981,954	124,669		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	40,751	6,194,560				
31.00	INTENSIVE CARE UNIT	4,930	847,073				
33.00	BURN INTENSIVE CARE UNIT	717	119,345				
40.00	SUBPROVIDER - IPF	4,036	458,732				
41.00	SUBPROVIDER - IRF	3,040	226,115				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	53,474	7,845,825				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,212,682	220,107,554	0.037312	50,973,443	1,901,921	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	223,447	10,964,466	0.020379	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,513,177	46,989,197	0.032203	7,979,648	256,969	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,486,874	142,307,587	0.031529	20,513,767	646,779	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,975,054	60,154,852	0.032833	1,407,132	46,200	55.00
57.00	05700 CT SCAN	873,396	206,540,549	0.004229	29,414,833	124,395	57.00
58.00	05800 MRI	528,122	45,496,134	0.011608	5,700,868	66,176	58.00
60.00	06000 LABORATORY	3,587,649	199,556,484	0.017978	36,433,054	654,993	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	123,686	15,446,466	0.008007	4,344,749	34,788	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	697,962	68,248,958	0.010227	26,157,940	267,517	65.00
66.00	06600 PHYSICAL THERAPY	1,147,704	33,255,024	0.034512	4,233,722	146,114	66.00
67.00	06700 OCCUPATIONAL THERAPY	265,306	12,878,829	0.020600	3,417,554	70,402	67.00
68.00	06800 SPEECH PATHOLOGY	79,935	3,624,591	0.022054	1,182,583	26,081	68.00
69.00	06900 ELECTROCARDIOLOGY	1,873,199	186,161,021	0.010062	37,655,708	378,892	69.00
69.01	03340 GI UNIT	1,131,630	27,302,800	0.041447	2,637,725	109,326	69.01
69.02	03650 VASCULAR LAB	308,886	12,135,856	0.025452	3,950,227	100,541	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	162,264	5,157,797	0.031460	1,499,502	47,174	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	987,693	95,510,415	0.010341	16,716,806	172,868	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	789,504	190,342,978	0.004148	67,342,493	279,337	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,705,504	195,256,796	0.008735	44,826,968	391,564	73.00
73.01	03640 RENAL TXPLANT LAB	72,938	455,457	0.160142	0	0	73.01
74.00	07400 RENAL DIALYSIS	318,342	13,771,136	0.023117	5,728,894	132,435	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,030,010	44,662,643	0.023062	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	67,108	5,278,703	0.012713	1,093,708	13,904	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,896,265	119,205,563	0.015908	15,089,747	240,048	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	218,588	2,880,686	0.075881	212,272	16,107	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50 through 199)	34,276,925	1,963,692,542		388,513,343	6,124,531	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	90,499	0.00	40,751	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,883	0.00	4,930	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,414	0.00	717	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	11,782	0.00	4,036	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	6,138	0.00	3,040	41.00	
43.00	04300	NURSERY	0	0	2,953	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	124,669	0.00	53,474	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	0	58.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01 03340 GI UNIT	0	0	0	0	0	0	69.01	
69.02 03650 VASCULAR LAB	0	0	0	0	0	0	69.02	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00	
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	361,126	73.00	
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
91.00 09100 EMERGENCY	0	0	0	0	0	21,409	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	382,535	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	220,107,554	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,964,466	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	46,989,197	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,307,587	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	60,154,852	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	206,540,549	0.000000	57.00
58.00	05800	MRI	0	0	0	45,496,134	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	199,556,484	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	15,446,466	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	68,248,958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,255,024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,878,829	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,624,591	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	186,161,021	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	27,302,800	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	12,135,856	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,157,797	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,510,415	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	190,342,978	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	361,126	361,126	195,256,796	0.001849	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	455,457	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	13,771,136	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	44,662,643	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,278,703	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	21,409	21,409	119,205,563	0.000180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,880,686	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	382,535	382,535	1,963,692,542		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	50,973,443	0	20,912,771	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	7,979,648	0	6,011,679	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	20,513,767	0	30,461,340	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,407,132	0	21,777,626	0	55.00	
57.00	05700 CT SCAN	0.000000	29,414,833	0	38,149,572	0	57.00	
58.00	05800 MRI	0.000000	5,700,868	0	7,834,822	0	58.00	
60.00	06000 LABORATORY	0.000000	36,433,054	0	12,613,156	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,344,749	0	1,446,009	0	62.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0.000000	26,157,940	0	3,753,682	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	4,233,722	0	293,634	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,417,554	0	22,443	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,182,583	0	1,422	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	37,655,708	0	36,865,260	0	69.00	
69.01	03340 GI UNIT	0.000000	2,637,725	0	6,315,251	0	69.01	
69.02	03650 VASCULAR LAB	0.000000	3,950,227	0	1,161,812	0	69.02	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,499,502	0	142,886	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,716,806	0	4,500,139	0	71.00	
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	67,342,493	0	19,587,508	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001849	44,826,968	82,885	29,324,614	54,221	73.00	
73.01	03640 RENAL TXPLANT LAB	0.000000	0	0	24,051	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	5,728,894	0	777,956	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	6,895,711	0	75.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	1,093,708	0	997,654	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
91.00	09100 EMERGENCY	0.000180	15,089,747	2,716	17,164,177	3,090	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	212,272	0	642,518	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
200.00	Total (lines 50 through 199)		388,513,343	85,601	267,677,693	57,311	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/22/2018 12:14 pm
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.216380	20,912,771	90	0	4,525,105	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347896	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.145619	6,011,679	0	0	875,415	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.206869	30,461,340	0	7,226	6,301,507	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122831	21,777,626	0	0	2,674,968	55.00
57.00	05700 CT SCAN	0.025591	38,149,572	0	5,620	976,286	57.00
58.00	05800 MRI	0.057854	7,834,822	0	0	453,276	58.00
60.00	06000 LABORATORY	0.178035	12,613,156	3,974	0	2,245,583	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.291976	1,446,009	0	0	422,200	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.114648	3,753,682	0	0	430,352	65.00
66.00	06600 PHYSICAL THERAPY	0.437976	293,634	0	0	128,605	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254623	22,443	0	0	5,715	67.00
68.00	06800 SPEECH PATHOLOGY	0.354855	1,422	0	0	505	68.00
69.00	06900 ELECTROCARDIOLOGY	0.116285	36,865,260	0	1,606	4,286,877	69.00
69.01	03340 GI UNIT	0.214336	6,315,251	0	0	1,353,586	69.01
69.02	03650 VASCULAR LAB	0.185381	1,161,812	0	0	215,378	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.183202	142,886	0	0	26,177	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235110	4,500,139	0	0	1,058,028	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.196884	19,587,508	0	0	3,856,467	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235740	29,324,614	0	65,835	6,912,985	73.00
73.01	03640 RENAL TXPLANT LAB	1.574625	24,051	0	0	37,871	73.01
74.00	07400 RENAL DIALYSIS	0.184515	777,956	0	0	143,545	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.169111	6,895,711	0	0	1,166,141	75.00
76.97	07697 CARDIAC REHABILITATION	0.384056	997,654	0	0	383,155	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.222507	17,164,177	675	0	3,819,150	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.480103	642,518	0	0	308,475	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
200.00	Subtotal (see instructions)		267,677,693	4,739	80,287	42,607,352	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		267,677,693	4,739	80,287	42,607,352	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	19	0		50.00
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	1,495		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	144		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	708	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	187		69.00
69.01 03340 GI UNIT	0	0		69.01
69.02 03650 VASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,520		73.00
73.01 03640 RENAL TXPLANT LAB	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	150	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00	Subtotal (see instructions)	877	17,346	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	877	17,346	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part II Date/Time Prepared: 2/22/2018 12:14 pm	
Title XVIII				Subprovider - IPF		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	8,212,682	220,107,554	0.037312	63,428	2,367	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	223,447	10,964,466	0.020379	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,513,177	46,989,197	0.032203	9,891	319	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,486,874	142,307,587	0.031529	67,143	2,117	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,975,054	60,154,852	0.032833	17,848	586	55.00
57.00	05700 CT SCAN	873,396	206,540,549	0.004229	162,447	687	57.00
58.00	05800 MRI	528,122	45,496,134	0.011608	22,995	267	58.00
60.00	06000 LABORATORY	3,587,649	199,556,484	0.017978	727,782	13,084	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	123,686	15,446,466	0.008007	313	3	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	697,962	68,248,958	0.010227	56,561	578	65.00
66.00	06600 PHYSICAL THERAPY	1,147,704	33,255,024	0.034512	31,067	1,072	66.00
67.00	06700 OCCUPATIONAL THERAPY	265,306	12,878,829	0.020600	20,337	419	67.00
68.00	06800 SPEECH PATHOLOGY	79,935	3,624,591	0.022054	4,054	89	68.00
69.00	06900 ELECTROCARDIOLOGY	1,873,199	186,161,021	0.010062	79,547	800	69.00
69.01	03340 GI UNIT	1,131,630	27,302,800	0.041447	8,092	335	69.01
69.02	03650 VASCULAR LAB	308,886	12,135,856	0.025452	11,925	304	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	162,264	5,157,797	0.031460	6,543	206	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	987,693	95,510,415	0.010341	15,308	158	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	789,504	190,342,978	0.004148	3,001	12	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,705,504	195,256,796	0.008735	439,689	3,841	73.00
73.01	03640 RENAL TXPLANT LAB	72,938	455,457	0.160142	0	0	73.01
74.00	07400 RENAL DIALYSIS	318,342	13,771,136	0.023117	21,439	496	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,030,010	44,662,643	0.023062	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	67,108	5,278,703	0.012713	1,213	15	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,896,265	119,205,563	0.015908	431,781	6,869	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,880,686	0.000000	246	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50 through 199)	34,058,337	1,963,692,542		2,202,650	34,624	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	361,126	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	21,409	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50 through 199)	0	0	0	0	382,535	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col 8)	Ratio of Cost to Charges (col 5 + col 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	220,107,554	0.000000	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	10,964,466	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	46,989,197	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	142,307,587	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	60,154,852	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	206,540,549	0.000000	57.00
58.00	05800 MRI	0	0	0	45,496,134	0.000000	58.00
60.00	06000 LABORATORY	0	0	0	199,556,484	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	15,446,466	0.000000	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	68,248,958	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	33,255,024	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	12,878,829	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	3,624,591	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	186,161,021	0.000000	69.00
69.01	03340 GI UNIT	0	0	0	27,302,800	0.000000	69.01
69.02	03650 VASCULAR LAB	0	0	0	12,135,856	0.000000	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,157,797	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,510,415	0.000000	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	190,342,978	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	361,126	361,126	195,256,796	0.001849	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	455,457	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	13,771,136	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	44,662,643	0.000000	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	5,278,703	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	21,409	21,409	119,205,563	0.000180	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,880,686	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00	Total (lines 50 through 199)	0	382,535	382,535	1,963,692,542		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	63,428	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	9,891	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	67,143	0	6,082	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	17,848	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	162,447	0	0	0	57.00
58.00	05800 MRI	0.000000	22,995	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	727,782	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	313	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	56,561	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	31,067	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	20,337	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	4,054	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	79,547	0	1,568	0	69.00
69.01	03340 GI UNIT	0.000000	8,092	0	0	0	69.01
69.02	03650 VASCULAR LAB	0.000000	11,925	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,543	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	15,308	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	3,001	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001849	439,689	813	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	21,439	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,213	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000180	431,781	78	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	246	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		2,202,650	891	7,650	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.216380	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347896	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.145619	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.206869	6,082	0	0	1,258	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122831	0	0	0	0	55.00
57.00	05700	CT SCAN	0.025591	0	0	0	0	57.00
58.00	05800	MRI	0.057854	0	0	0	0	58.00
60.00	06000	LABORATORY	0.178035	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.291976	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.114648	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.437976	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254623	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.354855	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.116285	1,568	0	0	182	69.00
69.01	03340	GI UNIT	0.214336	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.185381	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.183202	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235110	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.196884	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235740	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1.574625	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.184515	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.169111	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.384056	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.222507	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.480103	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
200.00		Subtotal (see instructions)		7,650	0	0	1,440	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		7,650	0	0	1,440	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/22/2018 12:14 pm
	Title XVIII	Subprovider - IPF	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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03340 GI UNIT	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part II Date/Time Prepared: 2/22/2018 12:14 pm	
			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	8,212,682	220,107,554	0.037312	69,240	2,583	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	223,447	10,964,466	0.020379	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,513,177	46,989,197	0.032203	16,310	525	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,486,874	142,307,587	0.031529	137,507	4,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,975,054	60,154,852	0.032833	35,901	1,179	55.00
57.00	05700	CT SCAN	873,396	206,540,549	0.004229	149,059	630	57.00
58.00	05800	MRI	528,122	45,496,134	0.011608	74,180	861	58.00
60.00	06000	LABORATORY	3,587,649	199,556,484	0.017978	473,965	8,521	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	123,686	15,446,466	0.008007	24,614	197	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	697,962	68,248,958	0.010227	329,505	3,370	65.00
66.00	06600	PHYSICAL THERAPY	1,147,704	33,255,024	0.034512	2,208,344	76,214	66.00
67.00	06700	OCCUPATIONAL THERAPY	265,306	12,878,829	0.020600	2,166,856	44,637	67.00
68.00	06800	SPEECH PATHOLOGY	79,935	3,624,591	0.022054	593,876	13,097	68.00
69.00	06900	ELECTROCARDIOLOGY	1,873,199	186,161,021	0.010062	100,244	1,009	69.00
69.01	03340	GI UNIT	1,131,630	27,302,800	0.041447	22,446	930	69.01
69.02	03650	VASCULAR LAB	308,886	12,135,856	0.025452	36,279	923	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	162,264	5,157,797	0.031460	7,328	231	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	987,693	95,510,415	0.010341	107,988	1,117	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	789,504	190,342,978	0.004148	53,679	223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,705,504	195,256,796	0.008735	621,064	5,425	73.00
73.01	03640	RENAL TXPLANT LAB	72,938	455,457	0.160142	0	0	73.01
74.00	07400	RENAL DIALYSIS	318,342	13,771,136	0.023117	257,827	5,960	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,030,010	44,662,643	0.023062	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	67,108	5,278,703	0.012713	1,288	16	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,896,265	119,205,563	0.015908	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,880,686	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	34,058,337	1,963,692,542		7,487,500	171,983	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	361,126	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	21,409	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50 through 199)	0	0	0	0	382,535	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	220,107,554	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	10,964,466	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	46,989,197	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,307,587	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	60,154,852	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	206,540,549	0.000000	57.00
58.00	05800	MRI	0	0	0	45,496,134	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	199,556,484	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	15,446,466	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	68,248,958	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,255,024	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	12,878,829	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,624,591	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	186,161,021	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	27,302,800	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	12,135,856	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,157,797	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	95,510,415	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	190,342,978	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	361,126	361,126	195,256,796	0.001849	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	455,457	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	13,771,136	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	44,662,643	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,278,703	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	21,409	21,409	119,205,563	0.000180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,880,686	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	382,535	382,535	1,963,692,542		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/22/2018 12:14 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	69,240	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	16,310	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	137,507	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	35,901	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	149,059	0	0	0	57.00
58.00	05800 MRI	0.000000	74,180	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	473,965	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	24,614	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	329,505	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,208,344	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,166,856	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	593,876	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	100,244	0	0	0	69.00
69.01	03340 GI UNIT	0.000000	22,446	0	0	0	69.01
69.02	03650 VASCULAR LAB	0.000000	36,279	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,328	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	107,988	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	53,679	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001849	621,064	1,148	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	257,827	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,288	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000180	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		7,487,500	1,148	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/22/2018 12:14 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		90,499	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		90,499	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.		71,249	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,812	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)		40,751	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)		87,039,002	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)		87,039,002	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		118,133,130	28.00
29.00	Private room charges (excluding swing-bed charges)		85,139,650	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		32,993,480	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.736787	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,194.96	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,852.32	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)		87,039,002	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)		961.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39,193,089	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)		39,193,089	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,481,212	10,883	1,606.29	4,930	7,919,010	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	3,585,468	2,414	1,485.28	717	1,064,946	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)					70,437,027	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					118,614,072	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)					7,160,978	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,210,132	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,371,110	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					105,242,962	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,438	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					961.77	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,383,025	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/22/2018 12:14 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,756,567	87,039,002	0.158051	1,383,025	218,588	90.00
91.00	Nursing School cost	0	87,039,002	0.000000	1,383,025	0	91.00
92.00	Allied health cost	0	87,039,002	0.000000	1,383,025	0	92.00
93.00	All other Medical Education	0	87,039,002	0.000000	1,383,025	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Subprovider - IPF	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)			11,782 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,782 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.			9,670 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			2,112 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)			4,036 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)			10,560,145 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)			10,560,145 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			18,111,685 28.00
29.00	Private room charges (excluding swing-bed charges)			15,119,860 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			2,991,825 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.583057 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,563.58 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,416.58 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			147.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			85.71 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			828,816 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			9,731,329 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)			896.29 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,617,426 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,617,426 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1	
		Component CCN: 14-S148				Date/Time Prepared: 2/22/2018 12:14 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		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)				418,159		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				4,035,585		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)				458,732		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				35,515		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				494,247		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,541,338		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: 14-0148 Component CCN: 14-S148		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/22/2018 12:14 pm	
		Title XVIII		Subprovider - IPF		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	1,339,184	10,560,145	0.126815	0	0	90.00
91.00	Nursing School cost	0	10,560,145	0.000000	0	0	91.00
92.00	Allied health cost	0	10,560,145	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,560,145	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/22/2018 12:14 pm
		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)		6,138	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,138	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.		2,723	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,415	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,040	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)		4,135,390	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)		4,135,390	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,630,385	28.00
29.00	Private room charges (excluding swing-bed charges)		3,539,900	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,090,485	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.541963	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,300.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,197.80	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		102.20	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		55.39	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		150,827	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,984,563	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)		673.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,048,170	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)		2,048,170	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1	
		Component CCN: 14-T148				Date/Time Prepared: 2/22/2018 12:14 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					2,186,187		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,234,357		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)					226,115		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					173,131		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					399,246		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,835,111		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: 14-0148 Component CCN: 14-T148		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/22/2018 12:14 pm	
		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	456,546	4,135,390	0.110400	0	0	90.00
91.00	Nursing School cost	0	4,135,390	0.000000	0	0	91.00
92.00	Allied health cost	0	4,135,390	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,135,390	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/22/2018 12:14 pm	
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		54,858,392	30.00
31.00	03100	INTENSIVE CARE UNIT		15,693,381	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,385,199	33.00
40.00	04000	SUBPROVIDER - I PF		20,999	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.216782	50,973,443	11,050,125 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347896	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.146549	7,979,648	1,169,409 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.207660	20,513,767	4,259,889 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.122883	1,407,132	172,913 55.00
57.00	05700	CT SCAN	0.025591	29,414,833	752,755 57.00
58.00	05800	MRI	0.057854	5,700,868	329,818 58.00
60.00	06000	LABORATORY	0.180176	36,433,054	6,564,362 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.291976	4,344,749	1,268,562 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.115450	26,157,940	3,019,934 65.00
66.00	06600	PHYSICAL THERAPY	0.443424	4,233,722	1,877,334 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.254623	3,417,554	870,188 67.00
68.00	06800	SPEECH PATHOLOGY	0.354855	1,182,583	419,645 68.00
69.00	06900	ELECTROCARDIOLOGY	0.116547	37,655,708	4,388,660 69.00
69.01	03340	GI UNIT	0.215034	2,637,725	567,201 69.01
69.02	03650	VASCULAR LAB	0.186113	3,950,227	735,189 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185854	1,499,502	278,688 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235110	16,716,806	3,930,288 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.196884	67,342,493	13,258,659 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.235740	44,826,968	10,567,509 73.00
73.01	03640	RENAL TXPLANT LAB	1.596107	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.185762	5,728,894	1,064,211 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.169111	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0.386837	1,093,708	423,087 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.223111	15,089,747	3,366,689 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.480103	212,272	101,912 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		388,513,343	70,437,027 200.00
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)		388,513,343	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Subprovider - IPF	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
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - IPF		6,684,990	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.216782	63,428	13,750 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347896	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.146549	9,891	1,450 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.207660	67,143	13,943 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122883	17,848	2,193 55.00
57.00	05700 CT SCAN	0.025591	162,447	4,157 57.00
58.00	05800 MRI	0.057854	22,995	1,330 58.00
60.00	06000 LABORATORY	0.180176	727,782	131,129 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.291976	313	91 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.115450	56,561	6,530 65.00
66.00	06600 PHYSICAL THERAPY	0.443424	31,067	13,776 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254623	20,337	5,178 67.00
68.00	06800 SPEECH PATHOLOGY	0.354855	4,054	1,439 68.00
69.00	06900 ELECTROCARDIOLOGY	0.116547	79,547	9,271 69.00
69.01	03340 GI UNIT	0.215034	8,092	1,740 69.01
69.02	03650 VASCULAR LAB	0.186113	11,925	2,219 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185854	6,543	1,216 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235110	15,308	3,599 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.196884	3,001	591 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235740	439,689	103,652 73.00
73.01	03640 RENAL TXPLANT LAB	1.596107	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.185762	21,439	3,983 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.169111	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.386837	1,213	469 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.223111	431,781	96,335 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.480103	246	118 92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,202,650	418,159 200.00
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)		2,202,650	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/22/2018 12:14 pm
		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
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - I PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,780,564	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.216782	69,240	15,010 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.347896	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.146549	16,310	2,390 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.207660	137,507	28,555 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.122883	35,901	4,412 55.00
57.00	05700 CT SCAN	0.025591	149,059	3,815 57.00
58.00	05800 MRI	0.057854	74,180	4,292 58.00
60.00	06000 LABORATORY	0.180176	473,965	85,397 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.291976	24,614	7,187 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.115450	329,505	38,041 65.00
66.00	06600 PHYSICAL THERAPY	0.443424	2,208,344	979,233 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.254623	2,166,856	551,731 67.00
68.00	06800 SPEECH PATHOLOGY	0.354855	593,876	210,740 68.00
69.00	06900 ELECTROCARDIOLOGY	0.116547	100,244	11,683 69.00
69.01	03340 GI UNIT	0.215034	22,446	4,827 69.01
69.02	03650 VASCULAR LAB	0.186113	36,279	6,752 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185854	7,328	1,362 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235110	107,988	25,389 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.196884	53,679	10,569 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.235740	621,064	146,410 73.00
73.01	03640 RENAL TXPLANT LAB	1.596107	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.185762	257,827	47,894 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.169111	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.386837	1,288	498 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.223111	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.480103	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,487,500	2,186,187 200.00
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)		7,487,500	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/22/2018 12:14 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	24,156	961.77	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,799	1,606.29	12	19,275	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,485.28	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		30,955		12	19,275	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.216380	194,931	42,179	8.00
9.00	RECOVERY ROOM		51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.347896	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.145619	48,559	7,071	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.206869	63,476	13,131	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.122831	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.025591	141,242	3,615	15.00
16.00	MRI		58.00	0.057854	7,441	430	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.178035	300,661	53,528	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.291976	8,613	2,515	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.114648	18,352	2,104	23.00
24.00	PHYSICAL THERAPY		66.00	0.437976	9,243	4,048	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.254623	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.354855	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.116285	145,335	16,900	27.00
27.01	GI UNIT		69.01	0.214336	0	0	27.01
27.02	VASCULAR LAB		69.02	0.185381	1,594	295	27.02
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.183202	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.235110	100,732	23,683	29.00
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS		72.00	0.196884	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.235740	33,146	7,814	31.00
31.01	RENAL TXPLANT LAB		73.01	1.574625	257,300	405,151	31.01
32.00	RENAL DIALYSIS		74.00	0.184515	4,987	920	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.169111	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.384056	1,325	509	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY		76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
38.00	EMERGENCY		91.00	0.222507	2,846	633	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.480103	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				1,339,783	584,526	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

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

Worksheet D-4

Date/Time Prepared: 2/22/2018 12:14 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	12	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			12	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	2,846	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,846		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	603,801		1,370,738			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,350,845		1,791,282			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,954,646		3,162,020			61.00
62.00	Total Usable Organs (see instructions)		26				62.00
63.00	Medicare Usable Organs (see instructions)		17				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.653846				64.00
65.00	Medicare Cost/Charges (see instructions)	1,278,037		2,067,474			65.00
66.00	Revenue for Organs Sold	12,333		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,265,704		2,067,474			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,265,704	0	2,067,474	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		5	8			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	14			73.00
74.00	Total (sum of lines 70 through 73)		5	22			74.00
75.00	Organs Transplanted		5	14		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	7		12,333	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	1		0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		5	22		0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		85,650,553	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)		4,699,731	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		31,136,572	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		406.23	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)		87.55	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		87.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		167.65	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)		87.55	12.00
13.00	Total allowable FTE count for the prior year.		87.55	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.		87.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.55	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		87.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.215518	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.214884	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.214884	21.00
22.00	IME payment adjustment (see instructions)		9,484,171	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,447,784	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		14.30	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		80.10	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)		14.30	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.035202	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009313	27.00
28.00	IME add-on adjustment amount (see instructions)		797,664	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		289,975	28.01
29.00	Total IME payment (sum of lines 22 and 28)		10,281,835	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,737,759	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.61	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.63	31.00
32.00	Sum of lines 30 and 31		22.24	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.56	33.00
34.00	Disproportionate share adjustment (see instructions)		1,618,796	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,666,787 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,666,787 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,666,787	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)	104,917,702		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)		108,655,461	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		8,491,239	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).		3,560,857	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	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)		1,265,704	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)		85,601	58.00
59.00	Total (sum of amounts on lines 49 through 58)		122,060,933	59.00
60.00	Primary payer payments		136,572	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		121,924,361	61.00
62.00	Deductibles billed to program beneficiaries		8,429,824	62.00
63.00	Coinurance billed to program beneficiaries		678,181	63.00
64.00	Allowable bad debts (see instructions)		2,114,488	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,374,417	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,653,035	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		114,190,773	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	MSP PASS THRU RECONCILIATION		-260	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-529,188	70.93
70.94	HRR adjustment amount (see instructions)		-77,087	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		1,123,095	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		112,461,143	71.00
71.01	Sequestration adjustment (see instructions)		2,249,223	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		110,052,098	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		159,822	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		851,547	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)			100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		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	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (line 209 plus line 210) (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,223	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,550,041	2.00
3.00	OPPS payments		41,039,502	3.00
4.00	Outlier payment (see instructions)		84,791	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		57,311	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,223	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,026	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)		85,026	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)		85,026	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,803	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)		18,223	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		41,181,604	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)		7,779,674	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)		33,420,153	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,185,668	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)		34,605,821	30.00
31.00	Primary payer payments		7,387	31.00
32.00	Subtotal (line 30 minus line 31)		34,598,434	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)		1,684,450	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,094,893	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,251,216	36.00
37.00	Subtotal (see instructions)		35,693,327	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-261	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		35,693,588	40.00
40.01	Sequestration adjustment (see instructions)		713,872	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		34,767,431	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		212,285	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,440 2.00
3.00	OPPS payments			1,153 3.00
4.00	Outlier payment (see instructions)			0 4.00
4.01	Outlier reconciliation amount (see instructions)			0 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 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)			0 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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			1,153 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)			231 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)			922 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)			922 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			922 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)			922 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.97	Demonstration payment adjustment before sequestration			0 39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			922 40.00
40.01	Sequestration adjustment (see instructions)			18 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
41.00	Interim payments			904 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/22/2018 12:14 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		103,551,260		32,677,554	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		6,626,750		2,243,965	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	09/21/2017	125,912	09/21/2017	154,088	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)		-125,912		-154,088	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)		110,052,098		34,767,431	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		159,822		212,285	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		110,211,920		34,979,716	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: 14-0148
Component CCN: 14-S148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/22/2018 12:14 pm
PPS

Title XVIII

Subprovider -
IPF

		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		3,009,790		904	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,009,790		904	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		155,019		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,164,809		904	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: 14-0148
Component CCN: 14-T148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/22/2018 12:14 pm
PPS

Title XVIII

Subprovider -
IRF

		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		4,929,670		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/21/2017	91,992		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)		-91,992		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)		4,837,678		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		10,539		0	6.02
7.00	Total Medicare program liability (see instructions)		4,827,139		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part II Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part II Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,146,521 1.00
2.00	Net IPF PPS Outlier Payments			76,477 2.00
3.00	Net IPF PPS ECT Payments			89,107 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.12 4.00
4.01	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 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			5.36 6.00
7.00	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 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.12 8.00
9.00	Average Daily Census (see instructions)			32.279452 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.048664 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			153,122 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,465,227 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,465,227 16.00
17.00	Primary payer payments			15,717 17.00
18.00	Subtotal (line 16 less line 17).			3,449,510 18.00
19.00	Deductibles			296,828 19.00
20.00	Subtotal (line 18 minus line 19)			3,152,682 20.00
21.00	Coinsurance			85,617 21.00
22.00	Subtotal (line 20 minus line 21)			3,067,065 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			248,370 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			161,441 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			224,223 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,228,506 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			891 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,229,397 31.00
31.01	Sequestration adjustment (see instructions)			64,588 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			3,009,790 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			155,019 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			76,477 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part III Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,327,147 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0109 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			221,550 3.00
4.00	Outlier Payments			344,325 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)			0.83 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)			0.28 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)			0.28 9.00
10.00	Average Daily Census (see instructions)			16.816438 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.016924 11.00
12.00	Teaching Adjustment (see instructions)			73,233 12.00
13.00	Total PPS Payment (see instructions)			4,966,255 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)			4,966,255 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,966,255 19.00
20.00	Deductibles			13,076 20.00
21.00	Subtotal (line 19 minus line 20)			4,953,179 21.00
22.00	Coinsurance			42,042 22.00
23.00	Subtotal (line 21 minus line 22)			4,911,137 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			20,564 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			13,367 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,083 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,924,504 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)			1,148 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,925,652 32.00
32.01	Sequestration adjustment (see instructions)			98,513 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,837,678 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-10,539 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			344,325 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: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/22/2018 12:14 pm	
		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.			112.84	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			9.26	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)			103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			180.15	6.00
7.00	Enter the lesser of line 5 or line 6			103.58	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.	70.58	102.27	172.85	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.	40.58	58.80	99.38	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	40.58	58.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	38.93	60.20		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	39.98	58.19		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	39.83	59.06		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	39.83	59.06		17.00
18.00	Per resident amount	83,502.18	83,502.18		18.00
19.00	Approved amount for resident costs	3,325,892	4,931,639	8,257,531	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)			76.57	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)			8,257,531	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	53,474	18,503		26.00
27.00	Total Inpatient Days (see instructions)	120,670	120,670		27.00
28.00	Ratio of inpatient days to total inpatient days	0.443142	0.153336		28.00
29.00	Program direct GME amount	3,659,259	1,266,177		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		178,911		30.00
31.00	Net Program direct GME amount			4,746,525	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet E-4 Date/Time Prepared: 2/22/2018 12:14 pm
		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)		13,771,136	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)		126,884,014	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,265,704	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		152,289	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		127,997,429	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		42,627,015	42.00
43.00	Primary payer payments (see instructions)		7,387	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,619,628	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		170,617,057	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.750203	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.249797	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,746,525	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,560,857	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,185,668	50.00

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

Provider CCN: 14-0148

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

Worksheet G

Date/Time Prepared:
2/22/2018 12:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	61,571,880	0	0	0	1.00
2.00	Temporary investments	86,862,418	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	123,442,272	0	0	0	4.00
5.00	Other receivable	38,685,353	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,191,000	0	0	0	6.00
7.00	Inventory	9,282,553	0	0	0	7.00
8.00	Prepaid expenses	5,982,882	0	0	0	8.00
9.00	Other current assets	4,218,433	0	0	0	9.00
10.00	Due from other funds	15,677,649	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	332,532,440	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,413,304	0	0	0	12.00
13.00	Land improvements	43,444,888	0	0	0	13.00
14.00	Accumulated depreciation	-19,927,916	0	0	0	14.00
15.00	Buildings	374,206,386	0	0	0	15.00
16.00	Accumulated depreciation	-173,951,431	0	0	0	16.00
17.00	Leasehold improvements	1,767,838	0	0	0	17.00
18.00	Accumulated depreciation	-1,050,366	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	191,426,636	0	0	0	23.00
24.00	Accumulated depreciation	-148,231,771	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	274,097,568	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	49,446,254	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	240,802,901	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	290,249,155	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	896,879,163	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	37,622,620	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,097,029	0	0	0	38.00
39.00	Payroll taxes payable	254,505	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	33,709,181	0	0	0	43.00
44.00	Other current liabilities	12,626,597	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	106,309,932	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	247,447,402	0	0	0	46.00
47.00	Notes payable	2,618,096	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,075,224	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	274,140,722	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	380,450,654	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	516,428,509				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)	516,428,509	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	896,879,163	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0148

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

Worksheet G-1

Date/Time Prepared:
2/22/2018 12:14 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		449,891,107		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		63,705,208			2.00
3.00	Total (sum of line 1 and line 2)		513,596,315		0	3.00
4.00	CHANGE IN VALUE / INT RATE SWAP	-68,995		0		4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS	2,139,590		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)		2,070,595		0	10.00
11.00	Subtotal (line 3 plus line 10)		515,666,910		0	11.00
12.00	CONTRIBUTIONS	28,573,100		0		12.00
13.00	CHANGE IN MIN PENSION LEVEL	-32,896,544		0		13.00
14.00	OTHER DEDUCTIONS	3,561,845		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)		-761,599		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		516,428,509		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	CHANGE IN VALUE / INT RATE SWAP		0			4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS		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	CONTRIBUTIONS		0			12.00
13.00	CHANGE IN MIN PENSION LEVEL		0			13.00
14.00	OTHER DEDUCTIONS		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: 14-0148

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/22/2018 12:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	139,000,468		139,000,468	1.00
2.00	SUBPROVIDER - IPF	19,979,499		19,979,499	2.00
3.00	SUBPROVIDER - IRF	7,648,973		7,648,973	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)	166,628,940		166,628,940	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	35,482,615		35,482,615	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	6,963,666		6,963,666	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)	42,446,281		42,446,281	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	209,075,221		209,075,221	17.00
18.00	Ancillary services	974,643,549	1,097,719,917	2,072,363,466	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	-31,761,087	-24,737,129	-56,498,216	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,151,957,683	1,072,982,788	2,224,940,471	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		618,982,125		29.00
30.00	GRANT EXPENSE	12,628			30.00
31.00	PURCHASED SERVICE HAMP	30,842,826			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)		30,855,454		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)		649,837,579		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0148

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

Worksheet G-3

Date/Time Prepared:
2/22/2018 12:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,224,940,471	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,652,148,709	2.00
3.00	Net patient revenues (line 1 minus line 2)	572,791,762	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	649,837,579	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-77,045,817	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	32,623	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	4,270,530	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	251,909	20.00
21.00	Rental of vending machines	64,509	21.00
22.00	Rental of hospital space	1,489,652	22.00
23.00	Governmental appropriations	0	23.00
24.00	HIGHER EDUCATION	0	24.00
24.01	CAPITATION	56,855,504	24.01
24.02	AUTOPSY REVENUE	53,864	24.02
24.03	MISCELLANEOUS INCOME	1,812,798	24.03
24.04	OTHER	-198,112	24.04
24.05	CHILD CARE INCOME	1,157,306	24.05
24.06	HOSPITAL ACCESS IMPROVEMENT PAYMENT	37,586,823	24.06
24.08	OTHER OPERATING REVENUES	5,911,371	24.08
24.10	GAIN/LOSS ON FAIR VALUE	336,321	24.10
24.12	REALIZED GAIN/LOSS	16,355,567	24.12
24.13	UNREALIZED GAIN/LOSS	17,933,227	24.13
24.14	DEFERRED COMP INT / DIVIDENDS	217,519	24.14
24.18	OPERATIONS INVESTMENT INTEREST	116,282	24.18
24.20	WORKERS COMP INTEREST	135,813	24.20
24.21	INVESTMENT INCOME EXPENSE	-1,292,410	24.21
24.22	SELF INSURANCE INTEREST	310,789	24.22
24.23	BOND FUND INTEREST INCOME	3,460,733	24.23
24.24	BOND SERIES INTEREST INCOME	547	24.24
24.25	INVESTMENT MGMT FEES	-46,800	24.25
24.27	FARMLAND INCOME	72,784	24.27
24.28	NONOPERATING NET PERIODIC BEN COST	-6,138,124	24.28
25.00	Total other income (sum of lines 6-24)	140,751,025	25.00
26.00	Total (line 5 plus line 25)	63,705,208	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)	63,705,208	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0148

Period:

Worksheet I-1

Component CCN: 14-2315

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

Date/Time Prepared:
2/22/2018 12:14 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,059,847	HOURS OF SERVICE	39,300.58	18.89	1.00
2.00	LICENSED PRACTICAL NURSES	41,180	HOURS OF SERVICE	3,063.52	1.47	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	8,148	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	92,171	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,201,346				9.00
10.00	EMPLOYEE BENEFITS	85,578	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	50,217	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS	14,368	REQUISITIONS			15.00
16.00	OTHER	74,553	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,426,062				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	172,560	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	204,272	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	395,099	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	242,396	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	6,560	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	94,030	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,540,979				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,540,979				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0148

Period: From 10/01/2016

Worksheet 1-2

Component CCN: 14-2315

To 09/30/2017

Date/Time Prepared: 2/22/2018 12:14 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	465,173	0	1,059,847	41,180	289,850	20,928	1.00
MAINTENANCE								
2.00	Hemodialysis	87,285	0	260,982	41,180	78,999	5,191	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	377,888	0	798,865	0	210,851	15,737	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0	0	15.00
16.00	Total (sum of lines 2 through 16)	465,173	0	1,059,847	41,180	289,850	20,928	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	1,876,978	664,001	2,540,979		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	473,637	167,554	641,191		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	1,403,341	496,447	1,899,788		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00	Other	0	0	0	0	0		15.00
16.00	Total (sum of lines 2 through 16)	0	0	1,876,978	664,001	2,540,979		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,540,979		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period: From 10/01/2016

Worksheet 1-3

Component CCN: 14-2315

To 09/30/2017

Date/Time Prepared: 2/22/2018 12:14 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	465,173	0	1,059,847	41,180	289,850	1.00
MAINTENANCE							
2.00	Hemodialysis	1,005	12,456.00	10,264.00	3,134.00	321,680	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	10,000	4,351	37,761.00	31,418.00	0.00	858,577
13.00	Method II Home Patient		0	0.00	0.00	0.00	0
14.00	ESAs						
15.00							
16.00	Other		0	0.00	0.00	0.00	0
17.00	Total Statistical Basis		5,356	50,217.00	41,682.00	3,134.00	1,180,257
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		86.850822	0.000000	25.426971	13.139757	0.245582
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	20,928	0	0	1,876,978	664,001	1.00
MAINTENANCE							
2.00	Hemodialysis	3,564	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	10,804	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	14,368	0	0		1,876,978	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.456570	0.000000	0.000000		0.353761	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0148

Period: From 10/01/2016

Worksheet 1-4

Component CCN: 14-2315

To 09/30/2017

Date/Time Prepared: 2/22/2018 12:14 pm

		Rate 0		Renal Dialysis			
	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	1,106	641,191	579.74	645	373,932	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,106	641,191		645	373,932	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	1,106					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	213,417	330.88				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	213,417					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet 1-5 Date/Time Prepared: 2/22/2018 12:14 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	373,932		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	213,417	213,417	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	213,417	213,417	2.03
2.04	Outlier payments	2,434		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	547	547	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	547	547	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	42,574	42,574	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	42,574	42,574	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	43,121	8.00
9.00	Program payment (see instructions)	170,296	170,296	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	641,191		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	641,191		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0148	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/22/2018 12:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,893,378	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		552,825	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)		286.18	3.00
4.00	Number of interns & residents (see instructions)		101.85	4.00
5.00	Indirect medical education percentage (see instructions)		10.56	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)		727,941	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.61	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.63	8.00
9.00	Sum of lines 7 and 8		22.24	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.60	10.00
11.00	Disproportionate share adjustment (see instructions)		317,095	11.00
12.00	Total prospective capital payments (see instructions)		8,491,239	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