

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: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S Parts I-III Date/Time Prepared: 2/23/2018 11:57 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/23/2018 Time: 11:57 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPH MEDICAL CENTER ( 14-0162 ) 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-72,419	-36,543	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	-72,419	-36,543	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: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 11:57 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2200 E WASHINGTON			PO Box:				1.00				
2.00	City: BLOOMINGTON			State: IL		Zip Code: 61701		County: MCLEAN			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		ST. JOSEPH MEDICAL CENTER		140162	14060	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF		ST. JOSEPH MEDICAL CENTER		145590	14060		01/01/1988	N	P	O	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2016	09/30/2017		20.00		
21.00	Type of Control (see instructions)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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.						3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,276	637	0	0	1,813	53	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 11:57 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		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	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	Y	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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N		0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 11:57 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,260,000	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part I Date/Time Prepared: 2/23/2018 11:57 am		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 06101		141.00		
142.00	Street: 800 NE GLEN OAK AVE	PO Box:				142.00		
143.00	City: PEORIA	State: IL		Zip Code: 61603		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
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.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
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)								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
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							
159.00	SNF	N	N	N	N			
160.00	HOME HEALTH AGENCY	N	N	N	N			
161.00	CMHC		N	N	N			
165.00 Multi campus								
						1.00	165.00	
						N		
Enter "Y" for yes or "N" for no.								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00	167.00	
						N		
168.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						2.00	168.00
						0		
168.01	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)						2.00	168.01
169.00	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)						2.00	169.00
						0.00		
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)						2.00	169.00
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 11:57 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/19/2018		4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N		14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N		15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2017	Y	12/14/2017	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 11:57 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
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.	LOUIS		RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309) 624-9230		LOUIS C. RAPTOPOULOS@OSFHEALTHCARE. OR	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-2 Part II Date/Time Prepared: 2/23/2018 11:57 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
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.	GOVT REPORTING SENIOR ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	137	50,005	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)		137	50,005	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		137	50,005	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	12	4,380		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
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)		149			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,532	1,205	25,490			1.00
2.00	HMO and other (see instructions)	4,619	2,450				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,532	1,205	25,490			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		71	1,472			13.00
14.00	Total (see instructions)	11,532	1,276	26,962	0.00	770.08	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	918	0	1,743	0.00	11.00	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	781.08	27.00
28.00	Observation Bed Days		137	2,722			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	53	189			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: 14-0162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,599	388	6,535	1.00
2.00 HMO and other (see instructions)			1,057	339		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,599	388	6,535	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 14-0162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/23/2018 11:57 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	48,874,017	296,171	49,170,188	1,718,850.00	28.61
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		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	557,563	3,511	561,074	22,694.00	24.72
10.00	Excluded area salaries (see instructions)		5,997,992	20,117	6,018,109	212,033.00	28.38
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		1,790,533	0	1,790,533	25,375.00	70.56
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		230,834	0	230,834	1,359.00	169.86
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		9,874,324	0	9,874,324	277,127.00	35.63
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		11,621,778	0	11,621,778		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,834,375	0	1,834,375		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		48,879	0	48,879		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		4,970	0	4,970		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,196,159	0	3,196,159		
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		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	4,496,748	34,943	4,531,691	116,262.00	38.98

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/23/2018 11:57 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		46,440	0	46,440	2,170.00	21.40	28.00
29.00	Maintenance & Repairs	6.00	1,164,937	9,052	1,173,989	48,549.00	24.18	29.00
30.00	Operation of Plant	7.00	371,570	2,887	374,457	14,448.00	25.92	30.00
31.00	Laundry & Linen Service	8.00	28,011	218	28,229	2,254.00	12.52	31.00
32.00	Housekeeping	9.00	1,165,460	7,064	1,172,524	88,747.00	13.21	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	800,728	-400,864	399,864	24,169.00	16.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	109,416	405,316	514,732	33,339.00	15.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	695,411	5,404	700,815	19,251.00	36.40	38.00
39.00	Central Services and Supply	14.00	216,687	1,684	218,371	12,538.00	17.42	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,039,500	6,536	1,046,036	43,517.00	24.04	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/23/2018 11:57 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	48,920,457	296,171	49,216,628	1,721,020.00	28.60	1.00
2.00	Excluded area salaries (see instructions)	6,555,555	23,628	6,579,183	234,727.00	28.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,364,902	272,543	42,637,445	1,486,293.00	28.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,895,691	0	11,895,691	303,861.00	39.15	4.00
5.00	Subtotal wage-related costs (see inst.)	14,866,816	0	14,866,816	0.00	34.87	5.00
6.00	Total (sum of lines 3 thru 5)	69,127,409	272,543	69,399,952	1,790,154.00	38.77	6.00
7.00	Total overhead cost (see instructions)	10,134,908	72,240	10,207,148	405,244.00	25.19	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part IV Date/Time Prepared: 2/23/2018 11:57 am
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			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		1,997,550	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)		600,585	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		7,883,792	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		47,718	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		-35,632	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		2,826,772	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		4,091	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		185,126	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,510,002	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-3 Part V Date/Time Prepared: 2/23/2018 11:57 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,790,533	0	1.00
2.00	Hospital	1,790,533	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0162

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

Worksheet S-7

Date/Time Prepared:  
2/23/2018 11:57 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	22	0	22	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	24	0	24	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	14	0	14	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	9	0	9	19.00
20.00	RHA	337	0	337	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	270	0	270	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	37	0	37	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	21	0	21	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	1	0	1	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	29	0	29	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	48	0	48	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	51	0	51	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0162

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

Worksheet S-7

Date/Time Prepared:  
2/23/2018 11:57 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	55	0	55	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		918	0	918	200.00

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

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	14060	14060	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

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

202.00	Staffing	557,563	47.79		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	1,166,600			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet S-10 Date/Time Prepared: 2/23/2018 11:57 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.169931	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		12,714,573	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		94,061,459	6.00	
7.00	Medicaid cost (line 1 times line 6)		15,983,958	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)		3,269,385	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)		3,269,385	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	10,771,358	1,489,887	12,261,245	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,830,388	1,489,887	3,320,275	21.00
22.00	Payments received from patients for amounts previously written off as charity care	194,164	77,627	271,791	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,636,224	1,412,260	3,048,484	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,600,855		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		376,611		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		579,402		27.01
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		7,021,453		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,395,954		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,444,438		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,713,823		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		4,778,550	4,778,550	638,872	5,417,422	1.00
2.00	00200		5,037,455	5,037,455	40,048	5,077,503	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	16,231,228	16,231,228	-343,889	15,887,339	4.00
5.00	00500	4,496,748	25,090,998	29,587,746	-521,811	29,065,935	5.00
6.00	00600	1,164,937	2,637,512	3,802,449	-499,458	3,302,991	6.00
7.00	00700	371,570	2,147,950	2,519,520	2,887	2,522,407	7.00
8.00	00800	28,011	349,700	377,711	218	377,929	8.00
9.00	00900	1,165,460	134,402	1,299,862	9,056	1,308,918	9.00
10.00	01000	800,728	466,175	1,266,903	-633,720	633,183	10.00
11.00	01100	109,416	9,454	118,870	640,792	759,662	11.00
13.00	01300	695,411	241,076	936,487	5,404	941,891	13.00
14.00	01400	216,687	121,831	338,518	1,684	340,202	14.00
16.00	01600	1,039,500	183,115	1,222,615	8,078	1,230,693	16.00
22.00	02200	0	210,917	210,917	0	210,917	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	12,355,828	1,609,429	13,965,257	-1,298,448	12,666,809	30.00
43.00	04300	0	0	0	356,937	356,937	43.00
44.00	04400	557,563	19,446	577,009	4,333	581,342	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,589,208	9,689,603	12,278,811	-8,091,732	4,187,079	50.00
51.00	05100	385,521	1,688	387,209	2,996	390,205	51.00
52.00	05200	0	0	0	1,344,805	1,344,805	52.00
53.00	05300	0	1,451,420	1,451,420	72,468	1,523,888	53.00
54.00	05400	1,279,005	255,831	1,534,836	-1,233,225	301,611	54.00
54.10	03440	287,940	193,217	481,157	511,067	992,224	54.10
54.20	03630	408,359	236,743	645,102	317,939	963,041	54.20
54.30	05401	300,944	84,141	385,085	126,146	511,231	54.30
56.00	05600	202,441	667,642	870,083	196,166	1,066,249	56.00
57.00	05700	456,352	302,333	758,685	502,034	1,260,719	57.00
58.00	05800	203,701	639,564	843,265	126,830	970,095	58.00
59.00	05900	792,236	3,323,758	4,115,994	-3,200,762	915,232	59.00
60.00	06000	2,185,572	1,962,429	4,148,001	17,020	4,165,021	60.00
64.00	06400	189,504	31,868	221,372	1,473	222,845	64.00
65.00	06500	822,376	206,973	1,029,349	-159,868	869,481	65.00
66.00	06600	2,557,336	589,938	3,147,274	19,872	3,167,146	66.00
67.00	06700	554,854	2,442	557,296	4,312	561,608	67.00
68.00	06800	352,571	186,911	539,482	2,740	542,222	68.00
69.00	06900	259,978	17,661	277,639	2,020	279,659	69.00
70.00	07000	593,063	147,195	740,258	4,609	744,867	70.00
71.00	07100	111,587	1,062,625	1,174,212	4,397,489	5,571,701	71.00
72.00	07200	0	0	0	7,208,147	7,208,147	72.00
73.00	07300	1,446,586	7,397,947	8,844,533	-69,793	8,774,740	73.00
74.00	07400	0	481,791	481,791	0	481,791	74.00
76.00	03330	0	913,918	913,918	0	913,918	76.00
76.20	03951	368,145	156,949	525,094	3,183	528,277	76.20
76.97	07697	210,795	12,581	223,376	-8,329	215,047	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	272,106	514,205	786,311	2,114	788,425	90.00
91.00	09100	3,043,986	2,236,914	5,280,900	8,027	5,288,927	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		42,876,025	92,037,525	134,913,550	518,731	135,432,281	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	282,714	369,060	651,774	2,197	653,971	190.00
192.00	19200	4,619,400	9,843,462	14,462,862	-539,411	13,923,451	192.00
192.10	19201	22,725	62,690	85,415	177	85,592	192.10
192.20	19202	190,997	1,371,902	1,562,899	1,484	1,564,383	192.20
192.30	19203	218,367	79,044	297,411	1,697	299,108	192.30
192.40	19204	663,789	217,197	880,986	5,158	886,144	192.40
192.60	19205	0	0	0	9,967	9,967	192.60
200.00		48,874,017	103,980,880	152,854,897	0	152,854,897	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

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

Worksheet A  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	383,247	5,800,669	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	321,017	5,398,520	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-732,523	15,154,816	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,907,022	19,158,913	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,302,991	6.00
7.00	00700	OPERATION OF PLANT	-99,965	2,422,442	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	377,929	8.00
9.00	00900	HOUSEKEEPING	0	1,308,918	9.00
10.00	01000	DIETARY	0	633,183	10.00
11.00	01100	CAFETERIA	-495,853	263,809	11.00
13.00	01300	NURSING ADMINISTRATION	-29,540	912,351	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	340,202	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-71,532	1,159,161	16.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-210,917	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-92,421	12,574,388	30.00
43.00	04300	NURSERY	0	356,937	43.00
44.00	04400	SKILLED NURSING FACILITY	0	581,342	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-300,566	3,886,513	50.00
51.00	05100	RECOVERY ROOM	-1,000	389,205	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,344,805	52.00
53.00	05300	ANESTHESIOLOGY	-1,205,090	318,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,016	296,595	54.00
54.10	03440	MAMMOGRAPHY	-416	991,808	54.10
54.20	03630	ULTRA SOUND	-1	963,040	54.20
54.30	05401	ECHOCARDIOLOGY	-19,956	491,275	54.30
56.00	05600	RADIOISOTOPE	0	1,066,249	56.00
57.00	05700	CT SCAN	-2,072	1,258,647	57.00
58.00	05800	MRI	-15,625	954,470	58.00
59.00	05900	CARDIAC CATHETERIZATION	-21,166	894,066	59.00
60.00	06000	LABORATORY	-16,097	4,148,924	60.00
64.00	06400	INTRAVENOUS THERAPY	0	222,845	64.00
65.00	06500	RESPIRATORY THERAPY	0	869,481	65.00
66.00	06600	PHYSICAL THERAPY	-22,569	3,144,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	561,608	67.00
68.00	06800	SPEECH PATHOLOGY	0	542,222	68.00
69.00	06900	ELECTROCARDIOLOGY	0	279,659	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-6,346	738,521	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,571,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,208,147	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-264,757	8,509,983	73.00
74.00	07400	RENAL DIALYSIS	0	481,791	74.00
76.00	03330	ENDOSCOPY	58,569	972,487	76.00
76.20	03951	PAIN CLINIC	0	528,277	76.20
76.97	07697	CARDIAC REHABILITATION	-39,373	175,674	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-934	787,491	90.00
91.00	09100	EMERGENCY	-1,801,768	3,487,159	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-14,599,692	120,832,589	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-23	653,948	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-563	13,922,888	192.00
192.10	19201	CARDIOLOGY CLINIC	0	85,592	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	-282,169	1,282,214	192.20
192.30	19203	MCLEAN CO EMS	0	299,108	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	886,144	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	9,967	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	-14,882,447	137,972,450	200.00

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6  
Date/Time Prepared:  
2/23/2018 11:57 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DEPRECIATION RECLASS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	539,411	1.00
2.00		0.00	0	0	2.00
	0		0	539,411	
<b>B - PROPERTY INSURANCE</b>					
1.00	OTHER CAP REL COSTS	3.00	0	139,509	1.00
2.00		0.00	0	0	2.00
	0		0	139,509	
<b>C - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	404,466	235,476	1.00
	0		404,466	235,476	
<b>D - ALT BIRTH RECLASS</b>					
1.00	NURSERY	43.00	319,093	37,844	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,202,223	142,582	2.00
	0		1,521,316	180,426	
<b>E - CARDIAC REHAB RECLASS</b>					
1.00	NONALLOWABLE CARDIAC REHAB	192.60	9,404	563	1.00
	0		9,404	563	
<b>F - IMPLANTABLE DEVICES RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,208,147	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
	0		0	7,208,147	
<b>G - MED/SURG SUPPLY RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,506,425	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
	0		0	4,506,425	
<b>H - DISABILITY RECLASS</b>					
1.00	HOUSEKEEPING	9.00	0	1,992	1.00
2.00	DIETARY	10.00	0	2,620	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,542	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	14,767	4.00
5.00	SKILLED NURSING FACILITY	44.00	0	822	5.00
6.00	OPERATING ROOM	50.00	0	11,876	6.00
7.00	CT SCAN	57.00	0	462	7.00
8.00	MRI	58.00	0	1,414	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	2,061	9.00
10.00	LABORATORY	60.00	0	1,543	10.00
11.00	CLINIC	90.00	0	2,725	11.00
12.00	EMERGENCY	91.00	0	5,894	12.00
	0		0	47,718	
<b>I - CONTRACT PHYS COST TO ANCILLARY CC</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	307,161	1.00
2.00	OPERATING ROOM	50.00	0	17,000	2.00
3.00	ECHOCARDIOLOGY	54.30	0	54,584	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	38,500	4.00
	TOTALS		0	417,245	
<b>J - DRUGS CHARGED TO PATIENTS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	307	1.00
2.00	OPERATING ROOM	50.00	0	12	2.00
3.00	ANESTHESIOLOGY	53.00	0	72,468	3.00
4.00	CT SCAN	57.00	0	15	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	7,873	5.00
6.00	LABORATORY	60.00	0	37	6.00
7.00	PAIN CLINIC	76.20	0	322	7.00
	0		0	81,034	
<b>K - REHAB ADMIN RECLASS</b>					
1.00	MAMMOGRAPHY	54.10	244,323	175,838	1.00
2.00	ULTRA SOUND	54.20	206,479	115,908	2.00
3.00	ECHOCARDIOLOGY	54.30	61,327	7,864	3.00
4.00	RADIO SOTOPE	56.00	138,534	17,765	4.00
5.00	CT SCAN	57.00	190,570	84,556	5.00
	0		841,233	401,931	

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:  
2/23/2018 11:57 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>L - TO RECLASS SFI COST</b>						
1.00	MAMMOGRAPHY	54.10	0	88,669	1.00	
2.00	ULTRA SOUND	54.20	0	1,228	2.00	
3.00	ECHOCARDIOLOGY	54.30	0	32	3.00	
4.00	RADIOISOTOPE	56.00	0	38,294	4.00	
5.00	CT SCAN	57.00	0	255,040	5.00	
6.00	MRI	58.00	0	125,247	6.00	
	<b>TOTALS</b>		0	508,510		
<b>M - VACATION ACCRUAL</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	34,943	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	9,052	0	2.00	
3.00	OPERATION OF PLANT	7.00	2,887	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	218	0	4.00	
5.00	HOUSEKEEPING	9.00	9,056	0	5.00	
6.00	DIETARY	10.00	6,222	0	6.00	
7.00	CAFETERIA	11.00	850	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	5,404	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	1,684	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	8,078	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	96,013	0	11.00	
12.00	SKILLED NURSING FACILITY	44.00	4,333	0	12.00	
13.00	OPERATING ROOM	50.00	20,120	0	13.00	
14.00	RECOVERY ROOM	51.00	2,996	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	9,939	0	15.00	
16.00	MAMMOGRAPHY	54.10	2,237	0	16.00	
17.00	ULTRA SOUND	54.20	3,173	0	17.00	
18.00	ECHOCARDIOLOGY	54.30	2,339	0	18.00	
19.00	RADIOISOTOPE	56.00	1,573	0	19.00	
20.00	CT SCAN	57.00	3,546	0	20.00	
21.00	MRI	58.00	1,583	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	6,156	0	22.00	
23.00	LABORATORY	60.00	16,983	0	23.00	
24.00	INTRAVENOUS THERAPY	64.00	1,473	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	6,390	0	25.00	
26.00	PHYSICAL THERAPY	66.00	19,872	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	4,312	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	2,740	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	2,020	0	29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	4,609	0	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	867	0	31.00	
32.00	DRUGS CHARGED TO PATIENTS	73.00	11,241	0	32.00	
33.00	PAIN CLINIC	76.20	2,861	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	1,638	0	34.00	
35.00	CLINIC	90.00	2,114	0	35.00	
36.00	EMERGENCY	91.00	23,654	0	36.00	
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,197	0	37.00	
38.00	CARDIOLOGY CLINIC	192.10	177	0	38.00	
39.00	FUND DEV, MKTING, COMM HEALTH ED	192.20	1,484	0	39.00	
40.00	MCLEAN CO EMS	192.30	1,697	0	40.00	
41.00	INDUSTRIAL MEDICINE	192.40	5,158	0	41.00	
	<b>0</b>		343,889	0		
500.00	<b>Grand Total: Increases</b>		3,120,308	14,266,395	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6  
Date/Time Prepared:  
2/23/2018 11:57 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - DEPRECIATION RECLASS</b>							
1.00		0.00	0	0	9		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	539,411	0		2.00
	0		0	539,411			
<b>B - PROPERTY INSURANCE</b>							
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	139,509	0		2.00
	0		0	139,509			
<b>C - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	404,466	235,476	0		1.00
	0		404,466	235,476			
<b>D - ALT BIRTH RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,521,316	180,426	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,521,316	180,426			
<b>E - CARDIAC REHAB RECLASS</b>							
1.00	CARDIAC REHABILITATION	76.97	9,404	563	0		1.00
	0		9,404	563			
<b>F - IMPLANTABLE DEVICES RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	187	0		1.00
2.00	EMERGENCY	91.00	0	156	0		2.00
3.00	OPERATING ROOM	50.00	0	6,227,366	0		3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	109,803	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	577,748	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	74	0		6.00
7.00	OPERATING ROOM	50.00	0	23,344	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	269,469	0		8.00
	0		0	7,208,147			
<b>G - MED/SURG SUPPLY RECLASS</b>							
1.00	OPERATING ROOM	50.00	0	1,878,154	0		1.00
2.00	ULTRA SOUND	54.20	0	8,849	0		2.00
3.00	CT SCAN	57.00	0	31,693	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,406,074	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	166,184	0		5.00
6.00	EMERGENCY	91.00	0	15,471	0		6.00
	0		0	4,506,425			
<b>H - DISABILITY RECLASS</b>							
1.00	HOUSEKEEPING	9.00	1,992	0	0		1.00
2.00	DIETARY	10.00	2,620	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	1,542	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	14,767	0	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	822	0	0		5.00
6.00	OPERATING ROOM	50.00	11,876	0	0		6.00
7.00	CT SCAN	57.00	462	0	0		7.00
8.00	MRI	58.00	1,414	0	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	2,061	0	0		9.00
10.00	LABORATORY	60.00	1,543	0	0		10.00
11.00	CLINIC	90.00	2,725	0	0		11.00
12.00	EMERGENCY	91.00	5,894	0	0		12.00
	0		47,718	0			
<b>I - CONTRACT PHYS COST TO ANCILLARY CC</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	417,245	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
	TOTALS		0	417,245			
<b>J - DRUGS CHARGED TO PATIENTS</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	81,034	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
	0		0	81,034			
<b>K - REHAB ADMIN RECLASS</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	841,233	401,931	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
	0		841,233	401,931			

RECLASSIFICATIONS

Provider CCN: 14-0162

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

Worksheet A-6

Date/Time Prepared:  
2/23/2018 11:57 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
<b>L - TO RECLASS SFI COST</b>							
1.00 MAINTENANCE & REPAIRS	6.00	0	508,510	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	
<b>TOTALS</b>		0	508,510				
<b>M - VACATION ACCRUAL</b>							
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	343,889	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	
35.00	0.00	0	0	0		35.00	
36.00	0.00	0	0	0		36.00	
37.00	0.00	0	0	0		37.00	
38.00	0.00	0	0	0		38.00	
39.00	0.00	0	0	0		39.00	
40.00	0.00	0	0	0		40.00	
41.00	0.00	0	0	0		41.00	
0		0	343,889				
500.00 Grand Total: Decreases		2,824,137	14,562,566			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,635,357	0	0	0	1.00
2.00	Land Improvements	1,361,995	0	0	0	2.00
3.00	Buildings and Fixtures	127,907,913	6,734,835	0	6,734,835	3.00
4.00	Building Improvements	92,395	138,209	0	138,209	4.00
5.00	Fixed Equipment	53,315,162	4,817,103	0	4,817,103	5.00
6.00	Movable Equipment	87,147	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	184,399,969	11,690,147	0	11,690,147	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	184,399,969	11,690,147	0	11,690,147	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,635,357	0			1.00
2.00	Land Improvements	1,361,995	0			2.00
3.00	Buildings and Fixtures	134,642,748	0			3.00
4.00	Building Improvements	190,138	0			4.00
5.00	Fixed Equipment	54,013,329	0			5.00
6.00	Movable Equipment	87,147	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	191,930,714	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	191,930,714	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,778,550	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,037,455	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,816,005	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	4,778,550				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,037,455				2.00
3.00	Total (sum of lines 1-2)	0	9,816,005				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	134,832,886	0	134,832,886	0.712936	99,461	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,290,615	0	54,290,615	0.287064	40,048	2.00
3.00	Total (sum of lines 1-2)	189,123,501	0	189,123,501	1.000000	139,509	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	99,461	5,701,208	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	40,048	5,358,472	0	2.00
3.00	Total (sum of lines 1-2)	0	0	139,509	11,059,680	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	99,461	0	0	5,800,669	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	40,048	0	0	5,398,520	2.00
3.00	Total (sum of lines 1-2)	0	139,509	0	0	11,199,189	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:  
2/23/2018 11:57 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				3.00	4.00			
		1.00	2.00	3.00	4.00	5.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,781		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)			0		0.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,605,311				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	-5,145,944				0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-495,853		CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00	Sale of drugs to other than patients			0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-71,532		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines			0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-185,536		ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

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

Worksheet A-8

Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	33.00
35.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	35.00
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	36.00
39.00 PRE-EMPLOYMENT PHYSICALS	A	-11	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	39.00
40.00 PRE-EMPLOYMENT PHYSICALS	A	-61,216	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	40.00
41.00 UNEMPLOYMENT COMP	A	4,091	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	41.00
42.00 MEDI CAID ASSESSMENT	A	-4,836,998	ADMINISTRATIVE & GENERAL	5.00		0	42.00
46.00 LOBBYING DUES	A	-36,385	ADMINISTRATIVE & GENERAL	5.00		0	46.00
47.00 OTHER REVENUES - ADMIN	B	-42,077	ADMINISTRATIVE & GENERAL	5.00		0	47.00
48.00 OTHER REVENUES - PLANT MAIN	B		OPERATION OF PLANT	7.00		0	48.00
49.00 OTHER REVENUES - NURSE ADMIN	B	-28,578	NURSING ADMINISTRATION	13.00		0	49.00
49.01 OTHER REVENUES - ADULTS AND PEDI	B	-4,215	ADULTS & PEDIATRICS	30.00		0	49.01
49.02 OTHER REVENUES - RADIOLOGY	B	-1,592	RADIOLOGY-DIAGNOSTIC	54.00		0	49.02
49.03 OTHER REVENUES - LAB	B	-14,097	LABORATORY	60.00		0	49.03
49.04 OTHER REVENUES - PHYS THERAPY	B	-17,866	PHYSICAL THERAPY	66.00		0	49.04
49.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0	49.05
49.07 OTHER REVENUES - CARDIAC REHAB	B	-39,373	CARDIAC REHABILITATION	76.97		0	49.07
49.09 TELEPHONE SALARY EXPENSE	A	-23,397	ADMINISTRATIVE & GENERAL	5.00		0	49.09
49.12 TELEPHONE EB EXPENSE	A	-7,770	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	49.12
49.13 PHYSICIAN EB EXPENSES	A	-6,262	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	49.13
49.15 TEACHING COST OFFSET	B	-210,917	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0	49.15
49.18 MARKETING - ADMIN	A	-4,459	ADMINISTRATIVE & GENERAL	5.00		0	49.18
49.19 MARKETING - NURS ADMIN	A	-962	NURSING ADMINISTRATION	13.00		0	49.19
49.21 MARKETING - ADULTS AND PEDI	A	-14	ADULTS & PEDIATRICS	30.00		0	49.21
49.23 MARKETING - CLINICS	A	-865	CLINIC	90.00		0	49.23
49.24 ENTERTAINMENT EXPENSES	A	-35,517	ADMINISTRATIVE & GENERAL	5.00		0	49.24
49.29 RECRUITING	A	-1,800	ADMINISTRATIVE & GENERAL	5.00		0	49.29
49.30 RECRUITING	A	-3,600	ADULTS & PEDIATRICS	30.00		0	49.30
49.31 RECRUITING	A	-1,000	RECOVERY ROOM	51.00		0	49.31
49.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0	49.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,882,447					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: 14-0162  
 Period: From 10/01/2016 To 09/30/2017  
 Worksheet A-8-1  
 Date/Time Prepared: 2/23/2018 11:57 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CORP OFFICE CHARGES - BLDG D	383,247	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CORP OFFICE CHARGES - EQUIP	2,316,037	1,995,020	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CORP OFFICE CHARGES	1,841,517	2,502,872	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	CORP OFFICE CHARGES	12,581,233	17,099,605	3.01
3.02	7.00	OPERATION OF PLANT	CORP OFFICE CHARGES	276,650	376,005	3.02
3.03	30.00	ADULTS & PEDIATRICS	CORP OFFICE CHARGES - EICU	155,308	211,085	3.03
4.00	0.00			0	0	4.00
4.01	73.00	DRUGS CHARGED TO PATIENTS	CORP OFFICE CHARGES - E-PHAR	737,207	1,001,964	4.01
4.02	192.20	FUND DEV, MKTING, COMM HEALT	CORP OFFICE CHARGES - E-PHAR	785,687	1,067,856	4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH MAIN AND EQUIP	84,558	87,982	4.03
4.04	54.10	MAMMOGRAPHY	SFI PURCH MAIN AND EQUIP	10,271	10,687	4.04
4.05	54.20	ULTRA SOUND	SFI PURCH MAIN AND EQUIP	30	31	4.05
4.06	57.00	CT SCAN	SFI PURCH MAIN AND EQUIP	51,150	53,222	4.06
4.07	58.00	MRI	SFI PURCH MAIN AND EQUIP	385,843	401,468	4.07
4.08	66.00	PHYSICAL THERAPY	SFI PURCH MAIN AND EQUIP	116,125	120,828	4.08
4.09	70.00	ELECTROENCEPHALOGRAPHY	SFI PURCH MAIN AND EQUIP	2,369	2,465	4.09
4.10	90.00	CLINIC	SFI PURCH MAIN AND EQUIP	1,710	1,779	4.10
4.11	190.00	GIFT, FLOWER, COFFEE SHOP &	SFI PURCH MAIN AND EQUIP	568	591	4.11
4.12	192.00	PHYSICIANS' PRIVATE OFFICES	SFI PURCH MAIN AND EQUIP	13,908	14,471	4.12
4.13	76.00	ENDOSCOPY	ENDOSCOPY	917,675	859,106	4.13
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,661,093	25,807,037	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

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

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

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

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

Provider CCN: 14-0162

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

Worksheet A-8-1

Date/Time Prepared:  
2/23/2018 11:57 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	383,247	9		1.00
2.00	321,017	9		2.00
3.00	-661,355	0		3.00
3.01	-4,518,372	0		3.01
3.02	-99,355	0		3.02
3.03	-55,777	0		3.03
4.00	0	0		4.00
4.01	-264,757	0		4.01
4.02	-282,169	0		4.02
4.03	-3,424	0		4.03
4.04	-416	0		4.04
4.05	-1	0		4.05
4.06	-2,072	0		4.06
4.07	-15,625	0		4.07
4.08	-4,703	0		4.08
4.09	-96	0		4.09
4.10	-69	0		4.10
4.11	-23	0		4.11
4.12	-563	0		4.12
4.13	58,569	0		4.13
5.00	-5,145,944			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 SYST		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0162

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

Worksheet A-8-2

Date/Time Prepared:  
2/23/2018 11:57 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	382,347	30,585	351,762	200,300	1,689	1.00
2.00	30.00	ADULTS & PEDIATRICS	37,000	20,000	17,000	200,300	85	2.00
3.00	50.00	OPERATING ROOM	307,161	288,411	18,750	182,900	75	3.00
4.00	53.00	ANESTHESIOLOGY	1,221,840	1,169,840	52,000	167,500	208	4.00
5.00	54.30	ECHOCARDIOLOGY	54,584	0	54,584	217,600	331	5.00
6.00	59.00	CARDIAC CATHETERIZATION	38,500	0	38,500	200,300	180	6.00
7.00	60.00	LABORATORY	50,000	0	50,000	208,000	480	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	6,250	6,250	0	0	0	8.00
9.00	91.00	EMERGENCY	1,801,768	1,801,768	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,899,450	3,316,854	582,596		3,048	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	162,647	8,132	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	8,185	409	0	0	0	2.00
3.00	50.00	OPERATING ROOM	6,595	330	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	16,750	838	0	0	0	4.00
5.00	54.30	ECHOCARDIOLOGY	34,628	1,731	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	17,334	867	0	0	0	6.00
7.00	60.00	LABORATORY	48,000	2,400	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			294,139	14,707	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	162,647	189,115	219,700	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	8,185	8,815	28,815	2.00
3.00	50.00	OPERATING ROOM	0	6,595	12,155	300,566	3.00
4.00	53.00	ANESTHESIOLOGY	0	16,750	35,250	1,205,090	4.00
5.00	54.30	ECHOCARDIOLOGY	0	34,628	19,956	19,956	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	17,334	21,166	21,166	6.00
7.00	60.00	LABORATORY	0	48,000	2,000	2,000	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	6,250	8.00
9.00	91.00	EMERGENCY	0	0	0	1,801,768	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	294,139	288,457	3,605,311	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,800,669	5,800,669			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,398,520		5,398,520		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,154,816	0	0	15,154,816	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	19,158,913	492,496	2,543,143	1,388,335	5.00
6.00 00600	MAINTENANCE & REPAIRS	3,302,991	828,253	83,107	362,109	6.00
7.00 00700	OPERATION OF PLANT	2,422,442	190,246	22,962	115,499	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	377,929	23,394	0	8,707	8.00
9.00 00900	HOUSEKEEPING	1,308,918	62,536	20,697	361,657	9.00
10.00 01000	DIETARY	633,183	33,935	5,794	123,335	10.00
11.00 01100	CAFETERIA	263,809	34,634	16,366	158,765	11.00
13.00 01300	NURSING ADMINISTRATION	912,351	32,380	233,199	216,161	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	340,202	64,960	29,055	67,355	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,159,161	52,936	195	322,642	16.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	12,574,388	945,664	255,458	3,366,866	30.00
43.00 04300	NURSERY	356,937	7,132	22,616	98,422	43.00
44.00 04400	SKILLED NURSING FACILITY	581,342	72,064	11,978	173,059	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,886,513	325,887	867,422	801,166	50.00
51.00 05100	RECOVERY ROOM	389,205	67,585	1,580	119,835	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,344,805	167,365	85,208	370,817	52.00
53.00 05300	ANESTHESIOLOGY	318,798	6,733	45,572	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	296,595	84,417	230,920	138,093	54.00
54.10 03440	MAMMOGRAPHY	991,808	45,119	105,858	164,863	54.10
54.20 03630	ULTRA SOUND	963,040	24,792	11,065	190,621	54.20
54.30 05401	ECHOCARDIOLOGY	491,275	27,844	13,202	112,461	54.30
56.00 05600	RADIOISOTOPE	1,066,249	21,711	636	105,657	56.00
57.00 05700	CT SCAN	1,258,647	46,317	113,149	200,490	57.00
58.00 05800	MRI	954,470	47,059	23,050	62,882	58.00
59.00 05900	CARDIAC CATHETERIZATION	894,066	69,539	82,863	245,623	59.00
60.00 06000	LABORATORY	4,148,924	154,228	55,305	678,887	60.00
64.00 06400	INTRAVENOUS THERAPY	222,845	35,604	3,412	58,906	64.00
65.00 06500	RESPIRATORY THERAPY	869,481	26,803	74,219	255,627	65.00
66.00 06600	PHYSICAL THERAPY	3,144,577	71,608	49,477	794,922	66.00
67.00 06700	OCCUPATIONAL THERAPY	561,608	16,290	1,532	172,471	67.00
68.00 06800	SPEECH PATHOLOGY	542,222	10,456	32,367	109,593	68.00
69.00 06900	ELECTROCARDIOLOGY	279,659	41,638	22,091	80,811	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	738,521	0	52,173	182,420	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,571,701	24,250	0	34,686	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,208,147	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,509,983	29,998	38,708	449,657	73.00
74.00 07400	RENAL DIALYSIS	481,791	87,570	0	0	74.00
76.00 03330	ENDOSCOPY	972,487	72,720	0	0	76.00
76.20 03951	PAIN CLINIC	528,277	0	72,048	114,434	76.20
76.97 07697	CARDIAC REHABILITATION	175,674	63,135	77,966	62,623	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	787,491	0	1,155	83,741	90.00
91.00 09100	EMERGENCY	3,487,159	184,311	46,431	944,374	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	120,832,589	4,593,609	5,351,979	13,298,572	117,722,744
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	653,948	0	7,052	87,879	748,879
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,922,888	1,033,875	0	1,424,822	16,381,585
192.10 19201	CARDIOLOGY CLINIC	85,592	0	0	7,064	92,656
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	1,282,214	107,440	35,833	59,369	1,484,856
192.30 19203	MCLEAN CO EMS	299,108	0	0	67,877	366,985
192.40 19204	INDUSTRIAL MEDICINE	886,144	61,665	3,656	206,332	1,157,797
192.60 19205	NONALLOWABLE CARDIAC REHAB	9,967	4,080	0	2,901	16,948
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	137,972,450	5,800,669	5,398,520	15,154,816	137,972,450

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	23,582,887				5.00
6.00	00600	MAINTENANCE & REPAIRS	943,497	5,519,957			6.00
7.00	00700	OPERATION OF PLANT	567,185	234,412	3,552,746		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	84,533	28,825	19,375	542,763	8.00
9.00	00900	HOUSEKEEPING	361,570	77,053	51,792	0	2,244,223
10.00	01000	DIETARY	164,157	41,813	28,105	230	18,117
11.00	01100	CAFETERIA	97,633	42,675	28,684	234	18,490
13.00	01300	NURSING ADMINISTRATION	287,410	39,898	26,818	0	17,287
14.00	01400	CENTRAL SERVICES & SUPPLY	103,406	80,041	53,801	3,120	34,680
16.00	01600	MEDICAL RECORDS & LIBRARY	316,447	65,225	43,842	0	28,260
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,534,115	1,165,205	783,208	170,708	504,855
43.00	04300	NURSERY	100,011	8,788	5,907	10,198	3,808
44.00	04400	SKILLED NURSING FACILITY	172,856	88,794	59,684	33,498	38,472
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,212,442	401,543	269,902	54,890	173,979
51.00	05100	RECOVERY ROOM	119,204	83,275	55,975	0	36,081
52.00	05200	DELIVERY ROOM & LABOR ROOM	405,769	206,220	138,613	38,419	89,350
53.00	05300	ANESTHESIOLOGY	76,508	8,296	5,576	0	3,594
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,627	104,015	69,915	6,595	45,067
54.10	03440	MAMMOGRAPHY	269,589	55,593	37,368	2,892	24,087
54.20	03630	ULTRA SOUND	245,235	30,547	20,533	186	13,235
54.30	05401	ECHOCARDIOLOGY	132,930	34,308	23,061	0	14,865
56.00	05600	RADIOISOTOPE	246,211	26,751	17,981	3,144	11,590
57.00	05700	CT SCAN	333,696	57,069	38,360	16,886	24,727
58.00	05800	MRI	224,194	57,983	38,974	7,914	25,123
59.00	05900	CARDIAC CATHETERIZATION	266,381	85,683	57,593	18,553	37,124
60.00	06000	LABORATORY	1,038,514	190,032	127,733	0	82,336
64.00	06400	INTRAVENOUS THERAPY	66,130	43,870	29,488	0	19,008
65.00	06500	RESPIRATORY THERAPY	252,783	33,025	22,198	0	14,309
66.00	06600	PHYSICAL THERAPY	837,142	88,232	59,306	2,304	38,229
67.00	06700	OCCUPATIONAL THERAPY	155,014	20,072	13,492	0	8,697
68.00	06800	SPEECH PATHOLOGY	143,209	12,883	8,660	0	5,582
69.00	06900	ELECTROCARDIOLOGY	87,454	51,305	34,485	18,779	22,229
70.00	07000	ELECTROENCEPHALOGRAPHY	200,620	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,160,829	29,879	20,084	0	12,946
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,486,053	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,861,311	36,962	24,845	0	16,015
74.00	07400	RENAL DIALYSIS	117,381	107,899	72,526	0	46,750
76.00	03330	ENDOSCOPY	215,483	89,603	60,228	0	38,823
76.20	03951	PAIN CLINIC	147,357	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	78,218	77,792	52,289	0	33,705
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	179,854	0	0	0	0
91.00	09100	EMERGENCY	961,189	227,100	152,648	154,213	98,397
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,408,147	4,032,666	2,553,049	542,763	1,599,817
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	154,391	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,377,277	1,273,900	856,263	0	551,949
192.10	19201	CARDIOLOGY CLINIC	19,102	0	0	0	0
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	306,122	132,383	88,983	0	57,358
192.30	19203	MCLEAN CO EMS	75,659	0	0	0	0
192.40	19204	INDUSTRIAL MEDICINE	238,695	75,981	51,072	0	32,921
192.60	19205	NONALLOWABLE CARDIAC REHAB	3,494	5,027	3,379	0	2,178
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	23,582,887	5,519,957	3,552,746	542,763	2,244,223

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part I Date/Time Prepared: 2/23/2018 11:57 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,048,669					10.00
11.00	01100		661,290				11.00
13.00	01300		9,764	1,775,268			13.00
14.00	01400		6,641	28,704	811,965		14.00
16.00	01600		22,405		559	2,011,672	16.00
22.00	02200						22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	934,267	210,917	911,709	54,758	136,493	30.00
43.00	04300	10,034	5,521	23,866	2,429	4,452	43.00
44.00	04400	66,546	11,725	50,681	1,513	3,613	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	48,136	208,069	310,726	132,841	50.00
51.00	05100	0	5,596	24,189	0	8,687	51.00
52.00	05200	37,822	20,806	89,936	9,567	16,774	52.00
53.00	05300	0	0	0	21,636	16,888	53.00
54.00	05400	0	16,735	0	6,072	48,299	54.00
54.10	03440	0	7,227	0	87	24,064	54.10
54.20	03630	0	7,429	0	230	33,414	54.20
54.30	05401	0	5,415	23,405	2,383	25,747	54.30
56.00	05600	0	4,892	0	0	49,999	56.00
57.00	05700	0	10,542	0	96	118,632	57.00
58.00	05800	0	2,921	0	3	35,139	58.00
59.00	05900	0	11,991	51,833	68,799	118,419	59.00
60.00	06000	0	47,581	0	16,477	312,775	60.00
64.00	06400	0	3,656	0	2,742	5,031	64.00
65.00	06500	0	14,901	64,411	2,279	36,641	65.00
66.00	06600	0	38,628	0	868	42,026	66.00
67.00	06700	0	9,028	0	1	13,117	67.00
68.00	06800	0	5,159	0	0	4,061	68.00
69.00	06900	0	5,106	22,069	1,295	18,820	69.00
70.00	07000	0	11,096	0	348	24,279	70.00
71.00	07100	0	4,168	0	179,618	134,374	71.00
72.00	07200	0	0	0	0	123,894	72.00
73.00	07300	0	19,229	0	87,965	384,286	73.00
74.00	07400	0	0	0	0	7,825	74.00
76.00	03330	0	0	0	0	9,416	76.00
76.20	03951	0	8,165	35,292	184	13,801	76.20
76.97	07697	0	3,720	0	395	2,602	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	5,457	0	65	11,801	90.00
91.00	09100	0	55,778	241,104	39,307	93,462	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		1,048,669	640,335	1,775,268	810,402	2,011,672	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	5,543	0	78	0	190.00
192.00	19200	0	501	0	930	0	192.00
192.10	19201	0	490	0	6	0	192.10
192.20	19202	0	4,359	0	109	0	192.20
192.30	19203	0	0	0	0	0	192.30
192.40	19204	0	9,891	0	440	0	192.40
192.60	19205	0	171	0	0	0	192.60
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,048,669	661,290	1,775,268	811,965	2,011,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	25,548,611	0	30.00
43.00 04300	NURSERY	0	660,121	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	1,365,825	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	8,693,516	0	50.00
51.00 05100	RECOVERY ROOM	0	911,212	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	3,021,471	0	52.00
53.00 05300	ANESTHESIOLOGY	0	503,601	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,201,350	0	54.00
54.10 03440	MAMMOGRAPHY	0	1,728,555	0	54.10
54.20 03630	ULTRA SOUND	0	1,540,327	0	54.20
54.30 05401	ECHOCARDIOLOGY	0	906,896	0	54.30
56.00 05600	RADIO SOTOPE	0	1,554,821	0	56.00
57.00 05700	CT SCAN	0	2,218,611	0	57.00
58.00 05800	MRI	0	1,479,712	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	2,008,467	0	59.00
60.00 06000	LABORATORY	0	6,852,792	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	490,692	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	1,666,677	0	65.00
66.00 06600	PHYSICAL THERAPY	0	5,167,319	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	971,322	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	874,192	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	685,741	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,209,457	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,172,535	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,818,094	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	11,458,959	0	73.00
74.00 07400	RENAL DIALYSIS	0	921,742	0	74.00
76.00 03330	ENDOSCOPY	0	1,458,760	0	76.00
76.20 03951	PAIN CLINIC	0	919,558	0	76.20
76.97 07697	CARDIAC REHABILITATION	0	628,119	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	1,069,564	0	90.00
91.00 09100	EMERGENCY	0	6,685,473	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	110,394,092	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	908,891	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	22,442,405	0	192.00
192.10 19201	CARDIOLOGY CLINIC	0	112,254	0	192.10
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	0	2,074,170	0	192.20
192.30 19203	MCLEAN CO EMS	0	442,644	0	192.30
192.40 19204	INDUSTRIAL MEDICINE	0	1,566,797	0	192.40
192.60 19205	NONALLOWABLE CARDIAC REHAB	0	31,197	0	192.60
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	137,972,450	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0162

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	61,705	492,496	2,543,143	5.00
6.00 00600	MAINTENANCE & REPAIRS	810	828,253	83,107	6.00
7.00 00700	OPERATION OF PLANT	0	190,246	22,962	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,394	0	8.00
9.00 00900	HOUSEKEEPING	0	62,536	20,697	9.00
10.00 01000	DIETARY	0	33,935	5,794	10.00
11.00 01100	CAFETERIA	0	34,634	16,366	11.00
13.00 01300	NURSING ADMINISTRATION	0	32,380	233,199	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	64,960	29,055	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,936	195	16.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	27,633	945,664	255,458	30.00
43.00 04300	NURSERY	0	7,132	22,616	43.00
44.00 04400	SKILLED NURSING FACILITY	0	72,064	11,978	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	191,950	325,887	867,422	50.00
51.00 05100	RECOVERY ROOM	0	67,585	1,580	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	167,365	85,208	52.00
53.00 05300	ANESTHESIOLOGY	0	6,733	45,572	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	157,629	84,417	230,920	54.00
54.10 03440	MAMMOGRAPHY	143,064	45,119	105,858	54.10
54.20 03630	ULTRA SOUND	0	24,792	11,065	54.20
54.30 05401	ECHOCARDIOLOGY	3,096	27,844	13,202	54.30
56.00 05600	RADIOISOTOPE	95,307	21,711	636	56.00
57.00 05700	CT SCAN	108,213	46,317	113,149	57.00
58.00 05800	MRI	189,213	47,059	23,050	58.00
59.00 05900	CARDIAC CATHETERIZATION	90,691	69,539	82,863	59.00
60.00 06000	LABORATORY	139,642	154,228	55,305	60.00
64.00 06400	INTRAVENOUS THERAPY	0	35,604	3,412	64.00
65.00 06500	RESPIRATORY THERAPY	866	26,803	74,219	65.00
66.00 06600	PHYSICAL THERAPY	399,418	71,608	49,477	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	16,290	1,532	67.00
68.00 06800	SPEECH PATHOLOGY	53,552	10,456	32,367	68.00
69.00 06900	ELECTROCARDIOLOGY	0	41,638	22,091	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	82,676	0	52,173	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	207,899	24,250	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	182,659	29,998	38,708	73.00
74.00 07400	RENAL DIALYSIS	0	87,570	0	74.00
76.00 03330	ENDOSCOPY	0	72,720	0	76.00
76.20 03951	PAIN CLINIC	62,418	0	72,048	76.20
76.97 07697	CARDIAC REHABILITATION	1,702	63,135	77,966	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	126,976	0	1,155	90.00
91.00 09100	EMERGENCY	0	184,311	46,431	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,327,119	4,593,609	5,351,979	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,099	0	7,052	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,033,875	0	192.00
192.10 19201	CARDIOLOGY CLINIC	0	0	0	192.10
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	0	107,440	35,833	192.20
192.30 19203	MCLEAN CO EMS	0	0	0	192.30
192.40 19204	INDUSTRIAL MEDICINE	0	61,665	3,656	192.40
192.60 19205	NONALLOWABLE CARDIAC REHAB	0	4,080	0	192.60
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers			0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,424,218	5,800,669	5,398,520	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/23/2018 11:57 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	3,097,344				5.00
6.00	00600	MAINTENANCE & REPAIRS	123,917	1,036,087			6.00
7.00	00700	OPERATION OF PLANT	74,493	43,999	331,700		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,102	5,410	1,809	41,715	8.00
9.00	00900	HOUSEKEEPING	47,488	14,463	4,836	0	150,020
10.00	01000	DIETARY	21,560	7,848	2,624	18	1,211
11.00	01100	CAFETERIA	12,823	8,010	2,678	18	1,236
13.00	01300	NURSING ADMINISTRATION	37,748	7,489	2,504	0	1,156
14.00	01400	CENTRAL SERVICES & SUPPLY	13,581	15,024	5,023	240	2,318
16.00	01600	MEDICAL RECORDS & LIBRARY	41,561	12,243	4,093	0	1,889
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	464,181	218,707	73,124	13,119	33,748
43.00	04300	NURSERY	13,135	1,649	552	784	255
44.00	04400	SKILLED NURSING FACILITY	22,703	16,667	5,572	2,575	2,572
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	159,240	75,369	25,199	4,219	11,630
51.00	05100	RECOVERY ROOM	15,656	15,631	5,226	0	2,412
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,293	38,707	12,942	2,953	5,973
53.00	05300	ANESTHESIOLOGY	10,048	1,557	521	0	240
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,308	19,523	6,528	507	3,013
54.10	03440	MAMMOGRAPHY	35,407	10,435	3,489	222	1,610
54.20	03630	ULTRA SOUND	32,209	5,734	1,917	14	885
54.30	05401	ECHOCARDIOLOGY	17,459	6,440	2,153	0	994
56.00	05600	RADIOISOTOPE	32,337	5,021	1,679	242	775
57.00	05700	CT SCAN	43,827	10,712	3,581	1,298	1,653
58.00	05800	MRI	29,445	10,883	3,639	608	1,679
59.00	05900	CARDIAC CATHETERIZATION	34,986	16,083	5,377	1,426	2,482
60.00	06000	LABORATORY	136,396	35,669	11,926	0	5,504
64.00	06400	INTRAVENOUS THERAPY	8,685	8,234	2,753	0	1,271
65.00	06500	RESPIRATORY THERAPY	33,200	6,199	2,073	0	957
66.00	06600	PHYSICAL THERAPY	109,948	16,561	5,537	177	2,555
67.00	06700	OCCUPATIONAL THERAPY	20,359	3,767	1,260	0	581
68.00	06800	SPEECH PATHOLOGY	18,809	2,418	809	0	373
69.00	06900	ELECTROCARDIOLOGY	11,486	9,630	3,220	1,443	1,486
70.00	07000	ELECTROENCEPHALOGRAPHY	26,349	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	152,461	5,608	1,875	0	865
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	195,175	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	244,461	6,938	2,320	0	1,071
74.00	07400	RENAL DIALYSIS	15,417	20,253	6,771	0	3,125
76.00	03330	ENDOSCOPY	28,301	16,818	5,623	0	2,595
76.20	03951	PAIN CLINIC	19,354	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	10,273	14,601	4,882	0	2,253
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	23,622	0	0	0	0
91.00	09100	EMERGENCY	126,240	42,626	14,252	11,852	6,578
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,549,043	756,926	238,367	41,715	106,945
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,277	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	443,564	239,107	79,942	0	36,894
192.10	19201	CARDIOLOGY CLINIC	2,509	0	0	0	0
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	40,205	24,848	8,308	0	3,834
192.30	19203	MCLEAN CO EMS	9,937	0	0	0	0
192.40	19204	INDUSTRIAL MEDICINE	31,350	14,262	4,768	0	2,201
192.60	19205	NONALLOWABLE CARDIAC REHAB	459	944	315	0	146
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,097,344	1,036,087	331,700	41,715	150,020

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet B Part II Date/Time Prepared: 2/23/2018 11:57 am		
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY		
		10.00	11.00	13.00	14.00	16.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	72,990					10.00	
11.00	01100	0	75,765				11.00	
13.00	01300	0	1,119	315,595			13.00	
14.00	01400	0	761	5,103	136,065		14.00	
16.00	01600	0	2,567	0	94	115,578	16.00	
22.00	02200	0	0	0	0	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	65,027	24,167	162,076	9,176	7,845	30.00	
43.00	04300	698	633	4,243	407	256	43.00	
44.00	04400	4,632	1,343	9,010	254	208	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	0	5,515	36,989	52,068	7,635	50.00	
51.00	05100	0	641	4,300	0	499	51.00	
52.00	05200	2,633	2,384	15,988	1,603	964	52.00	
53.00	05300	0	0	0	3,626	971	53.00	
54.00	05400	0	1,917	0	1,018	2,776	54.00	
54.10	03440	0	828	0	15	1,383	54.10	
54.20	03630	0	851	0	39	1,920	54.20	
54.30	05401	0	620	4,161	399	1,480	54.30	
56.00	05600	0	561	0	0	2,874	56.00	
57.00	05700	0	1,208	0	16	6,818	57.00	
58.00	05800	0	335	0	1	2,020	58.00	
59.00	05900	0	1,374	9,215	11,529	6,806	59.00	
60.00	06000	0	5,451	0	2,761	17,977	60.00	
64.00	06400	0	419	0	459	289	64.00	
65.00	06500	0	1,707	11,451	382	2,106	65.00	
66.00	06600	0	4,426	0	145	2,415	66.00	
67.00	06700	0	1,034	0	0	754	67.00	
68.00	06800	0	591	0	0	233	68.00	
69.00	06900	0	585	3,923	217	1,082	69.00	
70.00	07000	0	1,271	0	58	1,395	70.00	
71.00	07100	0	477	0	30,100	7,723	71.00	
72.00	07200	0	0	0	0	7,121	72.00	
73.00	07300	0	2,203	0	14,741	22,044	73.00	
74.00	07400	0	0	0	0	450	74.00	
76.00	03330	0	0	0	0	541	76.00	
76.20	03951	0	935	6,274	31	793	76.20	
76.97	07697	0	426	0	66	150	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	0	625	0	11	678	90.00	
91.00	09100	0	6,391	42,862	6,587	5,372	91.00	
92.00	09200	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		72,990	73,365	315,595	135,803	115,578	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	0	635	0	13	0	190.00	
192.00	19200	0	57	0	156	0	192.00	
192.10	19201	0	56	0	1	0	192.10	
192.20	19202	0	499	0	18	0	192.20	
192.30	19203	0	0	0	0	0	192.30	
192.40	19204	0	1,133	0	74	0	192.40	
192.60	19205	0	20	0	0	0	192.60	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers						201.00	
202.00	TOTAL (sum lines 118 through 201)		72,990	75,765	315,595	136,065	115,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet B Part II Date/Time Prepared: 2/23/2018 11:57 am
Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	2,299,925	0	30.00
43.00	04300	NURSERY	52,360	0	43.00
44.00	04400	SKILLED NURSING FACILITY	149,578	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	1,763,123	0	50.00
51.00	05100	RECOVERY ROOM	113,530	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	390,013	0	52.00
53.00	05300	ANESTHESIOLOGY	69,268	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	528,556	0	54.00
54.10	03440	MAMMOGRAPHY	347,430	0	54.10
54.20	03630	ULTRA SOUND	79,426	0	54.20
54.30	05401	ECHOCARDIOLOGY	77,848	0	54.30
56.00	05600	RADIO SOTOPE	161,143	0	56.00
57.00	05700	CT SCAN	336,792	0	57.00
58.00	05800	MRI	307,932	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	332,371	0	59.00
60.00	06000	LABORATORY	564,859	0	60.00
64.00	06400	INTRAVENOUS THERAPY	61,126	0	64.00
65.00	06500	RESPIRATORY THERAPY	159,963	0	65.00
66.00	06600	PHYSICAL THERAPY	662,267	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	45,577	0	67.00
68.00	06800	SPEECH PATHOLOGY	119,608	0	68.00
69.00	06900	ELECTROCARDIOLOGY	96,801	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	163,922	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	431,258	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	202,296	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	545,143	0	73.00
74.00	07400	RENAL DIALYSIS	133,586	0	74.00
76.00	03330	ENDOSCOPY	126,598	0	76.00
76.20	03951	PAIN CLINIC	161,853	0	76.20
76.97	07697	CARDIAC REHABILITATION	175,454	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	153,067	0	90.00
91.00	09100	EMERGENCY	493,502	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	11,306,175	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,076	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,833,595	0	192.00
192.10	19201	CARDIOLOGY CLINIC	2,566	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	220,985	0	192.20
192.30	19203	MCLEAN CO EMS	9,937	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	119,109	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	5,964	0	192.60
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	13,623,407	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1  
Date/Time Prepared:  
2/23/2018 11:57 am

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				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	406,651				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,039,035			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	49,133,353		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,526	2,373,799	4,501,106	-23,582,887	114,389,563
6.00 00600	MAINTENANCE & REPAIRS	58,064	77,573	1,173,989	0	4,576,460
7.00 00700	OPERATION OF PLANT	13,337	21,433	374,457	0	2,751,149
8.00 00800	LAUNDRY & LINEN SERVICE	1,640	0	28,229	0	410,030
9.00 00900	HOUSEKEEPING	4,384	19,319	1,172,524	0	1,753,808
10.00 01000	DIETARY	2,379	5,408	399,864	0	796,247
11.00 01100	CAFETERIA	2,428	15,276	514,732	0	473,574
13.00 01300	NURSING ADMINISTRATION	2,270	217,670	700,815	0	1,394,091
14.00 01400	CENTRAL SERVICES & SUPPLY	4,554	27,120	218,371	0	501,572
16.00 01600	MEDICAL RECORDS & LIBRARY	3,711	182	1,046,036	0	1,534,934
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	66,295	238,447	10,915,758	0	17,142,376
43.00 04300	NURSERY	500	21,110	319,093	0	485,107
44.00 04400	SKILLED NURSING FACILITY	5,052	11,180	561,074	0	838,443
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	22,846	809,661	2,597,452	0	5,880,988
51.00 05100	RECOVERY ROOM	4,738	1,475	388,517	0	578,205
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,733	79,534	1,202,223	0	1,968,195
53.00 05300	ANESTHESIOLOGY	472	42,537	0	0	371,103
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,918	215,543	447,711	0	750,025
54.10 03440	MAMMOGRAPHY	3,163	98,809	534,500	0	1,307,648
54.20 03630	ULTRA SOUND	1,738	10,328	618,011	0	1,189,518
54.30 05401	ECHOCARDIOLOGY	1,952	12,323	364,610	0	644,782
56.00 05600	RADIO SOTOPE	1,522	594	342,548	0	1,194,253
57.00 05700	CT SCAN	3,247	105,614	650,006	0	1,618,603
58.00 05800	MRI	3,299	21,515	203,870	0	1,087,461
59.00 05900	CARDIAC CATHETERIZATION	4,875	77,345	796,331	0	1,292,091
60.00 06000	LABORATORY	10,812	51,622	2,201,012	0	5,037,344
64.00 06400	INTRAVENOUS THERAPY	2,496	3,185	190,977	0	320,767
65.00 06500	RESPIRATORY THERAPY	1,879	69,277	828,766	0	1,226,130
66.00 06600	PHYSICAL THERAPY	5,020	46,182	2,577,208	0	4,060,584
67.00 06700	OCCUPATIONAL THERAPY	1,142	1,430	559,166	0	751,901
68.00 06800	SPEECH PATHOLOGY	733	30,212	355,311	0	694,638
69.00 06900	ELECTROCARDIOLOGY	2,919	20,620	261,998	0	424,199
70.00 07000	ELECTROENCEPHALOGRAPHY	0	48,699	591,422	0	973,114
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	0	112,454	0	5,630,637
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,208,147
73.00 07300	DRUGS CHARGED TO PATIENTS	2,103	36,130	1,457,827	0	9,028,346
74.00 07400	RENAL DIALYSIS	6,139	0	0	0	569,361
76.00 03330	ENDOSCOPY	5,098	0	0	0	1,045,207
76.20 03951	PAIN CLINIC	0	67,250	371,006	0	714,759
76.97 07697	CARDIAC REHABILITATION	4,426	72,774	203,029	0	379,398
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	1,078	271,495	0	872,387
91.00 09100	EMERGENCY	12,921	43,339	3,061,746	0	4,662,275
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	322,031	4,995,593	43,115,244	-23,582,887	94,139,857
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,582	284,911	0	748,879
192.00 19200	PHYSICIANS' PRIVATE OFFICES	72,479	0	4,619,400	0	16,381,585
192.10 19201	CARDIOLOGY CLINIC	0	0	22,902	0	92,656
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	7,532	33,447	192,481	0	1,484,856
192.30 19203	MCLEAN CO EMS	0	0	220,064	0	366,985
192.40 19204	INDUSTRIAL MEDICINE	4,323	3,413	668,947	0	1,157,797
192.60 19205	NONALLOWABLE CARDIAC REHAB	286	0	9,404	0	16,948
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	5,800,669	5,398,520	15,154,816		23,582,887
203.00	Unit cost multiplier (Wkst. B, Part I)	14.264490	1.071340	0.308443		0.206163
204.00	Cost to be allocated (per Wkst. B, Part II)			0		3,097,344

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1  
Date/Time Prepared:  
2/23/2018 11:57 am

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				
205.00   Unit cost multiplier (Wkst. B, Part II)			4.00 0.000000	5A	5.00 0.027077	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)		
		6.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	314,061				6.00	
7.00	00700	OPERATION OF PLANT	13,337	300,724			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	1,640	530,540		8.00	
9.00	00900	HOUSEKEEPING	4,384	4,384	0	294,700	9.00	
10.00	01000	DIETARY	2,379	2,379	225	2,379	127,708	10.00
11.00	01100	CAFETERIA	2,428	2,428	229	2,428	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,270	2,270	0	2,270	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,554	4,554	3,050	4,554	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,711	3,711	0	3,711	0	16.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	66,295	66,295	166,863	66,295	113,776	30.00
43.00	04300	NURSERY	500	500	9,968	500	1,222	43.00
44.00	04400	SKILLED NURSING FACILITY	5,052	5,052	32,744	5,052	8,104	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	22,846	22,846	53,654	22,846	0	50.00
51.00	05100	RECOVERY ROOM	4,738	4,738	0	4,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,733	11,733	37,554	11,733	4,606	52.00
53.00	05300	ANESTHESIOLOGY	472	472	0	472	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,918	5,918	6,446	5,918	0	54.00
54.10	03440	MAMMOGRAPHY	3,163	3,163	2,827	3,163	0	54.10
54.20	03630	ULTRA SOUND	1,738	1,738	182	1,738	0	54.20
54.30	05401	ECHOCARDIOLOGY	1,952	1,952	0	1,952	0	54.30
56.00	05600	RADIOISOTOPE	1,522	1,522	3,073	1,522	0	56.00
57.00	05700	CT SCAN	3,247	3,247	16,506	3,247	0	57.00
58.00	05800	MRI	3,299	3,299	7,736	3,299	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,875	4,875	18,135	4,875	0	59.00
60.00	06000	LABORATORY	10,812	10,812	0	10,812	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,496	2,496	0	2,496	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,879	1,879	0	1,879	0	65.00
66.00	06600	PHYSICAL THERAPY	5,020	5,020	2,252	5,020	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,142	1,142	0	1,142	0	67.00
68.00	06800	SPEECH PATHOLOGY	733	733	0	733	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,919	2,919	18,356	2,919	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	1,700	0	1,700	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,103	2,103	0	2,103	0	73.00
74.00	07400	RENAL DIALYSIS	6,139	6,139	0	6,139	0	74.00
76.00	03330	ENDOSCOPY	5,098	5,098	0	5,098	0	76.00
76.20	03951	PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	4,426	4,426	0	4,426	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	12,921	12,921	150,740	12,921	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	229,441	216,104	530,540	210,080	127,708	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	72,479	72,479	0	72,479	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	0	0	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	7,532	7,532	0	7,532	0	192.20
192.30	19203	MCLEAN CO EMS	0	0	0	0	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	4,323	4,323	0	4,323	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	286	286	0	286	0	192.60
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)	5,519,957	3,552,746	542,763	2,244,223	1,048,669	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.576066	11.813976	1.023039	7.615280	8.211459	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,036,087	331,700	41,715	150,020	72,990	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.298999	1.103005	0.078627	0.509060	0.571538	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (IN V ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	11.00	13.00	14.00	16.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	62,041					11.00
13.00 01300 NURSING ADMINISTRATION	916	38,531				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	623	623	3,639,857			14.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,102	0	2,504	649,641,828		16.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	19,788	19,788	245,469	44,072,555	0	30.00
43.00 04300 NURSERY	518	518	10,887	1,437,528	0	43.00
44.00 04400 SKILLED NURSING FACILITY	1,100	1,100	6,783	1,166,600	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,516	4,516	1,392,917	42,893,484	0	50.00
51.00 05100 RECOVERY ROOM	525	525	0	2,805,032	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,952	1,952	42,887	5,416,073	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	96,990	5,453,084	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,570	0	27,221	15,595,541	0	54.00
54.10 03440 MAMMOGRAPHY	678	0	388	7,770,162	0	54.10
54.20 03630 ULTRA SOUND	697	0	1,033	10,789,240	0	54.20
54.30 05401 ECHOCARDIOLOGY	508	508	10,681	8,313,583	0	54.30
56.00 05600 RADIOISOTOPE	459	0	0	16,144,174	0	56.00
57.00 05700 CT SCAN	989	0	430	38,305,584	0	57.00
58.00 05800 MRI	274	0	14	11,346,215	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,125	1,125	308,412	38,236,802	0	59.00
60.00 06000 LABORATORY	4,464	0	73,864	100,992,911	0	60.00
64.00 06400 INTRAVENOUS THERAPY	343	0	12,290	1,624,494	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,398	1,398	10,216	11,831,201	0	65.00
66.00 06600 PHYSICAL THERAPY	3,624	0	3,891	13,570,030	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	847	0	3	4,235,431	0	67.00
68.00 06800 SPEECH PATHOLOGY	484	0	0	1,311,316	0	68.00
69.00 06900 ELECTROCARDIOLOGY	479	479	5,804	6,076,695	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,041	0	1,562	7,839,672	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	391	0	805,187	43,388,594	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,004,444	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,804	0	394,326	124,169,514	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	2,526,740	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	3,040,329	0	76.00
76.20 03951 PAIN CLINIC	766	766	826	4,456,132	0	76.20
76.97 07697 CARDIAC REHABILITATION	349	0	1,769	840,033	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	512	0	293	3,810,380	0	90.00
91.00 09100 EMERGENCY	5,233	5,233	176,204	30,178,255	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	60,075	38,531	3,632,851	649,641,828	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	520	0	351	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	47	0	4,167	0	0	192.00
192.10 19201 RADIOLOGY CLINIC	46	0	28	0	0	192.10
192.20 19202 FUND DEV, MKTING, COMM HEALTH ED	409	0	488	0	0	192.20
192.30 19203 MCLEAN CO EMS	0	0	0	0	0	192.30
192.40 19204 INDUSTRIAL MEDICINE	928	0	1,972	0	0	192.40
192.60 19205 NONALLOWABLE CARDIAC REHAB	16	0	0	0	0	192.60
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)	661,290	1,775,268	811,965	2,011,672	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.658919	46.073759	0.223076	0.003097	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	75,765	315,595	136,065	115,578	0 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

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

Worksheet B-1

Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (INVOICES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS	205.00
		11.00	13.00	14.00	16.00	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	1.221209	8.190678	0.037382	0.000178	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	25,548,611		25,548,611	8,815	25,557,426	30.00
43.00	04300 NURSERY	660,121		660,121	0	660,121	43.00
44.00	04400 SKILLED NURSING FACILITY	1,365,825		1,365,825	0	1,365,825	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	8,693,516		8,693,516	12,155	8,705,671	50.00
51.00	05100 RECOVERY ROOM	911,212		911,212	0	911,212	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,021,471		3,021,471	0	3,021,471	52.00
53.00	05300 ANESTHESIOLOGY	503,601		503,601	35,250	538,851	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,201,350		1,201,350	0	1,201,350	54.00
54.10	03440 MAMMOGRAPHY	1,728,555		1,728,555	0	1,728,555	54.10
54.20	03630 ULTRASOUND	1,540,327		1,540,327	0	1,540,327	54.20
54.30	05401 ECHOCARDIOLOGY	906,896		906,896	19,956	926,852	54.30
56.00	05600 RADIO SOTOPE	1,554,821		1,554,821	0	1,554,821	56.00
57.00	05700 CT SCAN	2,218,611		2,218,611	0	2,218,611	57.00
58.00	05800 MRI	1,479,712		1,479,712	0	1,479,712	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,008,467		2,008,467	21,166	2,029,633	59.00
60.00	06000 LABORATORY	6,852,792		6,852,792	2,000	6,854,792	60.00
64.00	06400 INTRAVENOUS THERAPY	490,692		490,692	0	490,692	64.00
65.00	06500 RESPIRATORY THERAPY	1,666,677	0	1,666,677	0	1,666,677	65.00
66.00	06600 PHYSICAL THERAPY	5,167,319	0	5,167,319	0	5,167,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	971,322	0	971,322	0	971,322	67.00
68.00	06800 SPEECH PATHOLOGY	874,192	0	874,192	0	874,192	68.00
69.00	06900 ELECTROCARDIOLOGY	685,741		685,741	0	685,741	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,209,457		1,209,457	0	1,209,457	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,172,535		7,172,535	0	7,172,535	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,818,094		8,818,094	0	8,818,094	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,458,959		11,458,959	0	11,458,959	73.00
74.00	07400 RENAL DIALYSIS	921,742		921,742	0	921,742	74.00
76.00	03330 ENDOSCOPY	1,458,760		1,458,760	0	1,458,760	76.00
76.20	03951 PAIN CLINIC	919,558		919,558	0	919,558	76.20
76.97	07697 CARDIAC REHABILITATION	628,119		628,119	0	628,119	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1,069,564		1,069,564	0	1,069,564	90.00
91.00	09100 EMERGENCY	6,685,473		6,685,473	0	6,685,473	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,465,887		2,465,887		2,465,887	92.00
200.00	Subtotal (see instructions)	112,859,979	0	112,859,979	99,342	112,959,321	200.00
201.00	Less Observation Beds	2,465,887		2,465,887		2,465,887	201.00
202.00	Total (see instructions)	110,394,092	0	110,394,092	99,342	110,493,434	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	38,672,198		38,672,198			30.00
43.00	04300 NURSERY	1,437,528		1,437,528			43.00
44.00	04400 SKILLED NURSING FACILITY	1,166,600		1,166,600			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	24,123,898	18,769,586	42,893,484	0.202677	0.000000	50.00
51.00	05100 RECOVERY ROOM	1,459,165	1,345,867	2,805,032	0.324849	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,623,669	792,404	5,416,073	0.557871	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	3,025,071	2,428,013	5,453,084	0.092352	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,227,832	11,367,709	15,595,541	0.077032	0.000000	54.00
54.10	03440 MAMMOGRAPHY	3,611	7,766,551	7,770,162	0.222461	0.000000	54.10
54.20	03630 ULTRA SOUND	1,838,438	8,950,802	10,789,240	0.142765	0.000000	54.20
54.30	05401 ECHOCARDIOLOGY	3,160,625	5,152,958	8,313,583	0.109086	0.000000	54.30
56.00	05600 RADIOISOTOPE	2,230,294	13,913,880	16,144,174	0.096308	0.000000	56.00
57.00	05700 CT SCAN	11,594,762	26,710,822	38,305,584	0.057919	0.000000	57.00
58.00	05800 MRI	3,433,682	7,912,533	11,346,215	0.130415	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	19,187,649	19,049,153	38,236,802	0.052527	0.000000	59.00
60.00	06000 LABORATORY	34,327,298	66,665,613	100,992,911	0.067854	0.000000	60.00
64.00	06400 INTRAVENOUS THERAPY	312,561	1,311,933	1,624,494	0.302058	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	9,565,407	2,265,794	11,831,201	0.140871	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	3,444,260	10,125,770	13,570,030	0.380789	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,298,765	1,936,666	4,235,431	0.229333	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	377,683	933,633	1,311,316	0.666652	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	1,428,035	4,648,660	6,076,695	0.112848	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	292,614	7,547,058	7,839,672	0.154274	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	28,717,806	14,670,788	43,388,594	0.165309	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,199,817	9,804,627	40,004,444	0.220428	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	82,956,687	41,212,827	124,169,514	0.092285	0.000000	73.00
74.00	07400 RENAL DIALYSIS	2,415,493	111,247	2,526,740	0.364795	0.000000	74.00
76.00	03330 ENDOSCOPY	2,631,394	408,935	3,040,329	0.479803	0.000000	76.00
76.20	03951 PAIN CLINIC	4,185	4,451,947	4,456,132	0.206358	0.000000	76.20
76.97	07697 CARDIAC REHABILITATION	162,027	678,006	840,033	0.747731	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	56,347	3,754,033	3,810,380	0.280697	0.000000	90.00
91.00	09100 EMERGENCY	6,456,622	23,721,633	30,178,255	0.221533	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,548,078	3,852,279	5,400,357	0.456616	0.000000	92.00
200.00	Subtotal (see instructions)	327,380,101	322,261,727	649,641,828			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	327,380,101	322,261,727	649,641,828			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 11:57 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.202960		50.00
51.00	05100 RECOVERY ROOM	0.324849		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.557871		52.00
53.00	05300 ANESTHESIOLOGY	0.098816		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.077032		54.00
54.10	03440 MAMMOGRAPHY	0.222461		54.10
54.20	03630 ULTRASOUND	0.142765		54.20
54.30	05401 ECHOCARDIOLOGY	0.111486		54.30
56.00	05600 RADIOISOTOPE	0.096308		56.00
57.00	05700 CT SCAN	0.057919		57.00
58.00	05800 MRI	0.130415		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.053081		59.00
60.00	06000 LABORATORY	0.067874		60.00
64.00	06400 INTRAVENOUS THERAPY	0.302058		64.00
65.00	06500 RESPIRATORY THERAPY	0.140871		65.00
66.00	06600 PHYSICAL THERAPY	0.380789		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229333		67.00
68.00	06800 SPEECH PATHOLOGY	0.666652		68.00
69.00	06900 ELECTROCARDIOLOGY	0.112848		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154274		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.165309		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.220428		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.092285		73.00
74.00	07400 RENAL DIALYSIS	0.364795		74.00
76.00	03330 ENDOSCOPY	0.479803		76.00
76.20	03951 PAIN CLINIC	0.206358		76.20
76.97	07697 CARDIAC REHABILITATION	0.747731		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.280697		90.00
91.00	09100 EMERGENCY	0.221533		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.456616		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	25,548,611		25,548,611	8,815	25,557,426	30.00
43.00	04300 NURSERY	660,121		660,121	0	660,121	43.00
44.00	04400 SKILLED NURSING FACILITY	1,365,825		1,365,825	0	1,365,825	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	8,693,516		8,693,516	12,155	8,705,671	50.00
51.00	05100 RECOVERY ROOM	911,212		911,212	0	911,212	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,021,471		3,021,471	0	3,021,471	52.00
53.00	05300 ANESTHESIOLOGY	503,601		503,601	35,250	538,851	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,201,350		1,201,350	0	1,201,350	54.00
54.10	03440 MAMMOGRAPHY	1,728,555		1,728,555	0	1,728,555	54.10
54.20	03630 ULTRASOUND	1,540,327		1,540,327	0	1,540,327	54.20
54.30	05401 ECHOCARDIOLOGY	906,896		906,896	19,956	926,852	54.30
56.00	05600 RADIO SOTOPE	1,554,821		1,554,821	0	1,554,821	56.00
57.00	05700 CT SCAN	2,218,611		2,218,611	0	2,218,611	57.00
58.00	05800 MRI	1,479,712		1,479,712	0	1,479,712	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,008,467		2,008,467	21,166	2,029,633	59.00
60.00	06000 LABORATORY	6,852,792		6,852,792	2,000	6,854,792	60.00
64.00	06400 INTRAVENOUS THERAPY	490,692		490,692	0	490,692	64.00
65.00	06500 RESPIRATORY THERAPY	1,666,677	0	1,666,677	0	1,666,677	65.00
66.00	06600 PHYSICAL THERAPY	5,167,319	0	5,167,319	0	5,167,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	971,322	0	971,322	0	971,322	67.00
68.00	06800 SPEECH PATHOLOGY	874,192	0	874,192	0	874,192	68.00
69.00	06900 ELECTROCARDIOLOGY	685,741		685,741	0	685,741	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,209,457		1,209,457	0	1,209,457	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,172,535		7,172,535	0	7,172,535	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,818,094		8,818,094	0	8,818,094	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,458,959		11,458,959	0	11,458,959	73.00
74.00	07400 RENAL DIALYSIS	921,742		921,742	0	921,742	74.00
76.00	03330 ENDOSCOPY	1,458,760		1,458,760	0	1,458,760	76.00
76.20	03951 PAIN CLINIC	919,558		919,558	0	919,558	76.20
76.97	07697 CARDIAC REHABILITATION	628,119		628,119	0	628,119	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	1,069,564		1,069,564	0	1,069,564	90.00
91.00	09100 EMERGENCY	6,685,473		6,685,473	0	6,685,473	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,465,887		2,465,887		2,465,887	92.00
200.00	Subtotal (see instructions)	112,859,979	0	112,859,979	99,342	112,959,321	200.00
201.00	Less Observation Beds	2,465,887		2,465,887		2,465,887	201.00
202.00	Total (see instructions)	110,394,092	0	110,394,092	99,342	110,493,434	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,672,198		38,672,198			30.00
43.00	04300	NURSERY	1,437,528		1,437,528			43.00
44.00	04400	SKILLED NURSING FACILITY	1,166,600		1,166,600			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,123,898	18,769,586	42,893,484	0.202677	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,459,165	1,345,867	2,805,032	0.324849	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,623,669	792,404	5,416,073	0.557871	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,025,071	2,428,013	5,453,084	0.092352	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,227,832	11,367,709	15,595,541	0.077032	0.000000	54.00
54.10	03440	MAMMOGRAPHY	3,611	7,766,551	7,770,162	0.222461	0.000000	54.10
54.20	03630	ULTRA SOUND	1,838,438	8,950,802	10,789,240	0.142765	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	3,160,625	5,152,958	8,313,583	0.109086	0.000000	54.30
56.00	05600	RADIOISOTOPE	2,230,294	13,913,880	16,144,174	0.096308	0.000000	56.00
57.00	05700	CT SCAN	11,594,762	26,710,822	38,305,584	0.057919	0.000000	57.00
58.00	05800	MRI	3,433,682	7,912,533	11,346,215	0.130415	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,187,649	19,049,153	38,236,802	0.052527	0.000000	59.00
60.00	06000	LABORATORY	34,327,298	66,665,613	100,992,911	0.067854	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	312,561	1,311,933	1,624,494	0.302058	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	9,565,407	2,265,794	11,831,201	0.140871	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,444,260	10,125,770	13,570,030	0.380789	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,298,765	1,936,666	4,235,431	0.229333	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	377,683	933,633	1,311,316	0.666652	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,428,035	4,648,660	6,076,695	0.112848	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	292,614	7,547,058	7,839,672	0.154274	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,717,806	14,670,788	43,388,594	0.165309	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,199,817	9,804,627	40,004,444	0.220428	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,956,687	41,212,827	124,169,514	0.092285	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,415,493	111,247	2,526,740	0.364795	0.000000	74.00
76.00	03330	ENDOSCOPY	2,631,394	408,935	3,040,329	0.479803	0.000000	76.00
76.20	03951	PAIN CLINIC	4,185	4,451,947	4,456,132	0.206358	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	162,027	678,006	840,033	0.747731	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	56,347	3,754,033	3,810,380	0.280697	0.000000	90.00
91.00	09100	EMERGENCY	6,456,622	23,721,633	30,178,255	0.221533	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,548,078	3,852,279	5,400,357	0.456616	0.000000	92.00
200.00		Subtotal (see instructions)	327,380,101	322,261,727	649,641,828			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	327,380,101	322,261,727	649,641,828			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet C Part I Date/Time Prepared: 2/23/2018 11:57 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.10	03440 MAMMOGRAPHY	0.000000		54.10
54.20	03630 ULTRA SOUND	0.000000		54.20
54.30	05401 ECHOCARDIOLOGY	0.000000		54.30
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03330 ENDOSCOPY	0.000000		76.00
76.20	03951 PAIN CLINIC	0.000000		76.20
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part I Date/Time Prepared: 2/23/2018 11:57 am	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,299,925	0	2,299,925	28,212	81.52	30.00
43.00	NURSERY	52,360		52,360	1,472	35.57	43.00
44.00	SKILLED NURSING FACILITY	149,578		149,578	1,743	85.82	44.00
200.00	Total (Lines 30 through 199)	2,501,863		2,501,863	31,427		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,532	940,089				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	918	78,783				
200.00	Total (Lines 30 through 199)	12,450	1,018,872				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part II Date/Time Prepared: 2/23/2018 11:57 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,763,123	42,893,484	0.041105	9,288,206	381,792	50.00
51.00	05100 RECOVERY ROOM	113,530	2,805,032	0.040474	513,145	20,769	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	390,013	5,416,073	0.072010	0	0	52.00
53.00	05300 ANESTHESIOLOGY	69,268	5,453,084	0.012703	1,116,825	14,187	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	528,556	15,595,541	0.033891	1,952,609	66,176	54.00
54.10	03440 MAMMOGRAPHY	347,430	7,770,162	0.044713	860	38	54.10
54.20	03630 ULTRASOUND	79,426	10,789,240	0.007362	853,021	6,280	54.20
54.30	05401 ECHOCARDIOLOGY	77,848	8,313,583	0.009364	1,457,627	13,649	54.30
56.00	05600 RADIOISOTOPE	161,143	16,144,174	0.009981	1,163,339	11,611	56.00
57.00	05700 CT SCAN	336,792	38,305,584	0.008792	5,141,299	45,202	57.00
58.00	05800 MRI	307,932	11,346,215	0.027140	1,491,975	40,492	58.00
59.00	05900 CARDIAC CATHETERIZATION	332,371	38,236,802	0.008692	7,754,966	67,406	59.00
60.00	06000 LABORATORY	564,859	100,992,911	0.005593	15,589,157	87,190	60.00
64.00	06400 INTRAVENOUS THERAPY	61,126	1,624,494	0.037628	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	159,963	11,831,201	0.013520	4,929,836	66,651	65.00
66.00	06600 PHYSICAL THERAPY	662,267	13,570,030	0.048804	1,502,639	73,335	66.00
67.00	06700 OCCUPATIONAL THERAPY	45,577	4,235,431	0.010761	994,920	10,706	67.00
68.00	06800 SPEECH PATHOLOGY	119,608	1,311,316	0.091212	214,750	19,588	68.00
69.00	06900 ELECTROCARDIOLOGY	96,801	6,076,695	0.015930	669,268	10,661	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	163,922	7,839,672	0.020909	225,124	4,707	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	431,258	43,388,594	0.009939	12,541,307	124,648	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	202,296	40,004,444	0.005057	13,117,861	66,337	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	545,143	124,169,514	0.004390	35,646,089	156,486	73.00
74.00	07400 RENAL DIALYSIS	133,586	2,526,740	0.052869	1,617,711	85,527	74.00
76.00	03330 ENDOSCOPY	126,598	3,040,329	0.041640	1,377,072	57,341	76.00
76.20	03951 PAIN CLINIC	161,853	4,456,132	0.036321	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	175,454	840,033	0.208866	59,133	12,351	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	153,067	3,810,380	0.040171	28,100	1,129	90.00
91.00	09100 EMERGENCY	493,502	30,178,255	0.016353	2,947,175	48,195	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	221,905	5,400,357	0.041091	645,910	26,541	92.00
200.00	Total (lines 50 through 199)	9,026,217	608,365,502		122,839,924	1,518,995	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part III Date/Time Prepared: 2/23/2018 11:57 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	28,212	0.00	30.00	
43.00	04300	NURSERY	0	0	1,472	0.00	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	1,743	0.00	44.00	
200.00		Total (lines 30 through 199)	0	0	31,427	12,450	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
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 11:57 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
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
54.10 03440 MAMMOGRAPHY	0	0	0	0	0	0	54.10
54.20 03630 ULTRA SOUND	0	0	0	0	0	0	54.20
54.30 05401 ECHOCARDIOLOGY	0	0	0	0	0	0	54.30
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
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
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
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
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 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00
76.20 03951 PAIN CLINIC	0	0	0	0	0	0	76.20
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 11:57 am
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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	42,893,484	0.000000	50.00		
51.00	05100	RECOVERY ROOM	0	0	0	2,805,032	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,416,073	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	0	0	0	5,453,084	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,595,541	0.000000	54.00		
54.10	03440	MAMMOGRAPHY	0	0	0	7,770,162	0.000000	54.10		
54.20	03630	ULTRA SOUND	0	0	0	10,789,240	0.000000	54.20		
54.30	05401	ECHOCARDIOLOGY	0	0	0	8,313,583	0.000000	54.30		
56.00	05600	RADIOISOTOPE	0	0	0	16,144,174	0.000000	56.00		
57.00	05700	CT SCAN	0	0	0	38,305,584	0.000000	57.00		
58.00	05800	MRI	0	0	0	11,346,215	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,236,802	0.000000	59.00		
60.00	06000	LABORATORY	0	0	0	100,992,911	0.000000	60.00		
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,624,494	0.000000	64.00		
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,831,201	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	13,570,030	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,235,431	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,311,316	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,076,695	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,839,672	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,388,594	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,004,444	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	124,169,514	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	2,526,740	0.000000	74.00		
76.00	03330	ENDOSCOPY	0	0	0	3,040,329	0.000000	76.00		
76.20	03951	PAIN CLINIC	0	0	0	4,456,132	0.000000	76.20		
76.97	07697	CARDIAC REHABILITATION	0	0	0	840,033	0.000000	76.97		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	0	0	0	3,810,380	0.000000	90.00		
91.00	09100	EMERGENCY	0	0	0	30,178,255	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,400,357	0.000000	92.00		
200.00		Total (lines 50 through 199)	0	0	0	608,365,502		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 11:57 am
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	9,288,206	0	4,358,398	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	513,145	0	256,133	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,116,825	0	545,837	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,952,609	0	2,461,147	0	54.00
54.10	03440 MAMMOGRAPHY	0.000000	860	0	242,576	0	54.10
54.20	03630 ULTRASOUND	0.000000	853,021	0	2,083,440	0	54.20
54.30	05401 ECHOCARDIOLOGY	0.000000	1,457,627	0	1,505,736	0	54.30
56.00	05600 RADIOISOTOPE	0.000000	1,163,339	0	4,885,424	0	56.00
57.00	05700 CT SCAN	0.000000	5,141,299	0	5,936,729	0	57.00
58.00	05800 MRI	0.000000	1,491,975	0	1,729,680	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,754,966	0	7,575,637	0	59.00
60.00	06000 LABORATORY	0.000000	15,589,157	0	6,198,132	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	318,958	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,929,836	0	680,306	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,502,639	0	69,973	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	994,920	0	42,943	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	214,750	0	84,292	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	669,268	0	1,265,453	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	225,124	0	1,210,012	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	12,541,307	0	4,689,001	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,117,861	0	2,696,736	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	35,646,089	0	10,776,622	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,617,711	0	40,300	0	74.00
76.00	03330 ENDOSCOPY	0.000000	1,377,072	0	133,043	0	76.00
76.20	03951 PAIN CLINIC	0.000000	0	0	1,001,785	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.000000	59,133	0	199,327	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	28,100	0	1,321,102	0	90.00
91.00	09100 EMERGENCY	0.000000	2,947,175	0	4,398,101	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	645,910	0	932,015	0	92.00
200.00	Total (lines 50 through 199)		122,839,924	0	67,638,838	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.202677	4,358,398	0	0	883,347	50.00
51.00	05100	RECOVERY ROOM	0.324849	256,133	0	0	83,205	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.557871	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.092352	545,837	0	0	50,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.077032	2,461,147	0	0	189,587	54.00
54.10	03440	MAMMOGRAPHY	0.222461	242,576	0	0	53,964	54.10
54.20	03630	ULTRA SOUND	0.142765	2,083,440	0	0	297,442	54.20
54.30	05401	ECHOCARDIOLOGY	0.109086	1,505,736	0	0	164,255	54.30
56.00	05600	RADIOISOTOPE	0.096308	4,885,424	0	0	470,505	56.00
57.00	05700	CT SCAN	0.057919	5,936,729	0	0	343,849	57.00
58.00	05800	MRI	0.130415	1,729,680	0	0	225,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.052527	7,575,637	0	0	397,925	59.00
60.00	06000	LABORATORY	0.067854	6,198,132	0	0	420,568	60.00
64.00	06400	INTRAVENOUS THERAPY	0.302058	318,958	0	0	96,344	64.00
65.00	06500	RESPIRATORY THERAPY	0.140871	680,306	348	0	95,835	65.00
66.00	06600	PHYSICAL THERAPY	0.380789	69,973	0	0	26,645	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229333	42,943	0	0	9,848	67.00
68.00	06800	SPEECH PATHOLOGY	0.666652	84,292	0	0	56,193	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112848	1,265,453	0	0	142,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154274	1,210,012	0	0	186,673	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165309	4,689,001	0	0	775,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220428	2,696,736	0	0	594,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.092285	10,776,622	0	258,750	994,521	73.00
74.00	07400	RENAL DIALYSIS	0.364795	40,300	0	0	14,701	74.00
76.00	03330	ENDOSCOPY	0.479803	133,043	0	0	63,834	76.00
76.20	03951	PAIN CLINIC	0.206358	1,001,785	0	0	206,726	76.20
76.97	07697	CARDIAC REHABILITATION	0.747731	199,327	0	0	149,043	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.280697	1,321,102	0	0	370,829	90.00
91.00	09100	EMERGENCY	0.221533	4,398,101	0	0	974,325	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.456616	932,015	0	0	425,573	92.00
200.00		Subtotal (see instructions)		67,638,838	348	258,750	8,764,096	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		67,638,838	348	258,750	8,764,096	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part V Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.10	03440 MAMMOGRAPHY	0	0	54.10
54.20	03630 ULTRA SOUND	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	0	0	54.30
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	49	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,879	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	76.00
76.20	03951 PAIN CLINIC	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	49	23,879	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	49	23,879	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 11:57 am
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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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03440 MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630 ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	0	0	0	0	0	54.30
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951 PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2016 To 09/30/2017	Worksheet D Part IV Date/Time Prepared: 2/23/2018 11:57 am
Title XVIII		Skilled Nursing Facility	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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	42,893,484	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,805,032	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,416,073	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,453,084	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	15,595,541	0.000000	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	7,770,162	0.000000	54.10
54.20	03630	ULTRA SOUND	0	0	0	10,789,240	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	8,313,583	0.000000	54.30
56.00	05600	RADIOISOTOPE	0	0	0	16,144,174	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	38,305,584	0.000000	57.00
58.00	05800	MRI	0	0	0	11,346,215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	38,236,802	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	100,992,911	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,624,494	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	11,831,201	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	13,570,030	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,235,431	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,311,316	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,076,695	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	7,839,672	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	43,388,594	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	40,004,444	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	124,169,514	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,526,740	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	3,040,329	0.000000	76.00
76.20	03951	PAIN CLINIC	0	0	0	4,456,132	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	840,033	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	3,810,380	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	30,178,255	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,400,357	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	608,365,502		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2016 To 09/30/2017		Worksheet D Part IV Date/Time Prepared: 2/23/2018 11:57 am	
				Title XVIII		Skilled Nursing Facility	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	12,754	0	0	54.00
54.10	03440	MAMMOGRAPHY	0.000000	0	0	0	54.10
54.20	03630	ULTRA SOUND	0.000000	8,741	0	0	54.20
54.30	05401	ECHOCARDIOLOGY	0.000000	3,474	0	0	54.30
56.00	05600	RADIOISOTOPE	0.000000	2,750	0	0	56.00
57.00	05700	CT SCAN	0.000000	2,112	0	0	57.00
58.00	05800	MRI	0.000000	3,469	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	1,189	0	0	59.00
60.00	06000	LABORATORY	0.000000	187,556	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	70,942	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	233,526	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	219,795	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	5,390	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,387	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,126	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	119,568	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	846,206	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03330	ENDOSCOPY	0.000000	0	0	0	76.00
76.20	03951	PAIN CLINIC	0.000000	0	0	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.000000	2,943	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		1,723,928	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/23/2018 11:57 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,212	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,490	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)		11,532	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
<b>SWING BED ADJUSTMENT</b>				
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)		25,557,426	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)		25,557,426	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		25,557,426	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		905.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,446,954	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)		10,446,954	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 11:57 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital						PPS	
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						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,924,585	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,371,539	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)					940,089	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,518,995	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,459,084	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,912,455	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)					2,722	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					905.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,465,887	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 11:57 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,299,925	25,557,426	0.089990	2,465,887	221,905	90.00
91.00	Nursing School cost	0	25,557,426	0.000000	2,465,887	0	91.00
92.00	Allied health cost	0	25,557,426	0.000000	2,465,887	0	92.00
93.00	All other Medical Education	0	25,557,426	0.000000	2,465,887	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2016 To 09/30/2017	Worksheet D-1 Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,743	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,743	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,743	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)		918	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,365,825	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,365,825	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,365,825	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 11:57 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					1,365,825	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					783.61	71.00
72.00	Program routine service cost (line 9 x line 71)					719,354	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					719,354	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					719,354	83.00
84.00	Program inpatient ancillary services (see instructions)					269,655	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					989,009	86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0162 Component CCN: 14-5590		Period: From 10/01/2016 To 09/30/2017		Worksheet D-1 Date/Time Prepared: 2/23/2018 11:57 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/23/2018 11:57 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		17,708,170	30.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.202960	9,288,206	50.00
51.00	05100	RECOVERY ROOM	0.324849	513,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.557871	0	52.00
53.00	05300	ANESTHESIOLOGY	0.098816	1,116,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.077032	1,952,609	54.00
54.10	03440	MAMMOGRAPHY	0.222461	860	54.10
54.20	03630	ULTRA SOUND	0.142765	853,021	54.20
54.30	05401	ECHOCARDIOLOGY	0.111486	1,457,627	54.30
56.00	05600	RADIOISOTOPE	0.096308	1,163,339	56.00
57.00	05700	CT SCAN	0.057919	5,141,299	57.00
58.00	05800	MRI	0.130415	1,491,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.053081	7,754,966	59.00
60.00	06000	LABORATORY	0.067874	15,589,157	60.00
64.00	06400	INTRAVENOUS THERAPY	0.302058	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.140871	4,929,836	65.00
66.00	06600	PHYSICAL THERAPY	0.380789	1,502,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.229333	994,920	67.00
68.00	06800	SPEECH PATHOLOGY	0.666652	214,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0.112848	669,268	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154274	225,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.165309	12,541,307	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220428	13,117,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.092285	35,646,089	73.00
74.00	07400	RENAL DIALYSIS	0.364795	1,617,711	74.00
76.00	03330	ENDOSCOPY	0.479803	1,377,072	76.00
76.20	03951	PAIN CLINIC	0.206358	0	76.20
76.97	07697	CARDIAC REHABILITATION	0.747731	59,133	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.280697	28,100	90.00
91.00	09100	EMERGENCY	0.221533	2,947,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.456616	645,910	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		122,839,924	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		122,839,924	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2016 To 09/30/2017	Worksheet D-3 Date/Time Prepared: 2/23/2018 11:57 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.202677	0	0	50.00
51.00	05100 RECOVERY ROOM	0.324849	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.557871	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.092352	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.077032	12,754	982	54.00
54.10	03440 MAMMOGRAPHY	0.222461	0	0	54.10
54.20	03630 ULTRA SOUND	0.142765	8,741	1,248	54.20
54.30	05401 ECHOCARDIOLOGY	0.109086	3,474	379	54.30
56.00	05600 RADIOISOTOPE	0.096308	2,750	265	56.00
57.00	05700 CT SCAN	0.057919	2,112	122	57.00
58.00	05800 MRI	0.130415	3,469	452	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.052527	1,189	62	59.00
60.00	06000 LABORATORY	0.067854	187,556	12,726	60.00
64.00	06400 INTRAVENOUS THERAPY	0.302058	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.140871	70,942	9,994	65.00
66.00	06600 PHYSICAL THERAPY	0.380789	233,526	88,924	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.229333	219,795	50,406	67.00
68.00	06800 SPEECH PATHOLOGY	0.666652	5,390	3,593	68.00
69.00	06900 ELECTROCARDIOLOGY	0.112848	2,387	269	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154274	1,126	174	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.165309	119,568	19,766	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.220428	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.092285	846,206	78,092	73.00
74.00	07400 RENAL DIALYSIS	0.364795	0	0	74.00
76.00	03330 ENDOSCOPY	0.479803	0	0	76.00
76.20	03951 PAIN CLINIC	0.206358	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.747731	2,943	2,201	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.280697	0	0	90.00
91.00	09100 EMERGENCY	0.221533	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.456616	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,723,928	269,655	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,723,928		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		21,233,727	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,094,397	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		8,213,729	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		129.54	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.92	31.00
32.00	Sum of lines 30 and 31		17.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.93	33.00
34.00	Disproportionate share adjustment (see instructions)		208,621	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 11:57 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	5,977,483,147	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000103241	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	617,123	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	617,123	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		617,123		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		23,153,868		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				<b>1.00</b>	
49.00	Total payment for inpatient operating costs (see instructions)			23,153,868	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,890,017	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			9,321	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			25,053,206	59.00
60.00	Primary payer payments			3,324	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			25,049,882	61.00
62.00	Deductibles billed to program beneficiaries			2,491,960	62.00
63.00	Coinurance billed to program beneficiaries			17,381	63.00
64.00	Allowable bad debts (see instructions)			338,139	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			219,790	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			276,177	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			22,760,331	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			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)			239,580	70.93
70.94	HRR adjustment amount (see instructions)			-23,368	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part A Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,976,543	71.00
71.01	Sequestration adjustment (see instructions)		459,531	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		22,589,431	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)		-72,419	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		579,334	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
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
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)			0
<b>HVBP Adjustment for HSP Bonus Payment</b>				
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
<b>HRR Adjustment for HSP Bonus Payment</b>				
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
<b>Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
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: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet E Part B Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		23,928	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,764,096	2.00
3.00	OPPS payments		9,744,354	3.00
4.00	Outlier payment (see instructions)		5,575	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)		23,928	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		259,098	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)		259,098	14.00
<b>Customary charges</b>				
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)		259,098	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		235,170	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)		23,928	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)		9,749,929	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		70	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,901,523	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)		7,872,264	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)		7,872,264	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,872,264	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		241,263	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		156,821	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		32,501	36.00
37.00	Subtotal (see instructions)		8,029,085	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,029,085	40.00
40.01	Sequestration adjustment (see instructions)		160,582	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		7,905,046	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-36,543	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0162

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,589,431		7,905,046	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,589,431		7,905,046	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		72,419		36,543	6.02	
7.00	Total Medicare program liability (see instructions)		22,517,012		7,868,503	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: 14-0162  
Component CCN: 14-5590

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/23/2018 11:57 am  
PPS

Title XVIII

Skilled Nursing  
Facility

		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		283,634		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		283,634		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		283,634		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: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet E-1 Part II Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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: 14-0162 Component CCN: 14-5590	Period: From 10/01/2016 To 09/30/2017	Worksheet E-3 Part VI Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		299,621	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		299,621	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		10,199	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		289,422	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		289,422	15.00
15.01	Sequestration adjustment (see instructions)		5,788	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		283,634	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0162

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

Worksheet G  
Date/Time Prepared:  
2/23/2018 11:57 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	2,570,667	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	138,198,608	0	0	0	4.00
5.00	Other receivable	34,082,506	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-102,797,054	0	0	0	6.00
7.00	Inventory	3,407,087	0	0	0	7.00
8.00	Prepaid expenses	535,068	0	0	0	8.00
9.00	Other current assets	3,030,358	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	79,027,240	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,635,357	0	0	0	12.00
13.00	Land improvements	1,361,995	0	0	0	13.00
14.00	Accumulated depreciation	-1,361,995	0	0	0	14.00
15.00	Buildings	134,642,748	0	0	0	15.00
16.00	Accumulated depreciation	-72,934,097	0	0	0	16.00
17.00	Leasehold improvements	492,442	0	0	0	17.00
18.00	Accumulated depreciation	-124,413	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	66,916,860	0	0	0	23.00
24.00	Accumulated depreciation	-49,726,850	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	3,243,579	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	84,145,626	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	220,523,696	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	24,303,235	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	244,826,931	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	407,999,797	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,530,226	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,160,707	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	488,218	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	-350,653	0	0	0	43.00
44.00	Other current liabilities	17,271,850	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,100,348	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	486,203	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	452,688	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	938,891	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	23,039,239	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	384,960,558	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	384,960,558	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	407,999,797	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0162

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

Worksheet G-1

Date/Time Prepared:  
2/23/2018 11:57 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		342,153,296		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		46,381,531			2.00
3.00	Total (sum of line 1 and line 2)		388,534,827		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		388,534,827		0	11.00
12.00	MINORITY INTEREST	2,784,646		0		12.00
13.00	CHANGE IN NET ASSET	789,623		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		3,574,269		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		384,960,558		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	MINORITY INTEREST		0			12.00
13.00	CHANGE IN NET ASSET		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0162

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/23/2018 11:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	40,109,726		40,109,726	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	1,166,600		1,166,600	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)	41,276,326		41,276,326	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	41,276,326		41,276,326	17.00
18.00	Ancillary services	278,042,728	290,933,781	568,976,509	18.00
19.00	Outpatient services	8,061,047	31,327,945	39,388,992	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	66,725,712	66,725,712	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	327,380,101	388,987,438	716,367,539	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		152,854,897		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		152,854,897		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0162

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

Worksheet G-3

Date/Time Prepared:  
2/23/2018 11:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	716,367,539	1.00
2.00	Less contractual allowances and discounts on patients' accounts	534,304,803	2.00
3.00	Net patient revenues (line 1 minus line 2)	182,062,736	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	152,854,897	4.00
5.00	Net income from service to patients (line 3 minus line 4)	29,207,839	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,125,492	6.00
7.00	Income from investments	13,192,842	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	495,219	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	71,532	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	911,185	22.00
23.00	Governmental appropriations	12,500	23.00
24.00	<b>OTHER REVENUES</b>	1,364,922	24.00
25.00	Total other income (sum of lines 6-24)	17,173,692	25.00
26.00	Total (line 5 plus line 25)	46,381,531	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	46,381,531	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0162	Period: From 10/01/2016 To 09/30/2017	Worksheet L Parts I-III Date/Time Prepared: 2/23/2018 11:57 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,707,792	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		121,769	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)		70.35	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.92	8.00
9.00	Sum of lines 7 and 8		17.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.54	10.00
11.00	Disproportionate share adjustment (see instructions)		60,456	11.00
12.00	Total prospective capital payments (see instructions)		1,890,017	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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